

4 Design Applicant Information

Last Name	ZACHER	First Name	PAUL	Middle Initial	K
Business Name	PAUL ZACHER STRUCTURA		Business Phone	916-961-3960	Business Fax
Business Address	8150 SIERRA COLLEGE BLVD SUITE 150			Mobile Phone	916-961-3960
City	ROSEVILLE	State	CA	Zip	95661
E-Mail	NYC@pzse.com				
License Number	091365	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
			☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	TAYLOR	First Name	LUSASCHA	Middle Initial	
Business Name	N/A		Business Phone	917-375-2748	Business Fax
Business Address	115-94 218TH ST			Mobile Phone	
City	QUEENS	State	NY	Zip	11411
E-Mail	lusaschataylor19@gmail.				

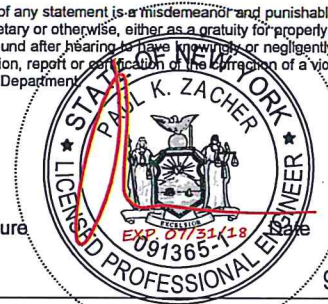
6 Design Applicant's Statements and Signatures

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)

Paul K Zacher

Signature



9-07-2016

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)

LUSASCHA TAYLOR

Signature

[Handwritten Signature]
Date *9/8/16*

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

8th day of *September* 20*16*

Notary Public Signature

Notary Seal

ROSA I. CONCEPCION
NOTARY PUBLIC OF NEW JERSEY
ID # 50018019
My Commission Expires 6/24/2020

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	