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 Ally First Name Joanne Middle Initial _____
 Business Name _____ Business Phone _____ Business Fax _____
 Business Address 85-48 87th Street Mobile Phone 917-623-4299
 City Woodhaven State NY Zip 11421 E-Mail allyjo1027@yahoo.com

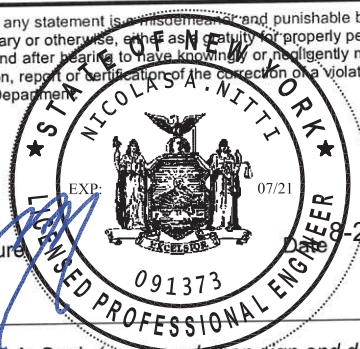
6 Design Applicant's Statements and Signatures

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



8-24-2020

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

7 Owner's/Lease Holder'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 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)

Joanne Ally

Signature

Joanne Ally
 Date 8/24/2020

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

24 day of Aug 2020

Notary Public Signature

John F Lindholm II
Notary Public

Notary Seal

JOHN F LINDHOLM II
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01L16194223
 Qualified in Suffolk County
 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)		