

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 _____
 License Number **087678** Choose One ☒ P E ☐ R A ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **KEYPOUR** First Name **KEYOU** Middle Initial _____
 Business Name **AMIN MGT LLC** Business Phone **516-280-5112** Business Fax **516-280-5113**
 Business Address **125 MINEOLA AVENUE, STE 302** Mobile Phone **516-697-0865**
 City **ROSLYN HEIGHTS** State **NY** Zip **11577** E-Mail **KeyouKeypour@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 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 (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

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Name (print)

KEYOU KEYPOUR

Signature

Date

May 10th 2018

Notarization

State of New York, County of **BRONX**

Sworn to or affirmed under penalty of perjury

10th day of **MAY** 20 **18**

Notary Public Signature

Esther Marciano-Ortiz

Notary Seal

ESTHER CATHERINE MARCANO-ORTIZ**NOTARY PUBLIC-STATE OF NEW YORK**

No. 01MA4831576

Qualified in Bronx County

My Commission Expires **01/31/2022**

NOTARIZE

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)		