

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 075694

Last Name Sheikh First Name Mansoor Middle Initial A

Business Name Concept Engg Services, PC Business Phone (646)325-5900 Business Fax (718)504-7949

Business Address 166-10 140 Ave, Lower Level Mobile Phone (646)325-5900

City Jamaica State NY Zip 11434 E-Mail concept313@yahoo.com

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease Holder

Last Name Chudhry First Name Masood Middle Initial

Business Name 183-14 Jamaica Ave., LLC Business Phone (718)297-2900 Business Fax (718)291-4067

Business Address 183-14 Jamaica Ave Mobile Phone (917)250-3921

City Jamaica State NY Zip 11423 E-Mail queensbestautoinc@yahoo.

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)

Mansoor A. Sheikh, P.E.

Signature

Date

05/09/13

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)

Masood Chudhry

Signature

Date

5/9/13

Notarization

State of New York, County of: QUEENS

Sworn to or affirmed under penalty of perjury

9th day of MAY 2013

Notary Public Signature

Notary Seal

NOTARY PUBLIC
LIC #
COMM EXP 12/28/13
COMMISSION IN QUEENS COUNTY

VIEJA SIERRA
NOTARY PUBLIC STATE OF NEW YORK
LIC # 0198215416
COMM EXP 12/28/13
COMMISSION IN QUEENS COUNTY

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
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)		