

4 Design Applicant Information

Last Name ROSS First Name WILLIAM Middle Initial D
 Business Name W.D. ROSS, R.A., P.C Business Phone (718)277-3715 Business Fax _____
 Business Address 285 LOGAN STREET Mobile Phone (646)235-3976
 City BROOKLYN State NY Zip 11208 E-Mail WROSS44@AOL.COM
 License Number 029682 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name IM First Name HUGO Middle Initial _____
 Business Name MADHATTERS REALTY INC Business Phone 718-321-1314 Business Fax _____
 Business Address 38-19 UNION STREET Mobile Phone _____
 City FLUSHING State NY Zip 11354 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)

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder'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 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)

HUGO IM

Signature

Hugo IM
 Date 3/12/16

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

12 day of March 2016

Notary Public Signature

Notary Seal

SI CHENNOTARY PUBLIC-STATE OF NEW YORKNo. 01CH6265132Qualified In Queens CountyMy Commission Expires July 09, 2016**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)		