

4 Design Applicant Information

Last Name	MASONE	First Name	ROBERT	Middle Initial	S
Business Name	NY STATE SOLAR LLC	Business Phone	516-418-2131	Business Fax	
Business Address	132 WEST 31ST STREET SUITE 1300			Mobile Phone	
City	NEW YORK	State	NEW YORK	Zip	10001-3507
E-Mail	rsmasone1@gmail.com				
License Number	084951	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
			☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	Frasca	First Name	Anthony	Middle Initial	
Business Name	N/A	Business Phone	N/A	Business Fax	N/A
Business Address	51 Elks PI			Mobile Phone	
City	Staten Island	State	NY	Zip	10309
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)

ROBERT S. MASONE

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)

Anthony Frasca

Signature

Anthony Frasca (Feb 14, 2023 17:56 EST)

Date

2/14/23

Notarization

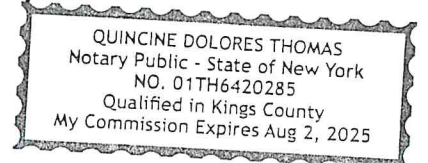
State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

14th day of February 2023

Notary Public Signature

Notary Seal



(This notarial act involved
the use of communication technology)

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)		