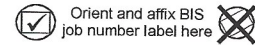




Scan Code



12/14

4 Design Applicant Information

Last Name	COPPIN	First Name	JAMIL	Middle Initial	
Business Name	JAMIL COPPIN Architect PC	Business Phone	718-526-8178	Business Fax	718-969-0210
Business Address	73-59 Utopia Parkway			Mobile Phone	718-406-6482
City	Fresh Meadows	State	New York	Zip	11366
E-Mail	jcoppin@aol.com				
License Number	027424	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	BIBI	First Name	ALLIE	Middle Initial	
Business Name	Homowner	Business Phone	516-884-9005	Business Fax	
Business Address	221-31 91 Road			Mobile Phone	516-884-9005
City	Queens	State	New York	Zip	11420
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)

Jamil Coppin Architect PC

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)

Bibi Allie

Signature

Bibi Allie

Date

12/01/23

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

1st day of December 2023

Notary Public Signature

Farida Hoosein Gulmoahamad

Notary Seal

FARIDA HOOSEIN GULMOHAMAD
NOTARY PUBLIC, STATE OF NEW YORK

Registration No. 01GU6213572

Qualified in Queens County

My Commission Expires: 11/09/25

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)		