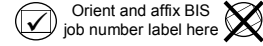




Scan Code

JOB NO. 540251485

12/14

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 **ZHANG** First Name **DINGJIN** Middle Initial
 Business Name **N/A** Business Phone Business Fax
 Business Address **52 BRAISTED AVE** Mobile Phone **917-558-5808**
 City **STATEM ISLAND** State **NY** Zip **10314** E-Mail **dingjinzhang@yahoo.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

06/06/23

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.*

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.

Name (print)

DINGJIN ZHANG

Signature

Dingjin Zhang

Date

6/6/23

Notarization

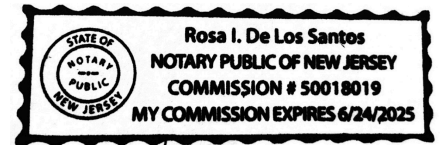
State of New Jersey, County of Somerset:

Sworn to or affirmed under penalty of perjury

06 day of 06 2023

Notary Public Signature Rosa de los Santos

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)		