



12/14

4 Design Applicant Information

Last Name	LI	First Name	YING HAO	Middle Initial	
Business Name	City Building NY Architect P.C	Business Phone	718-836-1828	Business Fax	718-836-1707
Business Address	802 64th Street, 3H	Mobile Phone			
City	Brooklyn	State	NY	Zip	11220
E-Mail					
License Number	032042	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	CASPI	First Name	STEVEN	Middle Initial	
Business Name	226 7th Ave Investors, LLC	Business Phone	914-694-8300	Business Fax	
Business Address	503 BROADWAY PH	Mobile Phone			
City	NEW YORK	State	NY	Zip	10012
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 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)

YING HAO LI

Signature

Date 10/15/21

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)

STEVEN CASPI

Signature

Date

10-19-21

Notarization

State of New York, County of: Westchester

Sworn to or affirmed under penalty of perjury

19 day of October 20 21

Notary Public Signature

Notary Seal

KAREN SCHIERA

NOTARY PUBLIC-STATE OF NEW YORK

NO 01SC6062878

QUALIFIED IN PUTNAM COUNTY

MY COMMISSION EXPIRES 08-20-25

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)		