

4 Design Applicant Information

Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 070587
 Last Name Shah First Name Umer Middle Initial A
 Business Name BCD Consultant Business Phone 718-441-4078 Business Fax 718-286-7750
 Business Address 118-66 Metropolitan Ave. Mobile Phone 917-582-2001
 City Queens State NY Zip 11377 E-Mail suashah@gmail.com

5 Owner/Lease Holder Information

Choose One: ☒ Owner ☐ Lease Holder
 Last Name Gans First Name Robert Middle Initial _____
 Business Name Siradon LLC Business Phone 718 848 0500 Business Fax _____
 Business Address 34-35, Steinway street Mobile Phone _____
 City Queen State NY Zip _____ E-Mail _____

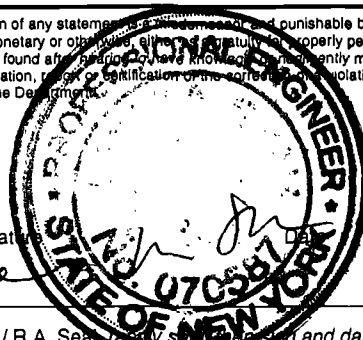
6 Design Applicant's Statements and Signatures

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 is 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)

Umer A Shah

Signature



P.E. / R.A. Seal (to be signed and dated 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 Gans

Signature

Date

10-5-16

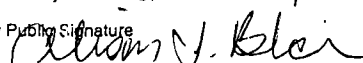
Notarization

State of New York, County of: NY

Sworn to or affirmed under penalty of perjury

on 5th day of Oct 2016

Notary Public Signature



Notary Seal

ALISON I. BLAINE
 Notary Public, State of New York
 No. 02BL6063461
 Qualified in New York County
 Commission Expires August 27, 2017

11-13-17

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)		