

4 Design Applicant Information

Last Name	LEONE	First Name	ANDREW	Middle Initial	D
Business Name	PENN FUSION ENGINEERING LLC	Business Phone	215.361.8040	Business Fax	
Business Address	152 S BROAD ST	Mobile Phone	215.361.8040		
City	LANSDALE	State	PA	Zip	19446
E-Mail	ALEONE@PENNFUSIONENG.COM				
License Number	081693	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

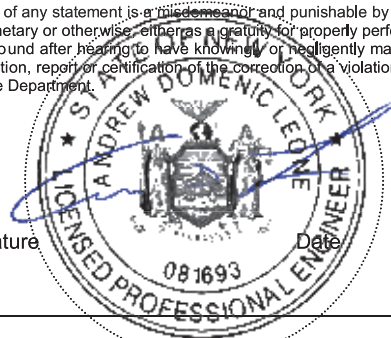
Last Name	ROB	First Name	ABDUR	Middle Initial	
Business Name		Business Phone		Business Fax	
Business Address	101-19 84 ST	Mobile Phone	9173616433		
City	QUEENS	State	NY	Zip	11416
E-Mail	ABDUR350@GMAIL.COM				

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 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) ANDREW LEONE

Signature



Date

10/21/2022

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.*

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Name (print)

Notarization
State of New York, County of:

Notary Seal

Signature

Sworn to or affirmed under penalty of perjury

day of

20

Date

Notary Public Signature

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)		