



4 Design Applicant Information					
Last Name Makar		First Name Mina		Middle Initial	
Business Name N/A		Business Phone 732-902-6224		Business Fax	
Business Address 2 Starview Dr				Mobile Phone	
City Hillsborough		State NJ	Zip 08844	E-Mail mmakar@momentumsolar.com	
License Number 104468		Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____			

5 Owner/Lease Holder Information					
Last Name Vega		First Name Sharon		Middle Initial	
Business Name		Business Phone		Business Fax	
Business Address 2016 Caesar place				Mobile Phone	
City BRONX		State NY	Zip 10473	E-Mail	

6 Design Applicant's Statements and Signatures					
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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, in exchange 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)

Mina Makar

Signature

P.E. / R.A. Seal (apply seal, date and date over seal)



7 Owner's/Lease Holder's Statements and Signatures <i>Notary only required when submitting to obtain sign-off.</i>					
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Name (print)
Sharon Vega

Signature

Date

2-13-2023

Notarization
State of New York, County of: Bronx

Sworn to or affirmed under penalty of perjury

13th day of February 2023

Notary Public Signature

Notary Seal

POORNACHANDRA MALEPATI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MA6174536
Qualified in QUEENS County
Commission Expires 09/24/2023

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)		