



**4 Design Applicant Information**

|                                                                                                                                                                        |                                    |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|
| Last Name <b>Yi</b>                                                                                                                                                    | First Name <b>Sung</b>             | Middle Initial   |
| Business Name <b>SY Engineering PLLC</b>                                                                                                                               | Business Phone <b>718-775-5348</b> | Business Fax     |
| Business Address <b>42-14 Bell Blvd., 2FL.</b>                                                                                                                         | Mobile Phone                       |                  |
| City <b>Bayside</b>                                                                                                                                                    | State <b>NY</b>                    | Zip <b>11361</b> |
| License Number <b>088503</b>                                                                                                                                           | E-Mail <b>syengr@gmail.com</b>     |                  |
| 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 <b>Nugent</b>                          | First Name <b>Edward</b>           | Middle Initial <b>W</b> |
| Business Name <b>809 First Avenue Associates</b> | Business Phone <b>212-984-5352</b> | Business Fax            |
| Business Address <b>809 United Nations Plaza</b> | Mobile Phone                       |                         |
| City <b>New York</b>                             | State <b>NY</b>                    | Zip <b>10017</b>        |
| E-Mail <b>enugent@iie.org</b>                    |                                    |                         |

**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)

**Sung Yi**

Signature

Date

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

**7 Owner's/Lease Holder's Statements and Signatures**

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Name (print)

**Edward W. Nugent**

Signature

Date

**8/26/19**

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:        | <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)                         |                                       |          |