

4 Design Applicant Information

Last Name Zaharakis First Name James Middle Initial _____
 Business Name James Zaharakis Architects Business Phone 718-217-2095 Business Fax 718-217-2095
 Business Address 75-72 197 Street Mobile Phone 718-683-0154
 City Flushing State NY Zip 11366 E-Mail dzaharakisnyc@hotmail.c
 License Number 013457 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Zaharakis First Name Dean Middle Initial _____
 Business Name N/A Business Phone 718-683-0144 Business Fax _____
 Business Address 75-72 197 Street Mobile Phone _____
 City Flushing State NY Zip 11366 E-Mail dzaharakisnyc@hotmail.c

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)

James Zaharakis

Signature

Date

3/1/19

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)

Dean Zaharakis

Signature

Dean Zaharakis

Date

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)		