

4 Design Applicant Information

Last Name	PORTO	First Name	ARMANDO	Middle Initial	
Business Name	A PORTO RA	Business Phone	718-599-1559	Business Fax	
Business Address	366 BROADWAY			Mobile Phone	
City	BROOKLYN	State	NY	Zip	11211
E-Mail					
License Number	Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____				

5 Owner/Lease Holder Information

Last Name	PORTUGAL	First Name	MAX	Middle Initial	
Business Name	CONG. NOAM ELI	Business Phone	718-854-5454	Business Fax	
Business Address	1309 52 ST			Mobile Phone	
City	BROOKLYN	State	NY	Zip	11219
E-Mail					

6 Design Applicant's Statements and Signatures

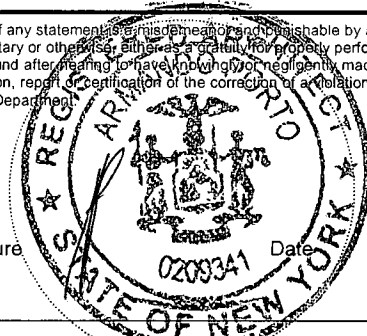
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, 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)

ARMANDO PORTO, RA

Signature

Date



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

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

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Name (print)

MAX PORTUGAL

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Public Signature

Notary Seal

SOLOMON ITZKOWITZ
Notary Public, State of New York
No. 01174795441
Qualified in Kings County
Commission Expires July 31, 2010