

4 Design Applicant Information

Last Name	GOLSHAN	First Name	ARIEL	Middle Initial	
Business Name	AG ENGINEERING	Business Phone	347-314-6801	Business Fax	
Business Address	746 HARRISON STREET			Mobile Phone	
City	WEST HEMPSTEAD	State	NY	Zip	11552
E-Mail	ARIEL@AGENGINEERIN				
License Number	107592	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	STARK	First Name	ARON	Middle Initial	
Business Name	MSH EQUITIES LLC	Business Phone	929-276-5767	Business Fax	
Business Address	199 LEE AVE STE 621			Mobile Phone	
City	BROOKLYN	State	NY	Zip	11211
E-Mail	ARONSTARK2@GMAIL.				

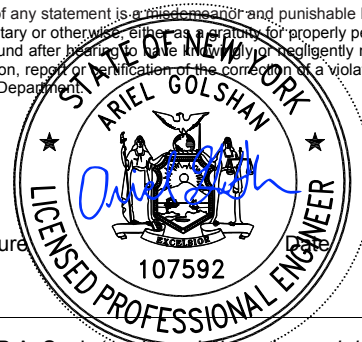
6 Design Applicant's Statements and Signatures

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)

ARIEL GOLSHAN

Signature



8/21/25

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.*

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Name (print)

ARON STARK

Signature

Date

8/15/2025

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

15th day of August 20 25

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)		