

PW3

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4 Design Applicant Information

Last Name **Rosas** First Name **Carola** Middle Initial
 Business Name **42-05 108 street** Business Phone **646 824 8780** Business Fax
 Business Address **Rosas co** Mobile Phone **646 824 9780**
 City **Queens** State **NY** Zip **11368** E-Mail **czrk1@hotmail.com**
 License Number **025937** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name **Robinson** First Name **Sandra** Middle Initial
 Business Name **none** Business Phone **917 626 0940** Business Fax
 Business Address **114-54 223rd Street** Mobile Phone **917 626 0940**
 City **Queens** State **NY** Zip **11411** E-Mail **ahadsa@aol.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 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 having 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)

Carola Rosas

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.

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Name (print)
Sandra Robinson

Signature

Date

9/1/2023

Notarization

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

Sworn to or affirmed under penalty of perjury

2 day of **September** 20 **23**

Notary Public Signature

Notary Seal

KIMBERLY C LEWIS

Notary Public - State of New York

No. 01LE6335563

Qualified in Nassau County

My Commission Expires Jan. 19, 2024

Internal Use Only			
Work Area	FW3 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)		

