



4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 029410Last Name SAVANIFirst Name MANISHMiddle Initial SBusiness Name M.S.SAVANI ARCHITECT, PC Business Phone 718-657-6222

Business Fax _____

Business Address 140-40 QUEENS BLVD

Mobile Phone _____

City BRIARWOODState NYZip 11435

E-Mail _____

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease HolderLast Name IQBALFirst Name KHALID

Middle Initial _____

Business Name 83-19 265 STREETBusiness Phone 917-783-8846

Business Fax _____

Business Address 83-19 265 STREET

Mobile Phone _____

City QUEENSState NYZip 11004

E-Mail _____

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)

MANISH SAVANI, RA

Signature



Date

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

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain Sign-off.*

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)

KHALID IQBAL

Signature

Date

K. Iqbal -
04-13-10

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

13 day of APRIL 20 10

Notary Public Signature

Notary Seal

ROBERT P. MANGIERI
Commissioner of Deeds
City of New York 4-1037
Certificate Filed in New York County
Commission Expires May 1, 2011
Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☒ Accept Original ☐ Revised Cost Needed		<u>SI</u>
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		