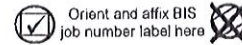




Job Number

Scan Code



12/14

4 Design Applicant Information

Last Name	Costa	First Name	Angelo	Middle Initial	R
Business Name	Meltzer/Costa & Associates	Business Phone	212-688-6194	Business Fax	
Business Address	175 Great Neck Road, suite 303			Mobile Phone	
City	Great Neck	State	NY	Zip	11021
E-Mail	mcallp@yahoo.com				
License Number	016907	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Santoro	First Name	Mike	Middle Initial	
Business Name	Samson Management	Business Phone	718-830-0131	Business Fax	
Business Address	97-77 Queens Boulevard			Mobile Phone	
City	Rego Park	State	NY	Zip	11374
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 violation 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)

Angelo R. Costa

Signature

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)

Mike Santoro

Signature

Date

Notarization

State of New York, County of: *Queens*

Sworn to or affirmed under penalty of perjury

15 day of *Apr* 20*17*

Notary Public Signature

Notary Seal

MARIA G. LEE

Notary Public, State of New York

No. 011.E6230681

Qualified in Queens County

Commission Expires November 8, 2018

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)		