

DEPT. BLDGS. 420608275 Job Number

SC120413020 Scan Code

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number **026846**Last Name **SHIN**First Name **SUNG HO**

Middle Initial _____

Business Name **SUNG HO SHIN ARCHITECT, P.C.**Business Phone **718-428-2882**Business Fax **718-428-2872**Business Address **194-02 NORTHERN BLVD. #216**

Mobile Phone _____

City **FLUSHING**State **NY**Zip **11358**

E-Mail _____

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease HolderLast Name **OH**First Name **YONG SUK**

Middle Initial _____

Business Name **N/A**

Business Phone _____

Business Fax _____

Business Address **35-10 163 STREET**Mobile Phone **347-575-8257**City **FLUSHING**State **NY**Zip **11358**

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)

SUNG HO SHIN

Signature

08-19-13

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)

YONG SUK OH

Signature

Yong Suk Oh

Date

Notarization

State of New York, County of: *Queens*

Sworn to or affirmed under penalty of perjury

26 day of *August* 20 *13*

Notary Public Signature

Notary Seal

M CARMELLE JEAN FRANCOIS
Notary Public - State of New York
NO. 01JE6224432
Qualified in Queens County
My Commission Expires *11/1/14*

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)		