



**4 Design Applicant Information**

|                  |                               |                |                                          |                               |                                                                                     |
|------------------|-------------------------------|----------------|------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
| Last Name        | ABOUYAALA                     | First Name     | YOUNES                                   | Middle Initial                |                                                                                     |
| Business Name    | AA Building & Inspection Serv | Business Phone | (718)441-0350                            | Business Fax                  |                                                                                     |
| Business Address | 110-20 JAMAICA AVENUE         |                |                                          | Mobile Phone                  | (917)280-8317                                                                       |
| City             | QUEENS                        | State          | NY                                       | Zip                           | 11418                                                                               |
| E-Mail           | zeya.engineering@gmail        |                |                                          |                               |                                                                                     |
| License Number   | 092329                        | Choose One:    | <input checked="" type="checkbox"/> P.E. | <input type="checkbox"/> R.A. | <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |

**5 Owner/Lease Holder Information**

|                  |                            |                |               |                |       |
|------------------|----------------------------|----------------|---------------|----------------|-------|
| Last Name        | PIERRE                     | First Name     | JOSEPH        | Middle Initial |       |
| Business Name    | ALLEN HOUSING CO.          | Business Phone | (718)306-4600 | Business Fax   |       |
| Business Address | 111-54 MERRICK BLVD.       |                |               | Mobile Phone   |       |
| City             | QUEENS                     | State          | NY            | Zip            | 11433 |
| E-Mail           | jpierre@allencathedral.org |                |               |                |       |

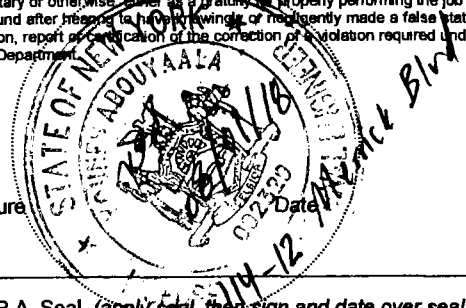
**6 Design Applicant's Statements and Signatures**

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)

YOUNES ABOUYAALA

Signature



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)

JOSEPH PIERRE

Signature

Date

6/11/19

Notarization

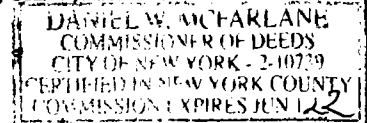
State of New York, County of: K

Sworn to or affirmed under penalty of perjury

day of June 20 19

Notary Public Signature

Notary Seal



| Internal Use Only        |                                                                                       |                                       |          |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |