



4 Design Applicant Information

Last Name Pompeo First Name Valentino Middle Initial _____
 Business Name Valentino Pompeo Architect P Business Phone (718) 634-6556 Business Fax (718) 634-8921
 Business Address 437 Beach 129 Street Mobile Phone _____
 City Belle Harbor State NY Zip 11694 E-Mail info@vparchitectpc.com
 License Number 028075 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Woodbine First Name Edward Middle Initial _____
 Business Name N/A Business Phone _____ Business Fax _____
 Business Address 4133 White Plains Road Mobile Phone 347-328-4169
 City Bronx State NY Zip 10466 E-Mail drwoodbine@gmail.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 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)

Valentino Pompeo

Signature



06/02/2020

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.

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)

Edward Woodbine

Signature

Date

5/27/2020

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

27th day of MAY 2020

Notary Public Signature

Notary Seal

CHARMAINE RAPHAEL
 NOTARY PUBLIC STATE OF NEW YORK
 NO. 01RA6217652
 QUALIFIED IN THE COUNTY OF NEW YORK
 COMMISSION EXPIRES FEBRUARY 16, 2022

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)		