



4 Design Applicant Information

Last Name **AVRAMIDES** First Name **MICHAEL** Middle Initial
 Business Name **MICHAEL AVRAMIDES ARC** Business Phone **(212)755-5111** Business Fax
 Business Address **319 EAST 50TH STREET** Mobile Phone
 City **NEW YORK** State **NY** Zip **10022** E-Mail **MCA@AVRAMIDES.COM**
 License Number **017305** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name **PORGESZ** First Name **CHAIM** Middle Initial
 Business Name **JACOB GREENE LLC** Business Phone **(718)701-5711** Business Fax
 Business Address **60 RUTLEDGE STREET, #201** Mobile Phone
 City **BROOKLYN** State **NY** Zip **11205** E-Mail **CHAIMP49@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)

MICHAEL AVRAMIDES

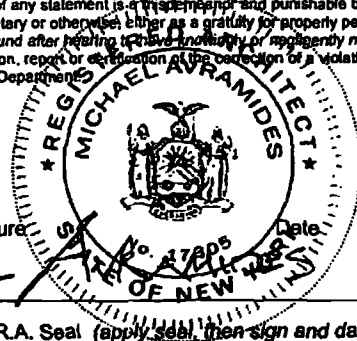
Signature

MICHAEL AVRAMIDES

Date

4/21/2016

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.**

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Name (print)

CHAIM PORGESZ

Signature

CHAIM PORGESZ

Date

4/21/16

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

21 day of April 2016

Notary Public Signature

JOEL INDIG

Notary Seal

JOEL INDIG
 NOTARY PUBLIC, State of New York
 No. 01-INB227880
 Qualified in Kings County
 Commission Expires 09/13/18

Internal Use Only			
Work Area	PW3 Cost Details Validation		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)		
Comments (May include cost guidance.)			