

12/14

4 Design Applicant Information

Last Name	BOULER	First Name	JAMES	Middle Initial	
Business Name	Bouler Pfluger Architects	Business Phone	631-969-3335	Business Fax	
Business Address	12 West Main Street	Mobile Phone			
City	BAYSHORE	State	NY	Zip	11706
E-Mail					
License Number	029421	Choose One:	☐ P.E.	☒ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	FONSECA	First Name	SERGIO	Middle Initial	
Business Name	N/A	Business Phone	718-541-8612	Business Fax	
Business Address	143-04 NEWPORT AVENUE	Mobile Phone			
City	QUEENS	State	NY	Zip	11694
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)

James Bouler

Signature

Date 05-05-15



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)

SERGIO FONSECA

Signature

Date

5-5-15

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.)
Pre-Filing:	☐ Accept Original	☐ Revised Cost Needed	
Plan Examination:	☐ Accept Original	☐ Revised Cost Needed	
C of O:	☐ Accept Original	☐ Revised Cost Needed	
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		