

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 17206

Last Name Victorio, R.A.

First Name Ronald

Middle Initial D

Business Name Ronald D. Victorio R.A.

Business Phone 718-720-3478

Business Fax 718-720-3528

Business Address 694 Forest Avenue

Mobile Phone

City Staten Island

State NY

Zip 10310

E-Mail ronvictorioarch@aol.com

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease Holder

Last Name Sweeney

First Name Scott

Middle Initial

Business Name

Business Phone 718-909-4860

Business Fax

Business Address 55 Randall Avenue

Mobile Phone

City Staten Island

State NY

Zip 10301

E-Mail sweeny1025@verizon.net

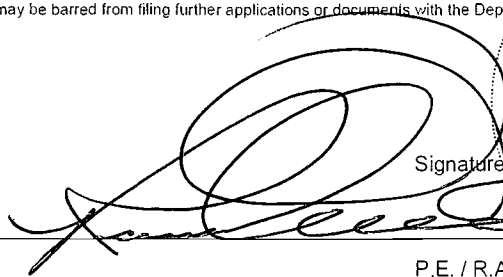
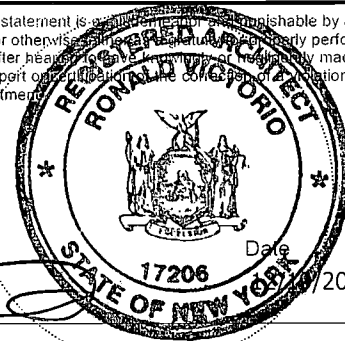
6 Design Applicant's Statements and Signatures

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)

Ronald D Victorio, R.A.

Signature

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, 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)

Scott Sweeney

Notarization

State of New York, County of:

Notary Seal

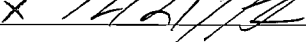
Signature



Sworn to or affirmed under penalty of perjury

day of 20

Date



Notary Public Signature

Internal Use Only

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