

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 Ford First Name Nadine Middle Initial
 Business Name Business Phone Business Fax
 Business Address 484 Irving Ave Mobile Phone
 City Brooklyn State NY Zip 11237 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 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)

Mina Makar

Signature



P.E. / R.A. Seal (apply seal over signature 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)
Nadine Ford

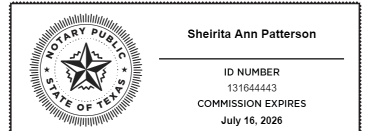
Signature

NADINE FORD

Date 02/04/2023

Notarization Texas
State of New York, County of: HarrisSworn to or affirmed under penalty of perjury
4th day of February 20 23Notary Public Signature
Notary Public, State of Texas

Notary Seal



Notarized online using audio-video communication

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)		