

12/14

4 Design Applicant Information

Last Name	LONGO	First Name	GINO	Middle Initial	O
Business Name	GINO O LONGO ARCHITECT		Business Phone	718-445-5663	
Business Fax	718-445-7506				
Business Address	129-20 20TH AVE			Mobile Phone	
City	COLLEGE PT	State	NY	Zip	11356
E-Mail	LONGOAIA@GMAIL.CO				
License Number	024104	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	PAGNOZZI	First Name	ANTHONY	Middle Initial	
Business Name	EHNA REALTY CORP		Business Phone	9176812770	
Business Fax					
Business Address	2566 HONE AVE			Mobile Phone	
City	BRONX	State	NY	Zip	10469
E-Mail	PPAGNOZZI@OPTONLI				

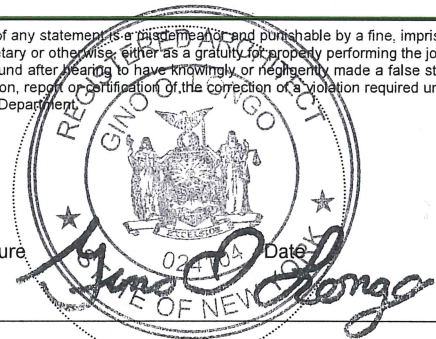
6 Design Applicant's Statements and Signatures

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)

GINO O LONGO

Signature



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)

ANTHONY PAGNOZZI

Signature

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Public Signature

Notary Seal

Date

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)		