



Design Professional / Licensee Seal and Signature
Form for DOB NOW (DPL-1 Form)

1 Design Professional/Licensee Information

Last Name Addesso	First Name Anthony	Middle Initial
Business Name Paradigm Architecture	Business Telephone 212-507-8778	
Business Address 392 Lafayette Avenue	Business Fax	
City Hawthorne	State NJ	Zip 07506
E-Mail a.addesso@paradigm-adc.com		Mobile Telephone 201-741-6426
Choose one: <input type="checkbox"/> Professional Engineer <input checked="" type="checkbox"/> Registered Architect <input type="checkbox"/> Special Inspector <input type="checkbox"/> Progress Inspector		
<input type="checkbox"/> Master Plumber <input type="checkbox"/> Oil Burner Installer <input type="checkbox"/> Fire Suppression Contractor		

2 Design Professional/Licensee Seal and Signature Statement

By personally sealing and signing this document and then submitting a scanned copy to the Department of Buildings, I intend for the image of this seal and signature to be used as my official professional seal and signature where I so indicate in electronic documents to be submitted to the Department of Buildings.

Anthony Addesso 05-22-2018
Name (printed) Date



Affix seal and signature in accordance with all regulations applicable when applying signature and seal to official documents filed with the Department of Buildings.