

4 Design Applicant Information

Last Name	Cheng	First Name	James	Middle Initial	Y
Business Name	Urban Architectural Design	Business Phone	(347) 545-9381	Business Fax	(718) 425-9986
Business Address	135-17 Northern Blvd, Ste 5E			Mobile Phone	(929) 263-5768
City	Flushing	State	NY	Zip	11354
E-Mail	jcheng@uad-site.com				
License Number	025344	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Zelenka	First Name	Marla	Middle Initial	
Business Name	China Arcade LLC	Business Phone	(212) 219-9010	Business Fax	
Business Address	183 CENTRE STREET 6TH FL			Mobile Phone	
City	New York	State	NY	Zip	10013
E-Mail	mzelenka.cch@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 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)

James Y Cheng

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.*

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Name (print)

Marla Zelenka

Signature

Date

5-29-19

Notarization

State of New York, County of.

Sworn to or affirmed under penalty of perjury

day of 20

Notary Public 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)		