

4 Design Applicant Information

Last Name **HICKS** First Name **EDWARD** Middle Initial _____
 Business Name **EDWARD C. HICKS ARCHIT** Business Phone _____ Business Fax **7184458038**
 Business Address **192-18 35TH AVENUE** Mobile Phone **3473518563**
 City **FLUSHING** State **NY** Zip **11358** E-Mail **EDWARDHICKSRA@YA**
 License Number **016413** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **DAVID** First Name **ANIL** Middle Initial **A**
 Business Name **N/A** Business Phone _____ Business Fax _____
 Business Address **106-05 101 AVENUE** Mobile Phone **9177238673**
 City **QUEENS** State **NY** Zip **11416** E-Mail **NYVIOLATIONS@GMAIL**

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)

EDWARD HICKS, R.A

Signature

Date

R.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)

ANIL A DAVID

Signature

Date

Notarization

State of New York, County of *Queens*

Sworn to and affirmed under penalty of perjury

21 day of *July* 20 *17*

Notary Public Signature

Notary Seal

VENESSA SAMMY
 Notary Public, State of New York
 Reg. No. 01SA6195535
 Qualified in Queens County
 Commission Expires 02/20/2021

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)		