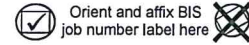




Scan Code



4 Design Applicant Information

Last Name	ZACHER	First Name	PAUL	Middle Initial	K
Business Name	PAUL ZACHER STRUCTURA		Business Phone	916-961-3960	
Business Address	8150 SIERRA COLLEGE BLVD SUITE 150			Business Fax	
City	ROSEVILLE	State	CA	Mobile Phone	916-961-3960
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	PARRIS	First Name	DULCIE	Middle Initial	
Business Name			Business Phone	Business Fax	
Business Address	239-24 148TH AVE			Mobile Phone	
City	QUEENS	State	NY	Zip	11422
E-Mail	lvparris@yahoo.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)

Paul K Zacher

Signature

Date

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)

DULCIE PARRIS

Signature

Date

04/23/18

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

23 day of APRIL 2018

Notary Public Signature

R. Concepcion

Notary Seal

Rosa I Concepcion
ID # 50018019

Notary Public

State of New Jersey

My Commission Expires June 24, 2020

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)		