

4 Design Applicant Information

Last Name Makar First Name Mina Middle Initial
 Business Name N/A Business Phone 732-902-6224 Business Fax
 Business Address 2 Starview Dr Mobile Phone
 City Hillsborough State NJ Zip 08844 E-Mail mmakar@momentumsolar.com
 License Number 104468 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Manousos First Name Stavros Middle Initial
 Business Name Business Phone Business Fax
 Business Address 147 11 Coolidge Ave Mobile Phone
 City Jamaica State NY Zip 11435 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 is 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)

Mina Makar

Signature



P.E. / R.A. Seal (apply seal over signature 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.

STATE OF FLORIDA, COUNTY OF BROWARD

Name (print)
Stavros ManousosSignature
STAVROS MANOUSOSDate
03/10/2023

Notarization

State of New York, County of _____

Sworn to or affirmed under penalty of perjury

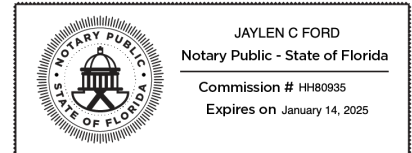
10th day of March 20 23

Notary Public Signature

Notarized online using audio-video communication
Type of identification produced: NY driver's license

Before me appeared STAVROS MANOUSOS

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)		