

4 Design Applicant Information

Last Name **KATZ** First Name **ANDREW** Middle Initial _____
 Business Name **ANDREW KATZ ENGINEER** Business Phone **718-252-8735** Business Fax **718-253-2712**
 Business Address **3452 BEDFORD AVE** Mobile Phone _____
 City **BKLYN** State **NY** Zip **11210** E-Mail **aktz@aol.com**
 License Number **051094** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **BERNSTEIN** First Name **LARRY** Middle Initial _____
 Business Name **BALSAM VILLAGE 1 LLC** Business Phone **718-738-6363** Business Fax _____
 Business Address **87-20 PITKIN AVENUE** Mobile Phone _____
 City **OZONE PARK** State **NY** Zip **11417** E-Mail **BALSAMVILLAGE@GM**

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)

ANDREW KATZ

Signature

Date

11/15/17

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)

LARRY BERNSTEIN

Signature

Date

11/16/17

Notarization

State of New York, County of *NY*

Sworn to or affirmed under penalty of perjury

16 day of November 2017

Notary Public Signature

Linda Katz

Notary Seal

LINDA KATZ
 NOTARY PUBLIC, STATE OF NEW YORK
 NO. 24-4961740
 QUALIFIED IN KINGS COUNTY
 COMMISSION EXPIRES FEBRUARY, 2018

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)		