



4 Design Applicant Information

Last Name **FUERTES** First Name **OSCAR** Middle Initial **M**
 Business Name **OMF ARCHITECTS PC** Business Phone **(646) 244-1032** Business Fax
 Business Address **1 BAY CLUB DR SUITE 2-O** Mobile Phone **(646) 244-1032**
 City **BAYSIDE** State **NY** Zip **11360** E-Mail **omf.architects@gmail.com**
 License Number **036835** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

LastName **TOOLSIE** FirstName **DINDEYAL** Middle Initial
 Business Name Business Phone **917 379 0111** Business Fax
 Business Address **146-15 123 AVENUE** Mobile Phone
 City **JAMAICA** State **NY** Zip **11436** E-Mail **PVdesigns@unisolar.us**

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)

OSCAR FUERTES

Signature

**10/31/2023**

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.

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Name (print)

DINDEYAL TOOLSIE

Signature

*Dindeyal Toolsie***10/31/2023**

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

31 day of **10** 20 **23**

Notary Public Signature

Notary Seal

Kemar A. Johnson
Notary Public, State of New York
NO. 01J06351934
Qualified in Queens County
Commission Expires Dec. 12 2024

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)		