



4 Design Applicant Information

Last Name	Pacifico	First Name	Ralph	Middle Initial	
Business Name	Pacifico Engineering	Business Phone	631-988-0000	Business Fax	
Business Address	700 Lakeland Ave, Suite 2B			Mobile Phone	
City	Bohemia	State	NY	Zip	11716
E-Mail					
License Number	66182	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	SCHMELZER	First Name	MATTHEW	Middle Initial	
Business Name	1540 WALCO AVENUE	Business Phone	516-829-5400	Business Fax	
Business Address	1540 WALTON AVENUE			Mobile Phone	
City	BRONX	State	NY	Zip	10452
E-Mail	Matthew@tryaxrealty.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)

RALPH PACIFICO PE

Signature



03/13/2020

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)

Matthew Schmelzer

Signature

Date

04/14/2020

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:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		