

4 Design Applicant Information

Last Name LoCicero First Name Anthony Middle Initial _____
 Business Name Burns Group Business Phone 215.979.7700 Business Fax _____
 Business Address 2001 Market Street, Suite 600 Mobile Phone _____
 City Philadelphia State PA Zip 19145 E-Mail alocicero@burns-group.co
 License Number 094834 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Jean-Louis First Name Marie Middle Initial _____
 Business Name NYC Department of Sanitation Business Phone 212.437.4506 Business Fax _____
 Business Address 44 Beaver Street Mobile Phone _____
 City New York State NY Zip 10004 E-Mail mjeanlouis@dsny.nyc.gov

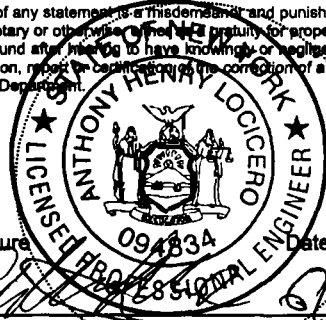
6 Design Applicant's Statements and Signatures

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)

Anthony LoCicero

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.

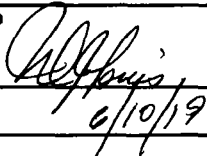
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Name (print)

Marie Jean-Louis

Signature

Date



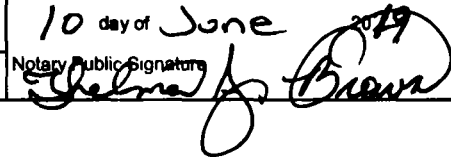
Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

10 day of June 2019

Notary Public Signature



Notary Seal

THELMA J BROWN

NOTARY PUBLIC-STATE OF NEW YORK

No. 01BR6320144

Qualified in Bronx County

My Commission Expires March 02, 2023**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)		