



12/14

Design Applicant Information

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) _____	

Owner/Lease Holder Information

Last Name	BRUHIM	First Name	OFER	Middle Initial
Business Name		Business Phone	7183432500	Business Fax
Business Address	110-18 178 STREET			Mobile Phone
City	QUEENS	State	NY	Zip
E-Mail			oferbruhim@hotmail.com	

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)

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, 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)

OFER BRUHIM

Signature

Date

12/21/20

Notarization

State of New York, County of Queens

Sworn to or affirmed under penalty of perjury

21st day of December 2020

Notary Public Signature

Notary Seal

VICTORIA ROBERTS
Notary Public, State of New York
Reg. No. 01RO6337238
Qualified in Richmond County
Commission Expires 2/22/2024

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)		