

4 Design Applicant Information

Last Name Medina	First Name Jarib	Middle Initial
Business Name J. Medina Engineering LLC	Business Phone (732) 302-0402	Business Fax
Business Address 2 Executive Dr, suite 100A	Mobile Phone (732) 302-0402	
City Somerset	State NJ	Zip 08873
E-Mail jaribm@jmestructural.com		
License Number 088663	Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name Tomlinson	First Name Xenia	Middle Initial
Business Name	Business Phone 9173750205	Business Fax
Business Address 238-70 148 Drive	Mobile Phone 9173750205	
City Queens	State NY	Zip 11422
E-Mail xeniaprescod@yahoo.com		

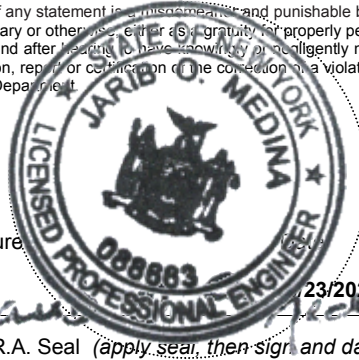
6 Design Applicant's Statements and Signatures

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)

Jarib Medina

Signature



23/2020

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.*

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Name (print)

Xenia Tomlinson

Signature



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)		