

4 Design Applicant Information

Last Name	NECHAYEV	First Name	VYACHESLAV	Middle Initial	A
Business Name	ETRECTE LLC	Business Phone	(347)369-2462	Business Fax	
Business Address	31 WAVECREST ST			Mobile Phone	
City	STATEN ISLAND	State	NY	Zip	10306
E-Mail	info@patriotenergysolution.com				
License Number	095221	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	SUTTON	First Name	JEFFREY	Middle Initial	C
Business Name	NA	Business Phone		Business Fax	
Business Address	10572 Flatlands 7Th St			Mobile Phone	(631) 954-2844
City	Brooklyn	State	NY	Zip	11236
E-Mail	teamdesign@patriotenergysolution.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)

VYACHESLAV ALEX NECHAYEV

Signature

Date

08/31/2023

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

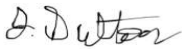
7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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Name (print)

JEFFREY SUTTON

Signature



Date

08.07.2023

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

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)		