

4 Design Applicant Information

Last Name	FATEH	First Name	FAHAD	Middle Initial	
Business Name	KNF SERVICES CORP.	Business Phone	718-866-9494	Business Fax	
Business Address	107-34 156TH STREET, STE# 1			Mobile Phone	718-593-9460
City	JAMAICA	State	NY	Zip	11433
E-Mail	IDOB@KNF.NYC				
License Number	094794	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	ISLAM	First Name	SAIF	Middle Initial	U
Business Name	N/A	Business Phone	3477201504	Business Fax	
Business Address	160-37 HIGHLAND AVENUE			Mobile Phone	3477201504
City	QUEENS	State	NY	Zip	11432
E-Mail	SAIFUL.TUSHAR44@GA				

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)

FAHAD FATEH

Signature



P.E. / R.A. Seal (app. must 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)

SAIF U ISLAM

Signature

Date

12/30/2021

Notarization

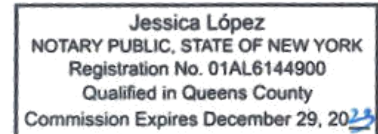
State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

Notary Public Signature

Notary Seal

**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)		