

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
E-Mail		
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☒ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name	SINGH	First Name	KULWANT	Middle Initial	
Business Name	N/A	Business Phone	9176670137	Business Fax	
Business Address	135-44 118 STREET			Mobile Phone	
City	JAMAICA	State	NY	Zip	11420
E-Mail			SATGUR1313@YAHOO.		

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)

MANVISH S. SAVANI

Signature

Date 08-14-19

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.

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Name (print)

KULWANT SINGH

Signature

Date

07-24-2019

Notarization

State of New York, County of: QUEENS

Sworn to or affirmed under penalty of perjury

24th day of July 2019

Notary Public Signature

Notary Seal

Kamaldeep Kaur
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01KA8166136
 Qualified Queens County
 Commission Expires May 14, 2023

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)		