



**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 **EHRENFELD** First Name **CHANA** Middle Initial  
 Business Name **N/A** Business Phone Business Fax  
 Business Address **417 CANTERBURY AVE** Mobile Phone **347-426-6180**  
 City **STATEN ISLAND** State **NY** Zip **10314** E-Mail **weshipashoe@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

07/15/22

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)

CHANA EHRENFELD

Signature

Chana Ehrenfeld

Date

7/15/22

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |