

**4 Design Applicant Information**

|                  |                              |                |                                                                                                                                                            |                |                  |
|------------------|------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|
| Last Name        | Ramunni                      | First Name     | Louis                                                                                                                                                      | Middle Initial |                  |
| Business Name    | LPR Associates               | Business Phone | 2037929907                                                                                                                                                 | Business Fax   |                  |
| Business Address | 42 Lake Avenue Ext Suite 264 |                |                                                                                                                                                            | Mobile Phone   | 9035307800       |
| City             | Danbury                      | State          | CT                                                                                                                                                         | Zip            | 06811            |
|                  |                              |                |                                                                                                                                                            | E-Mail         | LRAMunni@aol.com |
| License Number   | 063124                       | Choose One:    | <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |                |                  |

**5 Owner/Lease Holder Information**

|                  |          |                |        |                |                    |
|------------------|----------|----------------|--------|----------------|--------------------|
| Last Name        | Ceballos | First Name     | Rafael | Middle Initial |                    |
| Business Name    |          | Business Phone |        | Business Fax   |                    |
| Business Address | 631      | FAILE STREET   |        | Mobile Phone   | (917) 449-9892     |
| City             | Bronx    | State          | NY     | Zip            | 10474              |
|                  |          |                |        | E-Mail         | rcckool001@aol.com |

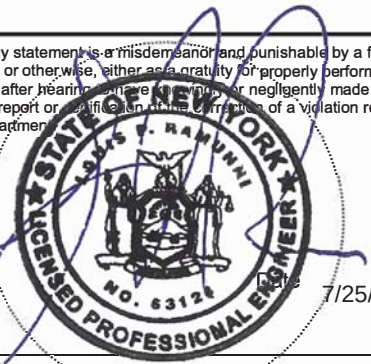
**6 Design Applicant's Statements and Signatures**

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)

Louis P. Ramunni

Signature



7/25/16

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)

Rafael Ceballos

Signature

Date

7/25/16

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |