

4 Design Applicant Information

Last Name Liang	First Name Kaijin	Middle Initial
Business Name Sq Arch, LLC	Business Phone 513 535 2826	Business Fax
Business Address 211 Galley Hill Road	Mobile Phone 513 535 2826	
City Cuddebackville	State NY	Zip 12729
E-Mail liangk513@gmail.com		
License Number 79716	Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name Mitchell	First Name Glenn	Middle Initial
Business Name	Business Phone 917-885-8040	Business Fax
Business Address 740 Madison	Mobile Phone 917-885-8040	
City St.	State NY	Zip 11221
E-Mail gcmit19@hotmail.com		

6 Design Applicant's Statements and Signatures

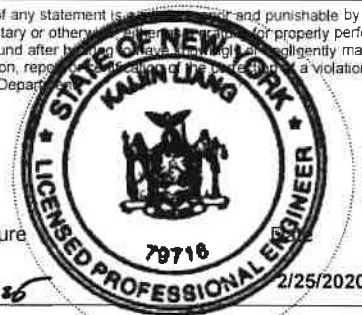
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, 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)

Kaijin Liang

Signature

Kaijin Liang



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)

Glenn Mitchell

Signature

Glenn Mitchell

Date

7-17-2020

Notarization

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

Sworn to or affirmed under penalty of perjury

17 day of **July** 20 **20**

Notary Public Signature

[Signature]

Notary Seal

CARITA EPIPHANE REYNOLDS
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01EP6336747
 Qualified in Bronx County
 Commission Expires February 8th, 2024

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)		