

12/14

4 Design Applicant Information

Last Name ROMAN First Name ALBERTO Middle Initial _____
 Business Name AR TECH ENGINEERING PC Business Phone 917.688.0272 Business Fax _____
 Business Address 160 WEST 174 STREET, SUITE 3F Mobile Phone _____
 City BRONX State NY Zip 10453 E-Mail ALBERTO10453@YAHOO
 License Number 095364 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name BRUNNER First Name ELI Middle Initial _____
 Business Name 480 CONCORD AVE OWNER Business Phone 718-435-8472 Business Fax _____
 Business Address 150 GREAT NECK RD, SUITE 402 Mobile Phone _____
 City GREAT NECK State NY Zip 11021 E-Mail ELIB@MGMTNY.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, in exchange 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)

ALBERTO ROMAN

Signature

4/29/20



P.E. / R.A. Seal (apply seal and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

ELI BRUNNER

Signature

Date

4/29/20

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

20 day of April 2020

Notary Public Signature

Notary Seal

FRAIDY GORDON
 Notary Public, State of New York
 No. 010R6211604
 Qualified in Kings County
 Commission Expires 9/2/21

Internal Use Only			
Work Area	PW3 Cost Details Validation		Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original	☐ Revised Cost Needed	Initials
C of O:	☐ Accept Original	☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		