

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

Last Name	MOSBY	First Name	TYRA	Middle Initial	
Business Name	N/A	Business Phone	5164767168	Business Fax	
Business Address	150-15 109th AVENUE			Mobile Phone	LOVEIRASTAFARI
City	JAMAICA	State	NY	Zip	11435
				E-Mail	@AOL.COM

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement, or a misstatement, 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, as a reward 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 appearing 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, or 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.

any statement or information and punishable by any or other wise, as follows: a gratuity for property perjury and after hearing to have knowingly or negligently n... n, report or certification of the correction of a violation department

STATISTICAL CLARKE
WAYNE
★ LICENSED NO. 2
DATE
PROF

8/7/19

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.

SENAIDA MONICA ARGUELLES
COMMISSIONER OF DEEDS
CITY OF NEW YORK #2-9730
CERTIFICATE FILED IN NEW YORK
COMMISSION EXPIRES

5/1/20

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)		