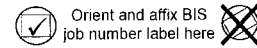




Job Number

Scan Code



1 Reason For Filing *Required for all applications.*

1A Indicate existing document number
affected by filing: _____

- ## 2 | Location Information *Required for all applications.*

C.B. No. 112

3 Cost Details *Required for all applications.*

Categories of Work (Must match all applicable categories indicated on PW1.)

- [illegible]

1/10

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 087678

Last Name BAZINI

First Name JOSEPH

Middle Initial D.

Business Name BAZINI ENGINEERING, P.C.

Business Phone (516)502-4837

Business Fax (516)502-4839

Business Address 514 MEACHAM AVENUE

Mobile Phone

City ELMONT

State NY

Zip 11003

E-Mail

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease Holder

Last Name ANELANTE

First Name CHRISTOPHER

Middle Initial

Business Name WINDY REALTY ASSOC LLC

Business Phone 718-884-7676

Business Fax

Business Address c/o LEMLE & WOLFF; 5925 BROADWAY

Mobile Phone

City BRONX

State NY

Zip 10463

E-Mail

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 is 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)

JOSEPH D. BAZINI

Signature

Date

P.E. / R.A. Seal (attach 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.*

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)

CHRISTOPHER ANELANTE

Signature

C. Anelante

Date

9/30/2014

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

OWNER
SIGN AND DATE

Internal Use Only

Staff	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filer:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examiner/Project Advocate:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filer/C of O:	☐ Accept Revised Submission (Resolved)		