



4 Design Applicant Information

Last Name	MEDINA	First Name	JARIB	Middle Initial	
Business Name	J MEDINA ENGINEERING LLC	Business Phone	732 302 0402	Business Fax	
Business Address	2 EXECUTIVE DR, STE 100A			Mobile Phone	732 302 0402
City	SOMERSET	State	NJ	Zip	08873
E-Mail	OFFICE@JMESTRUCTURAL.COM				
License Number	088663	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	BROGNA	First Name	ROBERT	Middle Initial	
Business Name	BRADLEY ASSOCIATES	Business Phone		Business Fax	
Business Address	31 EVERTON AVE			Mobile Phone	917 747 3447
City	STATEN ISLAND	State	NY	Zip	10312
E-Mail	RJB054@AOL.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)

JARIB MEDINA

Signature



4/26/2021

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) **BRADLEY ASSOCIATES
C/O ROBERT BROGNA**

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)		