



Job Number

Scan Code



4 Design Applicant Information

Last Name Botta		First Name Joseph		Middle Initial
Business Name Joseph Botta, PE, PC		Business Phone (917) 697-6645		Business Fax (718) 951-0208
Business Address 4809 Avenue N, Suite 222		Mobile Phone (917) 697-6645		
City Brooklyn	State NY	Zip 11234	E-Mail jbotta3354@aol.com	
License Number 068615	Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____			

5 Owner/Lease Holder Information

Last Name Martinez		First Name Luis		Middle Initial
Business Name Sepilon Cleaners		Business Phone (718) 277-0136		Business Fax
Business Address 675 Lincoln Avenue		Mobile Phone		
City Brooklyn	State NY	Zip 11208	E-Mail luisgmartinez@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)

Joseph Botta

Signature

Date

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)

Luis Martinez

Signature

Date

05/15/2018

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)		