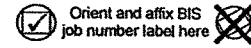




Job Number

Scan Code

12/14

4 Design Applicant Information

Last Name	LIOTTA	First Name	VINCENT	Middle Initial	J
Business Name	VINCENT J. LIOTTA P. E.	Business Phone	718 472 3506	Business Fax	718 472 4783
Business Address	33-21 105 STREET			Mobile Phone	
City	QUEENS	State	NY	Zip	11368
License Number	048918	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	pappas	First Name	Leah	Middle Initial	
Business Name	33-20 BROADWAY		Business Phone	Business Fax	
Business Address	33-20 BROADWAY		Mobile Phone	E-Mail	
City	QUEENS	State	NY	Zip	11106

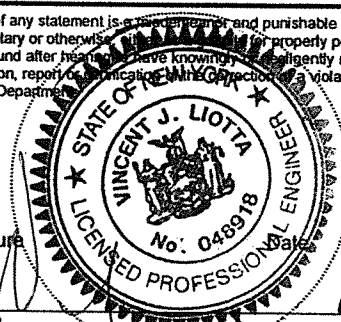
6 Design Applicant's Statements and Signatures

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)

VINCENT J. LIOTTA P.E.

Signature



P.E. / R.A. Seal (apply seal, then 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)

LEAH PAPPAS

Signature

Date

1/12/16

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

12th day of January 2016

Notary Public Signature

Notary Seal

MARIA ATHANASOPOULOS
Notary Public, State of New York
No. 01AT6239605
Qualified in Queens County
Commission Expires 7.1.2019

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)		