



 Orient and affix BIS
job number label here 

12/14

4 Design Applicant Information

Last Name Stroke First Name James Middle Initial P
 Business Name The Maire Group Business Phone 917.923.3714 Business Fax _____
 Business Address 350 Fifth Avenue Mobile Phone _____
 City New York State NY Zip 10118 E-Mail _____
 License Number 040071 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Ni First Name Xiaoying Middle Initial _____
 Business Name N/A Business Phone 917.686.2014 Business Fax _____
 Business Address 360 West 122 Street Mobile Phone _____
 City New York State NY Zip 10027 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 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)

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder'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 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)

Xiaoying Ni

Signature



Date

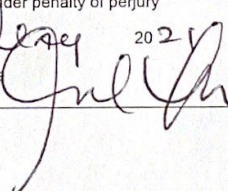
Notarization

State of New York, County of: Kearny

Sworn to or affirmed under penalty of perjury

8th day of July 2021

Notary Public Signature



Notary Seal

ANABEL ROSADO
 Notary Public - State of New York
 NO. 01RO6318440
 Qualified in New York County
 My Commission Expires Jan 26, 2023

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)		