



 Orient and affix BIS
job number label here 

4 Design Applicant Information

Last Name **MAHANGU** First Name **NARESH** Middle Initial _____
 Business Name **NY BUILDING ASSOCIATES** Business Phone **(929) 575-7500** Business Fax **(516) 210-0141**
 Business Address **124-15 METROPOLITAN AVENUE** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11415** E-Mail **info@nybuildingassociate**
 License Number **089068** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **SAINT GERMAIN** First Name **PHELDER** Middle Initial _____
 Business Name **THE MARTINE SAINT-GERMAIN TRUST** Business Phone **(646) 708-5421** Business Fax _____
 Business Address **618 HANCOCK STREET** Mobile Phone _____
 City **BROOKLYN** State **NY** Zip **11233** E-Mail _____

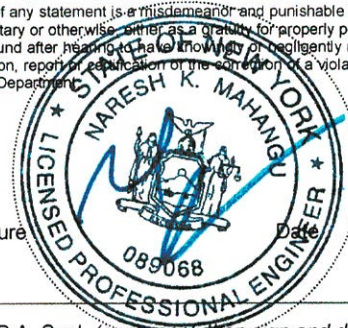
6 Design Applicant's Statements and Signatures

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)

NARESH MANAHGU, P.E.

Signature



Date 01/13/2023

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)

PHELDER SAINT GERMAIN

Signature

Date
01/13/2023

Notarization

State of New York, County of: *Kings*

Sworn to or affirmed under penalty of perjury

13 day of *January* 20 22

Notary Public Signature

Notary Seal

Joseph A. Lipari
 Notary Public State of New York
 NO. 01LI6351355
 Qualified in Kings County
 Commission Expires November 28, 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)		