



**4 Design Applicant Information**

|                  |                                |                |                               |                                          |                                                                                     |
|------------------|--------------------------------|----------------|-------------------------------|------------------------------------------|-------------------------------------------------------------------------------------|
| Last Name        | Carrano                        | First Name     | Chris                         | Middle Initial                           |                                                                                     |
| Business Name    | ADG Architecture & Design      | Business Phone | (212) 777-6880                | Business Fax                             |                                                                                     |
| Business Address | 13 West 36th Street, 7th Floor |                |                               | Mobile Phone                             |                                                                                     |
| City             | New York                       | State          | NY                            | Zip                                      | 10018                                                                               |
| E-Mail           | chris@adgpc.com                |                |                               |                                          |                                                                                     |
| License Number   | 025077                         | Choose One:    | <input type="checkbox"/> P.E. | <input checked="" type="checkbox"/> R.A. | <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |

**5 Owner/Lease Holder Information**

|                  |                  |                |            |                |       |
|------------------|------------------|----------------|------------|----------------|-------|
| Last Name        | Zhang            | First Name     | Zi Kuo     | Middle Initial |       |
| Business Name    |                  | Business Phone | 9178624972 | Business Fax   |       |
| Business Address | 24 East Broadway |                |            | Mobile Phone   |       |
| City             | New York         | State          | NY         | Zip            | 10002 |
| E-Mail           | kuo795@gmail.com |                |            |                |       |

**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)

Chris Carrano

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)

Zi Kuo Zhang

Signature

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

Date

**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)                         |                                       |          |