

4 Design Applicant Information

Last Name Liang	First Name Kaijin	Middle Initial
Business Name Sq Arch, LLC	Business Phone 513 535 2826	Business Fax
Business Address 211 Galley Hill Road	Mobile Phone 513 535 2826	
City Cuddebackville	State NY	Zip 12729
		E-Mail liangk513@gmail.com
License Number 79716	Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name EGBIVWIE	First Name Esie	Middle Initial
Business Name	Business Phone 6466428188	Business Fax
Business Address 1041 East 231Street	Mobile Phone 6466428188	
City Bronx	State NY	Zip 10466
		E-Mail esieegbivwie@yahoo.com

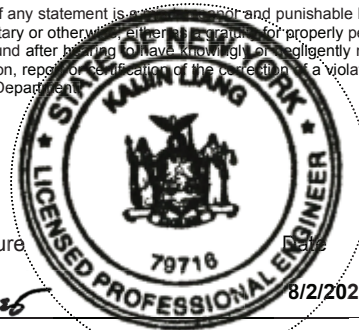
6 Design Applicant's Statements and Signatures

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)

Kaijin Liang

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)

Esie EGBIVWIE

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:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		