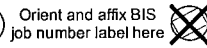


Job Number

Scan Code

Must be typewritten.



Orient and affix BIS
job number label here

1A Indicate existing document number
affected by filing:

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 **CLANE** First Name **TULY** Middle Initial
 Business Name **BLACKROCK MGT CO INC** Business Phone **718-518-8000** Business Fax
 Business Address **1601 BRONXDALE AVENUE** Mobile Phone
 City **BRONX** State **NY** Zip **10462** 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)
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)
TULY CLANE

Signature

Date

Notarization

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

Sworn to or affirmed under penalty of perjury

7 day of **July** 20**18**

Notary Public Signature

Notary Seal

PETER GOLDSTEIN
 Notary Public, State of New York
 No. 01GO6152188
 Qualified in New York County
 Commission Expires **Aug 28, 2019**

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)		