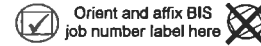




Scan Code



12/14

4 Design Applicant Information

Last Name **PAPA** First Name **CHRISTOPHER** Middle Initial **V**
 Business Name **Christopher v. Papa, Architect** Business Phone **718-777-5200** Business Fax **718-777-5202**
 Business Address **22-02 STEINWAY STREET, 2ND FLOOR** Mobile Phone _____
 City **ASTORIA** State **N.Y.** Zip **11105** E-Mail **chris@cvparchitect.com**
 License Number **029888** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **MILLS** First Name **STEVEN** Middle Initial _____
 Business Name **STM DEVELOPMENT LLC** Business Phone **7186410813** Business Fax _____
 Business Address **93-08 95th AVE** Mobile Phone _____
 City **OZONE PARK** State **NY** Zip **11416** E-Mail **eastcoastcabinets@yahoo**

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)

CHRISTOPHER V. PAPA

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 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)

STEVEN MILLS

Signature

Date

9-16-21

Notarization

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

Sworn to or affirmed under penalty of perjury

16 day of **September** 20 **21**

Notary Public Signature

Benedetta Amsterdam

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)		