

4 Design Applicant Information

Last Name **MAHANGU** First Name **NARESH** Middle Initial _____
 Business Name **NY BUILDING ASSOCIATES** Business Phone **(929) 575-7500** Business Fax **(516) 210-0141**
 Business Address **124-15 METROPOLITAN AVENUE** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11415** E-Mail **info@nybuidlingassociate**
 License Number **089068** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **NURSE** First Name **NIGEL** Middle Initial _____
 Business Name **N/A** Business Phone **(917) 995-2017** Business Fax _____
 Business Address **133-28 230 STREET** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11413** E-Mail _____

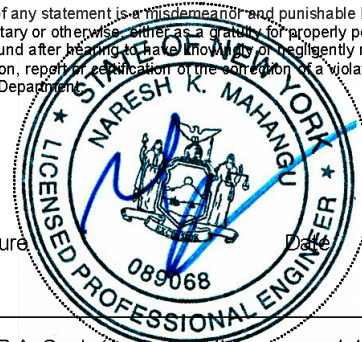
6 Design Applicant's Statements and Signatures

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)

NARESH MANAHGU, P.E.

Signature

Date **01/12/2022**

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)

NIGEL NURSE

Signature

Nigel Nurse

Date

01/12/2022

Notarization

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

Sworn to or affirmed under penalty of perjury

12 day of **Jan** 20 **22**

Notary Public Signature

Notary Seal

VAGAN SADOIAN
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01SA6307737
 Qualified in Queens County
 My Commission Expires 09-16-2023

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)		