

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 065657Last Name CHANFirst Name KANG

Middle Initial _____

Business Name C-SQUARE DESIGN, INC.Business Phone 718-961-5160Business Fax 718-961-5159Business Address 41-23 MURRAY STREET, SUITE# 201Mobile Phone 646-696-8566City FLUSHINGState NYZip 11355E-Mail CSQFT@ME.COM**5 Owner/Lease Holder Information**Choose One: ☐ Owner ☒ Lease HolderLast Name SARZOTTIFirst Name JAMES

Middle Initial _____

Business Name N/ABusiness Phone 914-438-3072

Business Fax _____

Business Address 36-19 DITMARS BLVD

Mobile Phone _____

City QUEENSState NYZip 11105

E-Mail _____

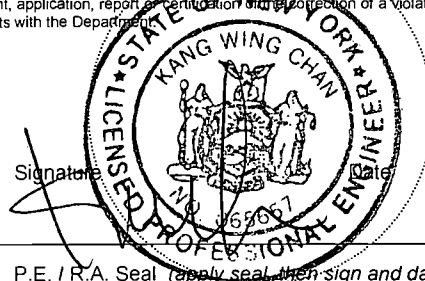
6 Design Applicant's Statements and Signatures

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 and 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)

KANG CHAN, P.E.6/09/10

Signature



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.*

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Name (print)

JAMES SARZOTTI

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
Pre-Filing:	☒ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		