

12/14

4 Design Applicant Information

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 **JOE@BAZINIENGINEERING.COM**
 License Number **087678** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **WAGNER** First Name **JOSEPH** Middle Initial _____
 Business Name **CITY OF NEW YORK - DCAS** Business Phone **212-386-0481** Business Fax _____
 Business Address **One Centre Street, 18th Fl North** Mobile Phone **917-337-6273**
 City **New York** State **New York** Zip **10007** E-Mail **jwagner@dcas.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)

JOSEPH D. BAZINI

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.*

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)

Joseph Wagner

Signature

Joseph Wagner
 Date **12/8/25**

Notarization

State of New York, County of: **NY**

Sworn to or affirmed under penalty of perjury

8th day of **Dec** 20 **25**

Notary Public Signature

Notary Seal

12-08-2025

Jaime Bocanumenth
Commissioner of Deeds
No. 4-4623

Cert. Filed in Queens County
Commission Expires on 07-01-20 **27**

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)		