

4 Design Applicant Information

Last Name **PEROTTO** First Name **ROBERT** Middle Initial _____
 Business Name **ROBERT PEROTTO PE** Business Phone **516-922-6149** Business Fax _____
 Business Address **51 OAK HILL DR** Mobile Phone _____
 City **OYSTER BAY** State **NY** Zip **11771** E-Mail _____
 License Number **39622** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **JORGE** First Name **BENAVIDES** Middle Initial _____
 Business Name **95 S 10 ST HDCF** Business Phone **347-853-0406** Business Fax _____
 Business Address **BOX 368** Mobile Phone _____
 City **PORT CHESTER** State **NY** Zip **10573** E-Mail _____

6 Design Applicant's Statements and Signatures

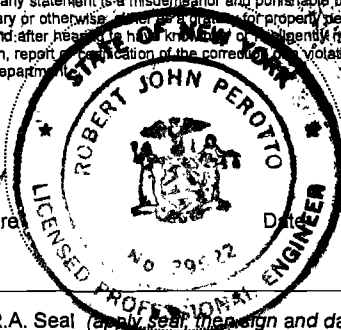
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept,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

ROBERT PEROTTO PE

Signature

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

**7 Owner's/Lease Holder'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)

JORGE BENAVIDES

Signature

Date

8/9/16

Notarization

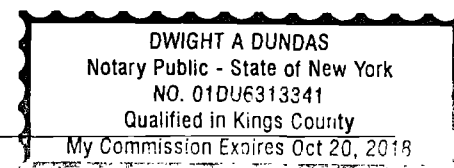
State of New York, County of: **New York**

Sworn to or affirmed under penalty of perjury

4th day of **Aug** 20**16**

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)		