

**4 Design Applicant Information**

|                                              |                                                                                                                                                                        |                                   |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Last Name <b>Liang</b>                       | First Name <b>Kaijin</b>                                                                                                                                               | Middle Initial                    |
| Business Name <b>Sq Arch, LLC</b>            | Business Phone <b>513 535 2826</b>                                                                                                                                     | Business Fax                      |
| Business Address <b>211 Galley Hill Road</b> | Mobile Phone <b>513 535 2826</b>                                                                                                                                       |                                   |
| City <b>Cuddebackville</b>                   | State <b>NY</b>                                                                                                                                                        | Zip <b>12729</b>                  |
|                                              |                                                                                                                                                                        | E-Mail <b>liangk513@gmail.com</b> |
| License Number <b>79716</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>Prudente</b>                    | First Name <b>Andrea</b>         | Middle Initial                       |
| Business Name <b>CUBESMART</b>               | Business Phone <b>7179510518</b> | Business Fax                         |
| Business Address <b>5 OLD LANCASTER ROAD</b> | Mobile Phone <b>7179510518</b>   |                                      |
| City <b>MALVERN</b>                          | State <b>PA</b>                  | Zip <b>19355</b>                     |
|                                              |                                  | E-Mail <b>aprudente@cubsmart.com</b> |

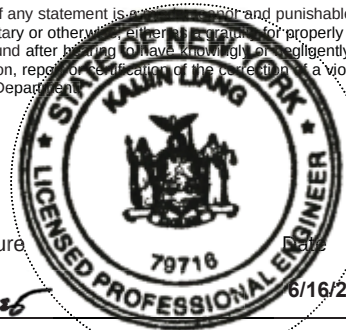
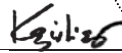
**6 Design Applicant's Statements and Signatures**

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 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)

**Kaijin Liang**

Signature



6/16/2020

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)

**Andrea Prudente**

Signature



Date

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)                         |                                       |          |