

4 Design Applicant Information

Last Name **ROMAN** First Name **ALBERTO** Middle Initial _____
 Business Name **AR-Tech Engineering P.C.** Business Phone **718-331-8899** Business Fax **718-331-8896**
 Business Address **160 WEST 174th STREET APT 3F** Mobile Phone **917-688-0272**
 City **BRONX** State **NY** Zip **10453** E-Mail **alberto10453@yahoo.co**
 License Number **095364** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **DUAN** First Name **JASON** Middle Initial _____
 Business Name **ocean-cross health llc** Business Phone _____ Business Fax _____
 Business Address **715 51 STREET** Mobile Phone **1-617-697-9762**
 City **BROOKLYN** State **NY** Zip **11220** E-Mail **jason.duan6@gmail.com**

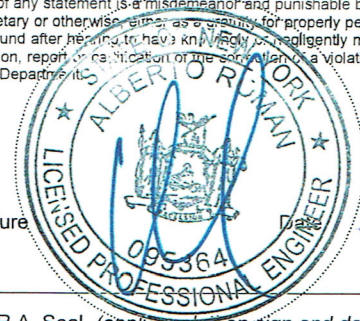
6 Design Applicant's Statements and Signatures

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)

ALBERTO ROMAN

Signature

Date **7/31/2020**

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)

JASON DUAN

Signature

Date

Notarization

State of New York, County of: **Kings**

Sworn to or affirmed under penalty of perjury

1 day of **August** 20**20**

Notary Public Signature

Notary Seal

ZHOU JIANXIN
 NOTARY PUBLIC, STATE OF NEW YORK
 No.01ZH6352311
 Qualified in Richmond County
 Commission Expires 12/27/2020

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)		