

4 Design Applicant Information

Last Name GAO First Name YAN Middle Initial _____
 Business Name Yan Gao PE Engineering's Off Business Phone 929-345-2046 Business Fax _____
 Business Address 6701 11 AVE, 1 FL Mobile Phone 917-957-8813
 City BROOKLYN State NY Zip 11219 E-Mail ECDESIGNLLC@GMAIL.
 License Number 097015 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name LI First Name EN Middle Initial _____
 Business Name N/A Business Phone 917-626-0113 Business Fax _____
 Business Address 2267 60 ST Mobile Phone _____
 City BROOKLYN State NY Zip 11204 E-Mail NA@NA.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)

YAN GAO

Signature

Date

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)

EN LI

Signature

En Li

Date

2/1/2019

Notarization

State of New York, County of QUEENS

Sworn to or affirmed under penalty of perjury

1st day of February 2019

Notary Public Signature

Notary Seal

ANTHONY N. CORBIN
 Notary Public, State of New York
 No. 01CO5049090
 Qualified in Queens County
 Commission Expires September 5, 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)		