



☒ ☐ General Construction (OT)

☐ Partial Demolition

☐ Non-Structural Demolition

☐ Structural Work

☒ Interior Renovation

☐ Exterior Renovation

☐ (Describe)

4 Design Applicant Information

Last Name **INFANTE** First Name **TEOFILO** Middle Initial _____
 Business Name **BUILD TECH** Business Phone **7184094445** Business Fax **7184099024**
 Business Address **2167 CROSS BRONX EXP.** Mobile Phone _____
 City **BRONX** State **NY** Zip **10462** E-Mail _____
 License Number **029013** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **ZANABRIA** First Name **ARACELLI** Middle Initial _____
 Business Name **254 HUNTINGTON CORP.** Business Phone **7183147537** Business Fax _____
 Business Address **254 HUNTINGTON AVE** Mobile Phone _____
 City **BRONX** State **NY** Zip **10465** 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 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)

ARACELLI ZANABRIA

Signature

Araceli Zanabria

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)

ARACELLI ZANABRIA

Signature

Araceli Zanabria

Date

11/3/2021

Notarization

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

Sworn to or affirmed under penalty of perjury

3rd day of **November** 20 **21**

Notary Public Signature

Kathleen Coccaro

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)		