



**4 Design Applicant Information**

|                  |                         |                |                                                                                                                                                      |                |               |
|------------------|-------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| Last Name        | HUANG                   | First Name     | CHUN-HSIUNG                                                                                                                                          | Middle Initial |               |
| Business Name    | PINNACLE ENGINEERING, P | Business Phone | (718)539-8675                                                                                                                                        | Business Fax   | (718)445-7420 |
| Business Address | 134-35 33RD AVENUE      |                |                                                                                                                                                      | Mobile Phone   |               |
| City             | FLUSHING                | State          | NY                                                                                                                                                   | Zip            | 11354         |
| E-Mail           |                         |                |                                                                                                                                                      |                |               |
| License Number   | 066722                  | Choose One:    | <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) |                |               |

**5 Owner/Lease Holder Information**

|                  |                                 |                |               |                |       |
|------------------|---------------------------------|----------------|---------------|----------------|-------|
| Last Name        | KERMAN                          | First Name     | MARK          | Middle Initial |       |
| Business Name    | trustees of columbia university | Business Phone | (212)854-9337 | Business Fax   |       |
| Business Address | 90 MORNINGSIDE DR               |                |               | Mobile Phone   |       |
| City             | NEW YORK                        | State          | NY            | Zip            | 10027 |
| E-Mail           |                                 |                |               |                |       |

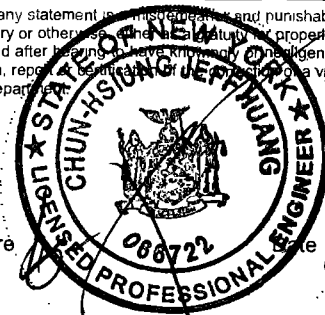
**6 Design Applicant's Statements and Signatures**

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)

CHUN-HSIUNG HUANG

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)

MARK KERMAN

Signature

Date

6/5/18

Notarization

State of New York

Sworn to or affirmed under penalty of perjury

5 day of June 20 18

Notary Public Signature

Notary Seal

ANTHONY J. FOLLIERI  
 NOTARY PUBLIC, State of New York  
 No. 01FO4711182  
 Qualified in Westchester County  
 Commission Expires July 31, 2018

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |