



Job Number

Scan Code

4 Design Applicant Information

Last Name BAZINI First Name JOSEPH Middle Initial D.
 Business Name BAZINI ENGINEERING, P.C. Business Phone (516)502-4837 Business Fax (516)502-4839
 Business Address 514 MEACHAM AVENUE Mobile Phone
 City ELMONT State NY Zip 11003 E-Mail
 License Number 087678 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name DIDONATO First Name PAUL Middle Initial
 Business Name (INDIVIDUAL) PAUL DIDONATO Business Phone
 Business Address 220 OVERLOOK AVENUE Mobile Phone 718-781-9049
 City BRONX State NY Zip 10465 E-Mail tradelinecontr@aol.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 D. BAZINI

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.

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)
PAUL DIDONATO

Signature

Date

OWNER SIGN

Notarization
State of New York, County of: Bronx.

Sworn to or affirmed under penalty of perjury

5 day of October 2022

Notary Public Signature

Notary Seal

NICOLE L. CABALLERO
Notary Public - State of New York
NO. 01CA6393512
Qualified in Bronx County
My Commission Expires Jun 17, 2023

NOTARIZE

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)		