

**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:    | <input type="checkbox"/> P.E. | <input checked="" type="checkbox"/> R.A. | <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |

**5 Owner/Lease Holder Information**

|                  |                 |                |                |                |       |
|------------------|-----------------|----------------|----------------|----------------|-------|
| Last Name        | MC CAMBRIDGE    | First Name     | MARGARET       | Middle Initial |       |
| Business Name    | N/A             | Business Phone |                | Business Fax   |       |
| Business Address | 22 WEST 18 ROAD | Mobile Phone   | (917) 751-3698 |                |       |
| City             | FAR ROCKAWAY    | State          | NY             | Zip            | 11693 |
| 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.

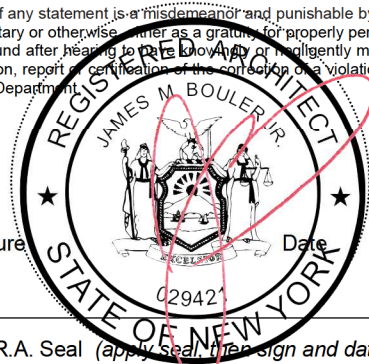
Name (print)

James Bouler

Signature

Date 3-24-16

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)

MARGARET McCAMBRIDGE

Signature

Date 4/4/16

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:        | <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)                         |                                       |          |