

4 Design Applicant Information

Last Name **LEUNG** First Name **KING** Middle Initial **W**
 Business Name **KING ARCHITECT, PLLC** Business Phone **(718) 263-3846** Business Fax **(917) 677-4765**
 Business Address **11045 71ST STREET, SUITE 4R** Mobile Phone **(917) 945-8284**
 City **QUEENS** State **NY** Zip **11375** E-Mail **info@king-nyc.com**
 License Number **032667** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **MCCORMICK** First Name **JOHN** Middle Initial **T**
 Business Name **NYC HOUSING AUTHORITY** Business Phone **(212) 306-6037** Business Fax **(212) 306-6446**
 Business Address **250 BROADWAY, 10TH FLOOR** Mobile Phone **(212) 306-6037**
 City **NEW YORK** State **NY** Zip **10007** E-Mail **john.mccormick@nycha.g**

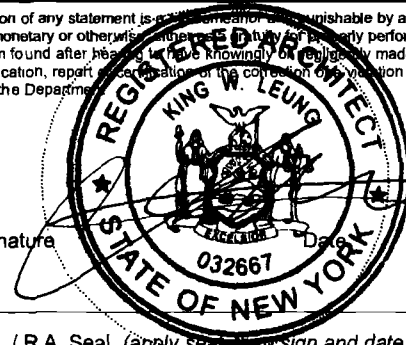
6 Design Applicant's Statements and Signatures

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)

KING W. LEUNG

Signature



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)

JOHN T MCCORMICK

Signature

[Handwritten Signature]
 Date **5-22-17**

Notarization

State of New York, County of: **KINGS**

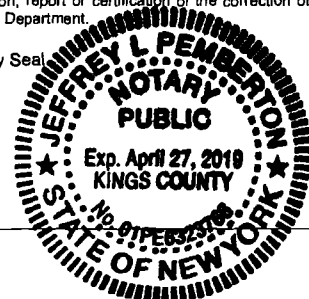
Sworn to or affirmed under penalty of perjury

1st day of **JUNE** 20 **17**

Notary Public Signature

[Handwritten Signature]

Notary Seal



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)		