



Scan Code



C.B. No. 410

☒ ☐ General Construction (OT)

☐ Partial Demolition

☐ Non-Structural Demolition

☐ Structural Work

☐ Interior Renovation

☐ Exterior Renovation

☒ (Describe) GENERAL CONSTRUCTION

12/14

4 Design Applicant Information

Last Name	PARAB	First Name	VILAS	Middle Initial	
Business Name	Parab Associates	Business Phone	914-478-9384	Business Fax	
Business Address	188 Boulder Ridge Road			Mobile Phone	646-257-9624
City	Scarsdale	State	NY	Zip	10583
				E-Mail	vparab188@YAHOO.org
License Number	014767	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	RODRIGUEZ	First Name	ANGEL	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	107-18 79th STREET			Mobile Phone	917-680-4550
City	QUEENS	State	NY	Zip	11417
				E-Mail	ARODR@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)

VILAS PARAB R.A.

Signature

Date

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)

ANGEL RODRIGUEZ

Signature

Date

Notarization

State of New York, County of: *ans*

Sworn to or affirmed under penalty of perjury

7 day of *MAXIMA* 20*20*

Notary Public Signature

Notary Seal

M CARMELLE JEAN FRANCOIS
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01JE6224432
 Qualified in Queens County
 Commission Expires July 6, 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)		