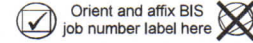




Scan Code



*List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details.*

**4 Design Applicant Information**

|                  |                           |                |                                                                                                                                                            |                |               |
|------------------|---------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| Last Name        | LEE                       | First Name     | YEON CHAN                                                                                                                                                  | Middle Initial |               |
| Business Name    | LEE ENGINEERING, P.C.     | Business Phone | (718)429-0181                                                                                                                                              | Business Fax   | (718)429-0214 |
| Business Address | 104-14 NORTHERN BOULEVARD |                |                                                                                                                                                            | Mobile Phone   | (917)337-3399 |
| City             | CORONA                    | State          | NY                                                                                                                                                         | Zip            | 11368         |
| E-Mail           | info@leecru.com           |                |                                                                                                                                                            |                |               |
| License Number   | 076501                    | 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        | JOHNSON            | First Name     | CHRISTOPHER   | Middle Initial |               |
| Business Name    | N/A                | Business Phone | 718) 803-1186 | Business Fax   |               |
| Business Address | 1506 HAVE H        |                |               | Mobile Phone   | 718) 803-1186 |
| City             | BROOKLYN           | State          | N.Y.          | Zip            | 11230         |
| E-Mail           | KAYEAND41@GMAIL.CO |                |               |                |               |

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

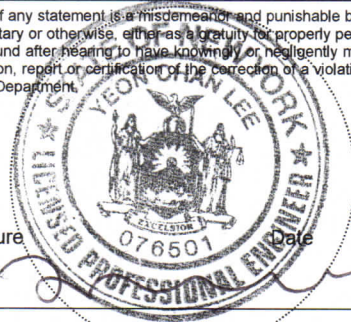
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, 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)

YEON CHAN LEE    P.E.

Signature

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



6/21/2022

**7 Owner's/Lease Holder'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 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)

CHRISTOPHER JOHNSON

Signature

Date

06-21-22

Notarization

State of New York, County of: Nassau

Sworn to or affirmed under penalty of perjury

21 day of June 20 22

Notary Public Signature

Notary Seal

EUN MI LEE  
Notary Public - State of New York  
NO. 01LE6117291  
Qualified in Nassau County  
My Commission Expires Oct 25, 2024

**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)                         |                                       |          |