



Must be typewritten.

Scan Code ESHS2315287

1 Reason For Filing *Required for all applications.*

1A Indicate existing document number
affected by filing:

- | | |
|----------|---|
| 2 | Location Information <i>Required for all applications.</i> |
|----------|---|

C.B. No. 401

Yes No

- Yes No

- Yes No

- *List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details.*

4 Design Applicant Information

Last Name Adely First Name John Middle Initial E
 Business Name A Saxon Design Group LLC Business Phone 732-678-0155 Business Fax _____
 Business Address 20 Dexter Road Mobile Phone _____
 City Yonkers State NY Zip 10710 E-Mail _____
 License Number 063658 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Ciaglia First Name Robert Middle Initial _____
 Business Name N/A Business Phone 9733974814 Business Fax _____
 Business Address 2558 37th Street Mobile Phone _____
 City Astoria State NY Zip 11105 E-Mail robert.ciaglia@t-mobile.co

6 Design Applicant's Statements and Signatures

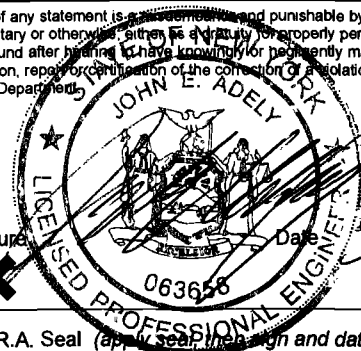
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept,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

John E Adely

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)

Robert Ciaglia

Signature

Date

Notarization

State of New York, County of: Morris

Sworn to or affirmed under penalty of perjury

7 day of March 20 18

Notary Public Signature

Notary Seal

KYLE A RUSSELL

ID # 2317834

NOTARY PUBLIC

STATE OF NEW JERSEY

MY COMMISSION EXPIRES ON AUG 4, 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)		