

4 Design Applicant Information

Last Name Feng	First Name Chun	Middle Initial
Business Name Chun Feng, Architect	Business Phone 201-638-5851	Business Fax 201-934-8260
Business Address 17 Ronald Ct	Mobile Phone 201-638-5851	
City Ramsey	State NJ	Zip 07446
E-Mail feng3000@verizon.net		
License Number 019517	Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name Trosa	First Name Frank	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone 718-792-8512	
City Bronx	State NY	Zip 10465
E-Mail fjt7349@aol.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)

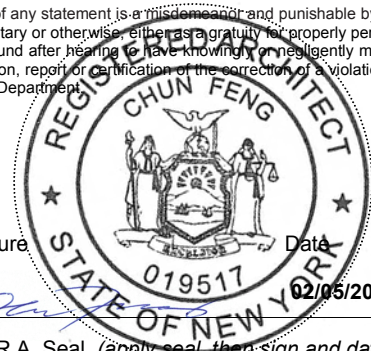
Chun Feng

Signature

Date

02/05/2015

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)

Frank Trosa

Signature

Date

11/10/2014

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

12th day of JUL

20 15

Notary Public Signature

Notary Seal

JULY V. HALIM
NOTARY PUBLIC OF NEW JERSEY
ID # 2442147
My Commission Expires 1/8/2019

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)		