

4 Design Applicant Information

Last Name	Filletti	First Name	Victor	Middle Initial	A
Business Name	T.F. Cusanelli & Filletti, Arch.		Business Phone	201-384-9555	Business Fax
Business Address	143 Terrace St		Mobile Phone		
City	Haworth	State	NJ	Zip	07641
E-Mail	tfcnj@optonline.net				
License Number	029297	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

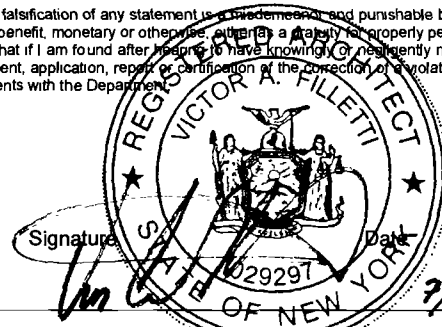
Last Name	Tomassetti	First Name	Dino	Middle Initial	
Business Name	The Laquila Group, Inc.		Business Phone	718-252-0126	Business Fax
Business Address	1590 Troy Avenue		Mobile Phone		
City	Brooklyn	State	NY	Zip	11234
E-Mail	joycehayes1@yahoo.com				

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 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)

Victor A. Filletti



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)

DINO TOMASSETTI

Signature

Date

7/14/17

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

14th day of July 2017

Notary Public Signature

Notary Seal

BARBARA LA PORTE
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 19, 2020

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)		