



**4 Design Applicant Information**

|                  |                           |                |                                                |                               |                                      |
|------------------|---------------------------|----------------|------------------------------------------------|-------------------------------|--------------------------------------|
| Last Name        | HUANG                     | First Name     | ELAINE                                         | Middle Initial                | A                                    |
| Business Name    | EAH Structural Consulting | Business Phone | 978-406-8921                                   | Business Fax                  |                                      |
| Business Address | 35 Kendall Court          | Mobile Phone   |                                                |                               |                                      |
| City             | Bedford                   | State          | MA                                             | Zip                           | 01730                                |
| E-Mail           | elaine@eahstructural.com  |                |                                                |                               |                                      |
| License Number   | 090605                    | Choose One:    | <input checked="" type="checkbox"/> P.E.       | <input type="checkbox"/> R.A. | <input type="checkbox"/> Sign Hanger |
|                  |                           |                | <input type="checkbox"/> Other (specify) _____ |                               |                                      |

**5 Owner/Lease Holder Information**

|                  |                    |                |            |                |       |
|------------------|--------------------|----------------|------------|----------------|-------|
| Last Name        | Rodriguez          | First Name     | Cheryldine | Middle Initial |       |
| Business Name    |                    | Business Phone |            | Business Fax   |       |
| Business Address | 3713 Foster Avenue | Mobile Phone   |            |                |       |
| City             | Brooklyn           | State          | NY         | Zip            | 11203 |
| 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)

Elaine A. Huang

Signature

Date

02/02/17

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)

Cheryldine Rodriguez

Signature

Notarization

State of New York, County of:

Notary Seal

Sworn to or affirmed under penalty of perjury

day of

20

Date

1/30/17

Notary Public Signature

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |