

4 Design Applicant Information			
Last Name	ROMAN	First Name	ALBERTO
Middle Initial		Business Name	AR-TECH ENGINEERING PC
Business Phone	718-331-8899	Business Fax	718-331-8896
Business Address	160 WEST 174TH STREET APT. 3F		Mobile Phone
City	BRONX	State	NY
Zip	10453	E-Mail	alberto10453@yahoo.com
License Number	095364	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information			
Last Name	DU	First Name	ZHAOXIONG
Middle Initial		Business Name	
Business Phone		Business Fax	
Business Address	1351 82 STREET		Mobile Phone
City	BROOKLYN	State	NY
Zip	11228	E-Mail	aarond26ad@gmail.com

6 Design Applicant's Statements and Signatures			
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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

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

7 Owner's/Lease Holder's Statements and Signatures <i>Notary only required when submitting to obtain sign-off.</i>			
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Name (print)

ZHAOXIONG DU

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)		