



421 732 / 83

☒ Orient and affix BIS
job number label here ☒ (A2)

12/14

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
License Number	Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	E-Mail

5 Owner/Lease Holder Information

Last Name	SHIN	First Name	STEVE	Middle Initial
Business Name	K GROUP MGMT INC.	Business Phone	718-962-5763	Business Fax
Business Address	208-17 NORTHERN BLVD.			Mobile Phone
City	QUEENS	State	NY	Zip
			11361	E-Mail
				208kukbo@gmail.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)

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)

STEVE SHIN

Signature

Date

07/02/2020

Notarization

State of New York, County of: *Nassau*

Sworn to or affirmed under penalty of perjury

02nd day of July 20 20

Notary Public Signature

Notary Seal

SUJA HEO

NOTARY PUBLIC, STATE OF NEW YORK

NO. 01HE6356164

QUALIFIED IN NASSAU COUNTY

COMMISSION EXPIRES MARCH 27, 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)		