



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
				Mobile Telephone	201-741-6426
E-Mail	a.addesso@paradigm-adc.com			License Number	028869
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
Name (printed)

05-22-2018
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.