

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 061006Last Name ThomasFirst Name Kenneth

Middle Initial _____

Business Name Kenneth Thomas P.E.Business Phone (845)406-7080

Business Fax _____

Business Address 29 North Pascack Road

Mobile Phone _____

City NanuetState NYZip 10954

E-Mail _____

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease HolderLast Name NeigerFirst Name Norman

Middle Initial _____

Business Name N. NeigerBusiness Phone (347)998-5252

Business Fax _____

Business Address 287 St Nicholas Avenue

Mobile Phone _____

City QueensState NYZip 11385

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)

Kenneth Thomas

Signature



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.*

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Name (print)

Norman Neiger

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

Internal Use Only			
Work Area	PW3 Cost Details Validation		Comments (May include cost guidance.)
Pre-Filing:	☐ Accept Original	☐ Revised Cost Needed	
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)		