

4 Design Applicant Information

Last Name Ramunni First Name Louis Middle Initial _____
 Business Name LPR Associates Business Phone 2037929907 Business Fax _____
 Business Address 42 Lake Avenue Ext Suite 264 Mobile Phone 9035307800
 City Danbury State CT Zip 06811 E-Mail LRAMunni@aol.com
 License Number 063124 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Barr First Name George Middle Initial _____
 Business Name _____ Business Phone _____ Business Fax _____
 Business Address 12-26 CROSS BAY BOULEVARD Mobile Phone (718) 634-5795
 City QUEENS State NY Zip 11693 E-Mail barrharnisher@gmail.com

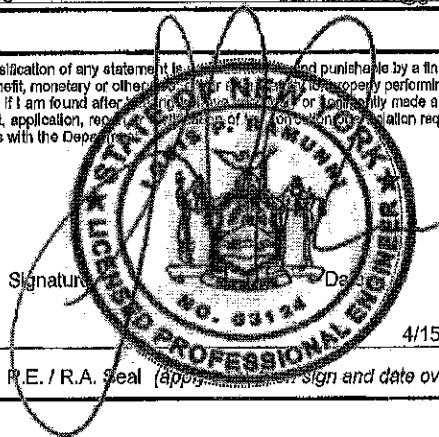
6 Design Applicant's Statements and Signatures

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)

Louis P. Ramunni

Signature



4/15/15

P.E. / R.A. Seal (applicant must sign and date over seal)

7 Owner's/Lease Holder'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 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) George Barr

Signature

Date

4/15/15

Notarization
State of New York, County of _____

Sworn to or affirmed under penalty of perjury

15 day of APRIL 20 15

Notary Public Signature

Notary Seal **ILLONA AGAPOVA**
NOTARY PUBLIC-STATE OF NEW YORK
 No. 01AG6277583
 Qualified in Bronx County
 My Commission Expires March 11, 2017

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)		