



4 Design Applicant Information

Last Name **ABDULLA** First Name **WALID** Middle Initial **F**
 Business Name **PARKER AND WEST ENG** Business Phone **917-251-0319** Business Fax
 Business Address **1425 PARKER ST** 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 **LI** First Name **WEN HAI** Middle Initial
 Business Name **N/A** Business Phone Business Fax
 Business Address **120 ARLINGTON AVENUE** Mobile Phone **917-423-5153**
 City **STATEN ISLAND** State **NY** Zip **10303** E-Mail **gerardoscali@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

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)

WEN HAI LI

Signature

Date

12/11/19

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

11 day of DECEMBER 2019

Notary Public Signature

Notary Seal

ROSA I. CONCEPCION
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50018019
My Commission Expires 6/24/2020

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)		