



4 Design Applicant Information

Last Name	Dunzik	First Name	Daniel	Middle Initial	
Business Name	N/A	Business Phone	908-872-3664	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)		

5 Owner/Lease Holder Information

Last Name	AYALA	First Name	AMANDA	Middle Initial	
Business Name		Business Phone	917-279-8215	Business Fax	
Business Address	95-11 91 ST			Mobile Phone	
City	QUEENS	State	NY	Zip	11416
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



7/27/2022

P.E. / R.A. Seal (only seal the form 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)

AMANDA AYALA

Signature

Date

7/27/2022

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

27th day of July 2022

Notary Public Signature

Notary Seal

Katherine Weisburg
Notary Public, State of New York
Reg. No. 01WE6383986
Qualified in Nassau County
My Commission Expires December 3, 2022

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	