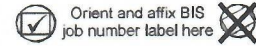




Scan Code



Orient and affix BIS
job number label here

12/14

4 Design Applicant Information

Last Name **HICKS** First Name **EDWARD** Middle Initial _____
 Business Name **EDWARD C. HICKS, R.A.** Business Phone **718-442-8038** Business Fax _____
 Business Address **192-18 35TH AVENUE** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11358** E-Mail **edwardhicks@yahoo.com**
 License Number **016413** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **FAYZIYEV** First Name **ALBERT** Middle Initial _____
 Business Name **N/A** Business Phone **646-765-6658** Business Fax _____
 Business Address **147-28 76 AVENUE** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11367** E-Mail **amnon241@gmail.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)

EDWARD HICKS, R.A.

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)

ALBERT FAYZIYEV

Signature



Date

MAR. 09. 2023

Notarization

State of New York, County of **Kings**

Sworn to or affirmed under penalty of perjury

9th day of **March** 20**23**

Notary Public Signature

Notary Seal

GLORIA T. BRAXTON
Notary Public, State of New York
No. 01BR6187044
Qualified in Kings County
Commission Expires May 12, 2024

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)		