

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 30200Last Name GearyFirst Name Jeffrey

Middle Initial _____

Business Name AVID Designs, Inc.Business Phone 718-227-3724Business Fax 718-227-3723Business Address 7513 Amboy RoadMobile Phone 347-297-9692City Staten IslandState NYZip 10307E-Mail JGeary@avidarchitecture.**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name WardFirst Name Robert

Middle Initial _____

Business Name N/ABusiness Phone 3477824281

Business Fax _____

Business Address 43 West 11th Road

Mobile Phone _____

City Broad ChannelState NYZip 11694

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)

Jeffrey Geary

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)

Robert Ward

Signature

Robert Ward

Date

11/20/18

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

20 day of NOVEMBER 20 18

Notary Public Signature

Carole Ann Sandbrook

Notary Seal

CAROLE ANN SANDBROOK
Notary Public, State of New York
No. 41-055435
Qualified in 2016
Certificate Filed in Queens County
Expiration Expires Feb. 28, 2018

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)		