

4 Design Applicant Information

Last Name **SALIM** First Name **BELAL** Middle Initial _____
 Business Name **PLATONIC SOLID ARCHITE** Business Phone **718-701-5959** Business Fax _____
 Business Address **152-53 10 AVE** Mobile Phone _____
 City **WHITESTONE** State **NY** Zip **11357** E-Mail _____
 License Number **034042** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **BOUDOURAKIS** First Name **STEVE** Middle Initial _____
 Business Name **DOUGLSTON REALTY MG** Business Phone **718-224-4488** Business Fax _____
 Business Address **42-01 235 STREET** Mobile Phone _____
 City **DOUGLSTON** State **NY** Zip **11363** E-Mail **STEVE@DOUGLSTON**

6 Design Applicant's Statements and Signatures

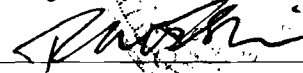
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, 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)

BELAL SALIM

Signature

Date


 3/27/17

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.

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)

STEVE BOUDOURAKIS

Signature



Date

3/27/17

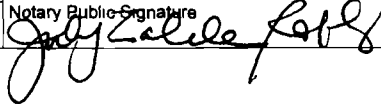
Notarization

State of New York, County of: **Queens**

Sworn to or affirmed under penalty of perjury

27th day of **March** 2017

Notary Public Signature



Notary Seal

JUDY CALDERON-ROBLES
 Notary Public, State of New York
 Registration #01RO6138534
 Qualified in Queens County
 My Commission Expires Dec 19, 2017

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)		