



**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@nybuildingassociate**  
 License Number **089068** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) \_\_\_\_\_

**5 Owner/Lease Holder Information**

Last Name **LACOSTE** First Name **ALIX** Middle Initial \_\_\_\_\_  
 Business Name **N/A** Business Phone **(917) 593-0173** Business Fax \_\_\_\_\_  
 Business Address **23-08 21 AVENUE** Mobile Phone \_\_\_\_\_  
 City **QUEENS** State **NY** Zip **11105** 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 09/29/2022

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.*

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)

ALIX LACOSTE

Signature

Date  
09/29/2022

Notarization

State of New York, County of *Kings*

Sworn to or affirmed under penalty of perjury

29 day of September 20 22

Notary Public Signature

Notary Seal

Joseph A. Lipari  
 Notary Public State of New York  
 NO. 01LI6351355  
 Qualified in Kings County  
 Commission Expires November 28, 2024

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |