



12/14

4 Design Applicant Information

Last Name **PACIFICO** First Name **RALPH** Middle Initial _____
 Business Name **PACIFICO ENGINEERING P** Business Phone **631-988-0000** Business Fax **631-382-8236**
 Business Address **700 LAKE LAND AVENUE, SUITE 2B** Mobile Phone _____
 City **BOHEMIA** State **NY** Zip **11716** E-Mail **solar@pacificoengineering**
 License Number **066182** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **MITTEL** First Name **SCOTT** Middle Initial _____
 Business Name **BENEDICT REALTY GROUP** Business Phone **516-498-9100** Business Fax _____
 Business Address **150 GREAT NECK ROAD, SUITE 402** Mobile Phone **516-498-9100**
 City **GREAT NECK** State **NY** Zip **11021** E-Mail **scott.mittel@brgny.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)

Ralph Pacifico PE

Signature

P.E. / R.A. Seal (Apply seal, the date 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) *Scott Mittel*Signature *Scott Mittel*Date *12-14-15*

Notarization

State of New York, County of: *Nassau*

Sworn to or affirmed under penalty of perjury

14 day of *December* 20 *15*

Notary Public Signature

[Signature]

Notary Seal

AVNER SKOCZYLAS

Notary Public, State of New York

No. 01SK6327943

Qualified in Queens County

Commission Expires July 20, 2019

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)		