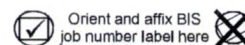




Scan Code



4 Design Applicant Information

Last Name **JAMAL** First Name **MUZAFFAR** Middle Initial
 Business Name **ARCHITECTURAL CONCEP** Business Phone **646-403-5592** Business Fax **718-343-0331**
 Business Address **1227 TULIP AVENUE** Mobile Phone **866-403-6314**
 City **FRANKLIN SQUA** State **NY** Zip **11010** E-Mail **ARCHCONCEPT1@GMAIL**
 License Number **071008** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name **AHMAD** First Name **SYED** Middle Initial **M**
 Business Name **SELF** Business Phone Business Fax
 Business Address **86-03 247 STREET** Mobile Phone **917-297-4482**
 City **QUEENS** State **NY** Zip **11426** E-Mail **AYEAZ@HOTMAIL.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)

MUZAFFAR JAMAL

Signature

Date

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)

SYED M AHMAD

Signature

Syed Ahmad
 Date

Notarization

State of New York, County of: *Q*

Sworn to or affirmed under penalty of perjury

24 day of 12 2020

Notary Public Signature

Thakoordeen Mangru

Notary Seal

THAKOORDEEN MANGRU
Notary Public State Of New York
No:0/MA5034429
Qualified In Queens County
Commission Expires Sept, 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)		