



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	Kaur	First Name	Palwinder	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	104-30	117th St		Mobile Phone	(718) 690-1215
City	Queens	State	NY	Zip	11419
				E-Mail	palwinder4life@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)

WALID ABDULLA, P.E.

Signature

Date

09/22/22

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.*

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Name (print)

Palwinder Kaur

Notarization

State of New York, County of:

Notary Seal

Signature

Palwinder Kaur

Sworn to or affirmed under penalty of perjury

day of

20

Date

Notary Public Signature

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)		