

4 Design Applicant Information

Last Name	OSCAR	First Name	FUERTES	Middle Initial	M
Business Name	OMF ARCHITECT, PC	Business Phone	(646) 244-1032	Business Fax	
Business Address	1 BAY CLUB DR SUITE 2-O			Mobile Phone	(646) 244-1032
City	BAYSIDE	State	NY	Zip	11360
E-Mail	omf.architects@gmail.com				
License Number	036835	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

LastName	HOSSEIN	FirstName	AMELIA	Middle Initial	
Business Name		Business Phone	917-558-2883	Business Fax	
Business Address	104 BRISTOL STREET			Mobile Phone	
City	BROOKLYN	State	NY	Zip	11212
E-Mail	PVdesigns@centurionsolar.com				

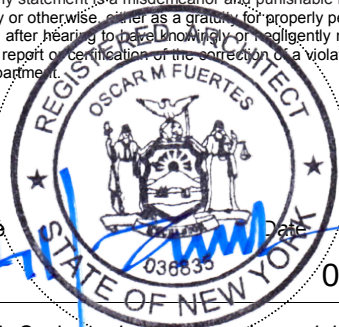
6 Design Applicant's Statements and Signatures

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)

OSCAR FUERTES

Signature



03/29/2023

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)

AMELIA HOSSEIN

Signature

Amelia Hossein

03/29/2023

Notarization

State of New York, County of: QUEENS

Sworn to or affirmed under penalty of perjury

29 day of March 2023

Notary Public Signature

Notary Seal

Kemar A. Johnson
Notary Public, State of New York
NO. 01J06351934
Qualified in Queens County
Commission Expires Dec. 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)		