



Scan Code

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	More	First Name	Vineet	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	8612	144th St		Mobile Phone	(917) 882-9922
City	Queens	State	NY	Zip	11435
E-Mail	vineetmore333@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 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)

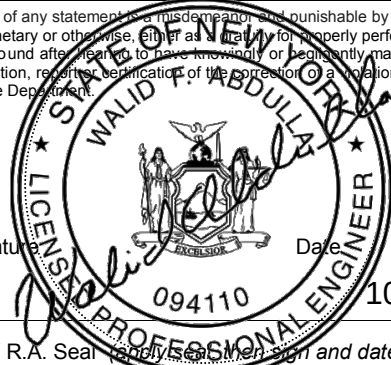
WALID ABDULLA, P.E.

Signature

Date

10/23/23

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)

Vineet More

Signature

Vineet More

Date

01/11/2024

Notarization

State of New York, County of: Nassau

Sworn to or affirmed under penalty of perjury

11th day of 1 20 24

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)		