

4 Design Applicant Information

Last Name	O'CONNOR	First Name	BRIAN	Middle Initial	T
Business Name	GREEN DESIGN	Business Phone	516-935-4492	Business Fax	
Business Address	130 N WINDHORST AVE			Mobile Phone	917-280-8317
City	BETHPAGE	State	NY	Zip	11714
E-Mail					
License Number	035839	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	HARRICHARRAN	First Name	SEENARINE	Middle Initial	
Business Name	N/A	Business Phone	347-37-7606	Business Fax	
Business Address	121-06 LINDEN BLVD			Mobile Phone	
City	S. OZONE PARK	State	NY	Zip	11420
E-Mail					

6 Design Applicant's Statements and Signatures

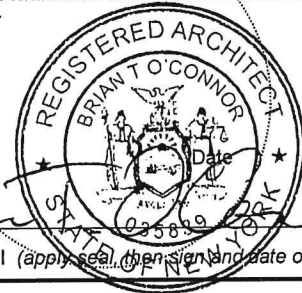
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, 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)

BRIAN O'CONNOR

Signature

P.E. / R.A. Seal (apply seal, then sign and date over seal)

**7 Owner's/Lease Holder's Statements and Signatures**

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Name (print)

SEENARINE HARRICHARRAN

Signature

Seenarine Harricharran

Date

6/15/17

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

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)		