

4 Design Applicant Information

Last Name **DIEHL** First Name **CHARLES** Middle Initial _____
 Business Name **Charles Diehl Architect LLC** Business Phone **917-909-0214** Business Fax **347-342-3812**
 Business Address **843 LEXINGTON AVE** Mobile Phone **347-515-0169**
 City **BROOKLYN** State **NY** Zip **11221** E-Mail **cdd@cdiehlarch.com**
 License Number **032543-1** Choose One ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **BEHIN** First Name **FEREIDOON** Middle Initial _____
 Business Name **Myrtle Ave Development Part** Business Phone _____ Business Fax _____
 Business Address **PO BOX 67** Mobile Phone **646-300-7255**
 City **NEW YORK** State **NY** Zip **10159** E-Mail **fbehin@biginvestors.com**

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)

CHARLES DIEHL

Signature

Date

07/11/2019

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)

FEREIDOON BEHIN

Signature

Date

7/11/19

Notarization

State of New York, County of **Kings**

Sworn to or affirmed under penalty of perjury

CFL day of **July**

2019

Notary Public Signature

Notary Seal

VASHU PATEL

NOTARY PUBLIC-STATE OF NEW YORK

No 01PA6334587

Qualified in Kings County

My Commission Expires 12-21-2019

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)		