

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 **BAY SHORE** State **NY** Zip **11706** E-Mail **bpalift@bparchs.com**
 License Number **029421** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name **LIGHTHALL** First Name **ARTHUR** Middle Initial
 Business Name **Breezy Point Cooperative** Business Phone **(718) 945-2300** Business Fax
 Business Address **202-30 ROCKAWAY POINT BLVD.** Mobile Phone
 City **QUEENS** State **NY** Zip **11697** E-Mail **alighthall@breezypointcoo**

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

10/18/16

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)

ARTHUR LIGHTHALL

Signature

Notarization

State of New York, County of: **Queens**

Sworn to or affirmed under penalty of perjury

20 day of **October** 20**16**

Notary Public Signature

Diana Sullivan

Notary Seal

DIANA SULLIVAN
 Notary Public, State of New York
 No. 01SU5041249
 Qualified in Queens County
 Commission Expires 3-27-20**19**

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)		