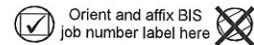




Scan Code



4 Design Applicant Information

Last Name	MERABYAN	First Name	DAVID	Middle Initial	
Business Name	EOC-NY INC	Business Phone	(718)564-7504	Business Fax	
Business Address	128 32 STREET, #102		Mobile Phone	(917)865-8863	
City	BROOKLYN	State	NY	Zip	11232
License Number	097872	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)		
		E-Mail davidm@eocnyc.com			

5 Owner/Lease Holder Information

Last Name	ARONOV	First Name	EFRAIM	Middle Initial	
Business Name		Business Phone	347-885-2011	Business Fax	
Business Address	83-19 ABINGDON RD		Mobile Phone	347-885-2011	
City	KEW GARDENS	State	NY	Zip	11415
		E-Mail EFIARONOV@GMAIL.CO			

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)

DAVID MERABYAN

Signature

Date

05/01/18

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)

EFRAIM ARONOV

Signature

Efraim Aronov

Date

4.13.2018

Notarization

State of New York, County of: Nassau

Sworn to or affirmed under penalty of perjury

13 day of April 2018

Notary Public Signature

Rosemary Altman

Notary Seal

ROSEMARY ALTMAN 4/13/2018

Notary Public - State of New York

No. 01AL6151627

Qualified in Nassau County

My Commission Expires August 21, 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)		