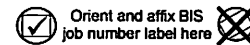




Scan Code



12/14

4 Design Applicant Information

Last Name	HICKS	First Name	EDWARD	Middle Initial	C
Business Name	EDWARD C. HICKS, RA	Business Phone	7184458038	Business Fax	
Business Address	192-18 35 AVENUE			Mobile Phone	
City	FLUSHING	State	NY	Zip	11378
E-Mail					
License Number	016413	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	TUOHEY	First Name	DENNIS	Middle Initial	
Business Name	N/A	Business Phone	7187577135	Business Fax	N/A
Business Address	87-25 252 STREET			Mobile Phone	
City	QUEENS	State	NY	Zip	11004
E-Mail	Dennis9320@gmail.com				

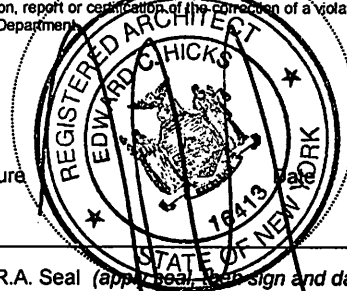
6 Design Applicant's Statements and Signatures

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)

EDWARD C. HICKS, RA

Signature



P.E. / R.A. Seal (app. seal, 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)

DENNIS TUOHEY

Signature

Date

02 MAR 21

Notarization

State of New York, County of: QUEENS

Sworn to or affirmed under penalty of perjury

2nd day of MARCH 2021

Notary Public Signature

Notary Seal

PARMINDER S. KATARIA
 Notary Public, State of New York
 No. 01KA6261078
 Qualified in Queens County
 Commission Expires 05/07/2024.

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)		