

4 Design Applicant Information

Last Name	HUANG	First Name	XIAO	Middle Initial	
Business Name	NYX ENGINEERING, PLLC	Business Phone	718-253-1111	Business Fax	
Business Address	6801 NEW UTRECHT AVENUE			Mobile Phone	
City	Brooklyn	State	NY	Zip	11219
E-Mail					
License Number	091151	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	LIN	First Name	QING ZE	Middle Initial	
Business Name	NA	Business Phone	917-903-4784	Business Fax	
Business Address	546 58 STREET			Mobile Phone	
City	BROOKLYN	State	NY	Zip	11220
E-Mail					

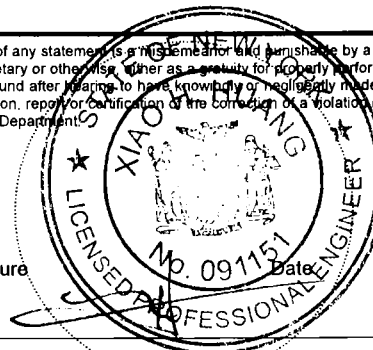
6 Design Applicant's Statements and Signatures

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)

XIAO HUANG

Signature



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)

QING ZE LIN

Signature

Date

Lin Qing Ze
 3-17-2020

Notarization

State of New York, County of

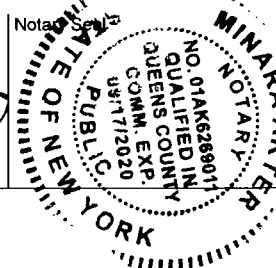
Sworn to or affirmed under penalty of perjury

day of

Notary Public Signature

Qing Ze Lin
 12 day of April 20

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)		