



**4 Design Applicant Information**

|                  |                         |             |                                                                                                                                                      |                |              |              |
|------------------|-------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|--------------|
| Last Name        | RODGERS                 | First Name  | BERNARD                                                                                                                                              | Middle Initial | G            |              |
| Business Name    | BERNARD G. RODGERS, RA  |             | Business Phone                                                                                                                                       | 516-826-4155   | Business Fax | 516-826-4155 |
| Business Address | 2150 WANTAGH PARK DRIVE |             |                                                                                                                                                      | Mobile Phone   |              |              |
| City             | WANTAGH                 | State       | NY                                                                                                                                                   | Zip            | 11793        |              |
| License Number   | 026414                  | Choose One: | <input type="checkbox"/> P.E. <input checked="" type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) | E-Mail         |              |              |

**5 Owner/Lease Holder Information**

|                  |                    |                |              |                |       |
|------------------|--------------------|----------------|--------------|----------------|-------|
| Last Name        | HEYMANN            | First Name     | RUTH         | Middle Initial |       |
| Business Name    | N/A                | Business Phone | 917-842-2344 | Business Fax   |       |
| Business Address | 80-67 223RD STREET |                |              | Mobile Phone   |       |
| City             | HOLLIS HILLS       | State          | NY           | Zip            | 11427 |
| E-Mail           |                    |                |              |                |       |

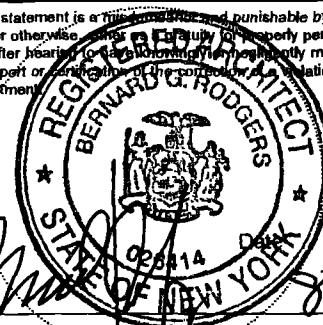
**6 Design Applicant's Statements and Signatures**

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)

BERNARD G RODGERS

Signature



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)

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |