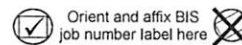
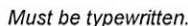




Scan Code

12/14

4	Design Applicant Information			
Last Name Hammond		First Name Patrick		Middle Initial A
Business Name Hammond Architecture PLLC		Business Phone 718 757 0002	Business Fax 347 426 9483	
Business Address 138-44C Queens Blvd, Suite 707		Mobile Phone		
City Briarwood		State NY	Zip 11435	E-Mail info@hammondarchitectur
License Number 019548		Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5	Owner/Lease Holder Information			
Last Name FARQUHARSON		First Name DESMOND		Middle Initial
Business Name N/A		Business Phone 347-992-4311	Business Fax	
Business Address 119-14 180 STREET		Mobile Phone		
City QUEENS		State NY	Zip 11434	E-Mail Blackwepon@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)

PATRICK HAMMOND

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7	Owner's/Lease Holder'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 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)

DESMOND FARQUHARSON

Signature



Date

11-9-22

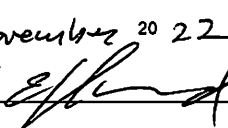
Notarization

State of New York, County of: *Queens*

Sworn to or affirmed under penalty of perjury

9th day of *November* 20 *22*

Notary Public Signature



Notary Seal

ERIC HAMMOND
Notary Public State of New York
No. 01HA6158143
Qualified in Queens County
Commission Expires Feb. 23, 2023

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)		