

4 Design Applicant Information

Last Name	BADALY	First Name	MOHAMMAD	Middle Initial	
Business Name	BADALY ARCHITECTS	Business Phone	914-699-4200	Business Fax	914-699-1183
Business Address	2 WILSON PLACE			Mobile Phone	914-715-4291
City	MT. VERNON	State	NY	Zip	10550
License Number	019437	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	FEURMAN	First Name	ALAN	Middle Initial	
Business Name	3232 HULL REALTY LLC	Business Phone	718-364-5580	Business Fax	
Business Address	66-10 149 STREET APT 2D			Mobile Phone	
City	FLUSHING	State	NY	Zip	11307
E-Mail	ALANFEURMAN@AOL.C				

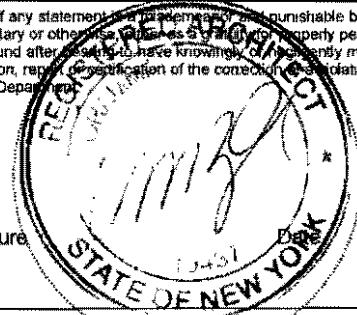
6 Design Applicant's Statements and Signatures

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 is 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)

MOHAMMAD BADALY

Signature



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)

ALAN FEURMAN

Signature

Date

2-6-15

Notarization

State of New York, County of: Bronx

Sworn to or affirmed under penalty of perjury

10th day of February 2015

Notary Public Signature

Notary Seal

ANA I. SANABRIA
Notary Public, State of New York
No. 01SA4975510
Qualified in Bronx County
Commission Expires Dec 10, 2018

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)		