

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 021775Last Name CANEPAFirst Name JORGEMiddle Initial FBusiness Name ARCHIDESIGN ARCHITECBusiness Phone 718-966-1894Business Fax 347-562-4337Business Address 3642 AMBOY ROAD

Mobile Phone _____

City STATEN ISLANDState NYZip 10308

E-Mail _____

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease HolderLast Name ROMANOFirst Name JOHN

Middle Initial _____

Business Name JOHN ROMANOBusiness Phone 917-807-2105

Business Fax _____

Business Address 26 CHRISTINE COURT

Mobile Phone _____

City STATEN ISLANDState NYZip 10312

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 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)

JORGE F. CANEPA, R.A.

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)

JOHN ROMANO

Signature

Notarization

State of New York, County of:

Notary Seal

Sworn to or affirmed under penalty of perjury

_____ day of _____ 20____

Date

Notary Public Signature

Internal Use Only

Staff	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-File:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examiner/Project Advocate:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-File/C of O:	☐ Accept Revised Submission (Resolved)		