

4 Design Applicant Information

Last Name	MABROUK	First Name	MOHAMED	Middle Initial	
Business Name	DESIGN CONSULTING & EX	Business Phone	3472083315	Business Fax	
Business Address	1314 VIRGINIA AVE 1D			Mobile Phone	3472083315
City	BRONX	State	NY	Zip	10314
E-Mail	M.A.ZABBAR@GMAIL.C				
License Number	093990	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	UDDIN	First Name	RAFIQ	Middle Initial	
Business Name	N/A	Business Phone	N/A	Business Fax	
Business Address	87-14 169 STREET			Mobile Phone	91729174005500
City	JAMAICA	State	NY	Zip	11432
E-Mail					

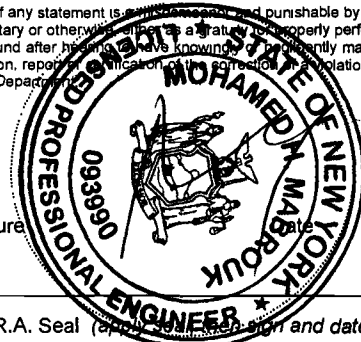
6 Design Applicant's Statements and Signatures

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)

MOHAMMED H. MABROUK

Signature



P.E. / R.A. Seal (print name 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)

RAFIQ UDDIN, AGENT

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.)	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)		