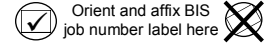




Job Number

Scan Code

JOB NO. 440742494



4 Design Applicant Information

Last Name **ABDULLA** First Name **WALID** Middle Initial **F**
 Business Name **PARKER & WEST ENG.** Business Phone **917-251-0319** Business Fax
 Business Address **1425 PARKER STREET** Mobile Phone
 City **BRONX** State **NY** Zip **10462** E-Mail **parkerwesteng@gmail.com**
 License Number **094110** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **Akhtar** First Name **Helena** Middle Initial
 Business Name **N/A** Business Phone Business Fax
 Business Address **112-46 208 ST** Mobile Phone **(917)582-5271**
 City **Queens** State **NY** Zip **11429** E-Mail **nurulmiah22@gmail.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)

WALID ABDULLA, P.E.

Signature

Date

08/17/22

P.E. / R.A. Seal (apply seal when 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)

Helena Akhtar

Signature

Helena Akhtar

Date

3/7/2023

Notarization

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

Sworn to or affirmed under penalty of perjury

7th day of 3 20 23

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)		