



4 Design Applicant Information

Last Name	Petersen	First Name	Tom	Middle Initial	
Business Name	Tom Petersen Architect, LLC	Business Phone	732-730-1763	Business Fax	
Business Address	6 Country Ln	Mobile Phone			
City	Howell	State	NJ	Zip	07731
E-Mail	petersen8@optonline.net				
License Number	35290	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Suzailov	First Name	Shalom	Middle Initial	
Business Name	N/A	Business Phone	(917) 833-8455	Business Fax	
Business Address	138-15 77 Avenue	Mobile Phone			
City	Queens	State	NY	Zip	11367
E-Mail	DOB@sunpowerbyventure.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)

Tom Petersen

Signature

Date

10/24/2016

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.*

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)

Shalom Suzailov

Signature

Date 10/24/2016

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

24 day of October 2016

Notary Public Signature

Notary Seal

ILLONA AGAPOVA

NOTARY PUBLIC-STATE OF NEW YORK

No. 01AG6277583

Qualified in Bronx County

My Commission Expires March 11, 2017

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)		