

12/14

4 Design Applicant Information

Last Name	NITTI	First Name	NICOLAS	Middle Initial	A
Business Name	WESTSHORE DESIGN ENGI	Business Phone	(518)313-7153	Business Fax	
Business Address	100 GREAT OAKS BLVD, S.115			Mobile Phone	
City	ALBANY	State	NY	Zip	12203
E-Mail	nnitti@westshorede.com				
License Number	091373	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Aminyar	First Name	Friba	Middle Initial	
Business Name		Business Phone		Business Fax	
Business Address	249-15 Elkmont Avenue			Mobile Phone	917-497-0400
City	Bellerose	State	NY	Zip	11426
E-Mail	Vin651@yahoo.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)

NICOLAS A NITTI

Signature



7-23-2020

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

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

Friba Aminyar

Signature

Friba Aminyar
Date 7/17/2020

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

17 day of July 20 20

Notary Public Signature

Notary Seal

John F Lindholm II
Notary Public of New York
No. 01L16194223
Qualified in Suffolk County
My commission expires 9/29/2020

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)		