



4 Design Applicant Information

Last Name	Nechayev	First Name	Vyacheslav	Middle Initial	
Business Name	Etrecte LLC	Business Phone	718-744-7625	Business Fax	
Business Address	31 Wavecrest St	Mobile Phone			
City	Staten Island	State	NY	Zip	10306
				E-Mail	alex@solargp.com
License Number	095221	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
				☐ Other (specify)	

5 Owner/Lease Holder Information

Last Name	Das	First Name	Tagan	Middle Initial	
Business Name	THIS IS NOT A BUSINESS	Business Phone		Business Fax	
Business Address	7427 95th Ave	Mobile Phone			
City	Jamaica	State	NY	Zip	11416
				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)

Vyacheslav Nechayev

Signature

Date

09/29/2020

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)

Tapan Das

Signature

Date

10/26/2020

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