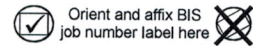




Job Number

Scan Code



4 Design Applicant Information

Last Name ITALIANO First Name SALVATORE Middle Initial
 Business Name CAMG DESIGN E. Business Phone 718-8658570 Business Fax
 Business Address 71-19 80 Street SUITE#8-305 Mobile Phone
 City GLENDALE State NY Zip 11385 E-Mail camg.designgroup@gmail
 License Number 26097 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name OJEDA First Name AIDA Middle Initial
 Business Name Business Phone Business Fax
 Business Address 92-12 88 AVENUE Mobile Phone 3477490354
 City QUEENS State NY Zip 11421 E-Mail

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)

SALVATORE ITALIANO RA

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)

AIDA OJEDA

Signature

Date

02-12-21

Notarization

State of New York, County of Queens

Sworn to or affirmed under penalty of perjury

12th day of February 20 21

Notary Public Signature

Notary Seal

SANDRA BELLIDO
 Notary Public, State of New York
 No. 01BE6183609
 Qualified in Queens County
 Commission Expires March 17, 2024

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)		