



4 Design Applicant Information

Last Name	S HAMLOO	First Name	BAKHTIAR	Middle Initial	
Business Name	TABRIZ GROUP DESIGN	Business Phone	7182634567	Business Fax	7182639272
Business Address	117-81 AVENUE, KEW GARDENS			Mobile Phone	
City	QUEENS	State	NY	Zip	11415
E-Mail	tabrizcorp@hotmail.com				
License Number	070154	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	LA MONICA	First Name	MARY ANN	Middle Initial	
Business Name	SAME	Business Phone		Business Fax	
Business Address	45 MANCHESTER LANE, STONY BROOK			Mobile Phone	6312529195
City	LONG ISLAND	State	NY	Zip	11790
E-Mail	M13LAMONICA@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)

BAKHTIAR SHAMLOO

Signature



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)

MARY ANN LAMONICA

Signature

Mary Ann Lamonica
 Date *February 6, 2021*

Notarization

State of New York, County of: *Suffolk*

Sworn to or affirmed under penalty of perjury

6 day of *February* 20 *21*

Notary Public Signature

Notary Seal

DREW D. CASS

NOTARY PUBLIC, STATE OF NEW YORK

Registration No. 01CA6298761

Qualified in Suffolk County

Commission Expires March 17, 2022

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)		