

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number **049244**Last Name **Leptourgos**First Name **Miltiadis**

Middle Initial _____

Business Name **Miltiadis Leptourgos, PE**Business Phone **(718) 886-5105**Business Fax **(718) 886-4659**Business Address **35-14 168 Street**Mobile Phone **(917) 497-1510**City **Flushing**State **NY**Zip **11358**E-Mail **Zilt35@aol.com****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **Greco**First Name **Alfonso**

Middle Initial _____

Business Name **N/A**Business Phone **(718) 539-2987**

Business Fax _____

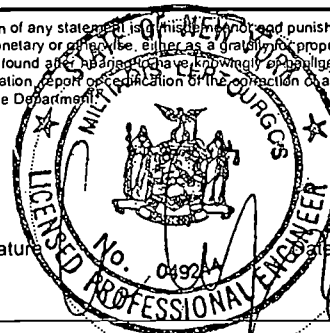
Business Address **151-24 25 Avenue**Mobile Phone **(347) 479-2647**City **Whitestone**State **NY**Zip **11357**E-Mail **a21greco@hotmail.com****6 Design Applicant's Statements and Signatures**

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 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)

Miltiadis Leptourgos, PE

Signature



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.*

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)

Alfonso Greco

Signature

Date

5-25-2010

Notarization

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

Sworn to or affirmed under penalty of perjury

25 day of **MAY** 20**10**

Notary Public Signature

Lucille Rocco

Notary Seal

LUCILLE ROCCO
Notary Public, State of New York
 No. 01R04931200
 Qualified in Queens County
 Commission Expires **7/18/10**

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		

PROFESSIONAL CERTIFICATION

DEPARTMENT OF BUILDINGS
 STAMP NUMBER 3 OF 4

Job #: **4618**

1/10