

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail

5 Owner/Lease Holder Information

Last Name <u>Salmon</u>	First Name <u>Jon</u>	Middle Initial
Business Name <u>Salmon Brothers LLC</u>	Business Phone <u>718-273-1200</u>	Business Fax
Business Address <u>1855 Victory Blvd</u>	Mobile Phone	
City <u>Staten Island</u>	State <u>NY</u>	Zip <u>10314</u>
		E-Mail

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)

Signature

Date

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)

Jon Salmon

Signature

Notarization

State of New York, County of: RICHMOND

Sworn to or affirmed under penalty of perjury

7th day of June 20 10

Notary Seal

Roseann Zucal
Notary Public, State of New York
Qualified in Richmond County
No. 012U6171083
Commission Expires: July 23, 2011

Date

Notary Public Signature

Roseann Zucal