



12/14

4 Design Applicant Information

Last Name	Aguirre	First Name	Jorge	Middle Initial	
Business Name	Jorge I. Aguirre Engineer	Business Phone	646 536-3976	Business Fax	646 514-0238
Business Address	29-10 167th Street, 1st Floor			Mobile Phone	
City	Flushing	State	NY	Zip	11358
E-Mail	jplibisa@gmail.com				
License Number	96708	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Ventura	First Name	Emma	Middle Initial	P
Business Name	NONE	Business Phone	917 388-0481	Business Fax	
Business Address	1576 Taylor Avenue, 4G			Mobile Phone	
City	Bronx	State	NY	Zip	10460
E-Mail	emmapaula10@gmail.co				

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, 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)

Jorge I. Aguirre, P.E.

Signature

Date 1/7/2021



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)

Emma P. Ventura

Signature

Date

01-07-2021

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)		