

4 Design Applicant Information

Last Name Dunzik	First Name Daniel	Middle Initial
Business Name N/A	Business Phone 908-872-3864	Business Fax
Business Address 370 Burnt Hill Road	Mobile Phone	
City Skillman	State NJ	Zip 08558
License Number 039534	Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____	E-Mail

5 Owner/Lease Holder Information

Last Name TOUSSAINT	First Name WITLANE	Middle Initial
Business Name N/A	Business Phone (646) 591-2906	Business Fax
Business Address 147-18 232ND STREET	Mobile Phone	
City QUEENS	State NY	Zip 11413
E-Mail PERMITS@MOMENTUMSOLAR.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)

Daniel Dunzik

Signature



P.E./R.A. Seal (if required, attach and date over seal)

7 Owner's/Lease Holder's Statements and Signatures Notary only required when submitting to obtain sign-off.

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Name (print)

WITLANE TOUSSAINT

Signature

Date

10.5

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

5th day of October 2013

Notary Public Signature

Notary Seal

ERICA S. DRAKE
NOTARY PUBLIC OF NEW JERSEY
 My Commission Expires 04/2023

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)		