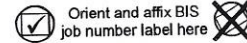




Scan Code



Orient and affix BIS
job number label here

2 Location Information Required for all applications.

3		Cost Details Required for all applications.
---	--	--

Categories of Work (Must match all applicable categories indicated on PW1.)

[illegible]

12/14

4 Design Applicant Information

Last Name	KAVI	First Name	JAY	Middle Initial	
Business Name	ASHRAF CORPORATION	Business Phone	609-271-8008	Business Fax	
Business Address	85-75 SANTIAGO STREET			Mobile Phone	
City	JAMAICA	State	NY	Zip	11423
E-Mail	jak653@nyu.edu				
License Number	092809	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	ABDIN	First Name	ZAINAL	Middle Initial	
Business Name	N/A	Business Phone	718-633-9605	Business Fax	
Business Address	312 EAST 5TH STREET			Mobile Phone	
City	BROOKLYN	State	NY	Zip	11218
E-Mail	ZAINAL0196@gmail.com				

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

JAY A KAVI

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

ZAINAL ABEDIN

Signature

Date

Notarization

State of New York, County of Westchester

Notary Seal

Sworn to or affirmed under penalty of perjury

12 day of Jan

2022

Notary Public Signature

JAMES MARTIN O'SHEA
 Notary Public, State of New York
 No. 01SO6154154
 Qualified in Westchester County
 Commission Expires Oct. 23, 2022

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		