

4 Design Applicant Information

Last Name	LI	First Name	LING	Middle Initial	
Business Name	LI ARCHITECT ASSOCIATE	Business Phone	718-359-8982	Business Fax	718-939-8070
Business Address	150-19 41 AVE			Mobile Phone	
City	FLUSHING	State	NY	Zip	11354
E-Mail	liarchitect@yahoo.com				
License Number	026687	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	FUNG	First Name	DUNCAN	Middle Initial	
Business Name	N/A	Business Phone	646-287-4240	Business Fax	
Business Address	4265 KISSENA BLVD			Mobile Phone	
City	FLUSHING	State	NY	Zip	11354
E-Mail	Duncan.fung@gmail.com				

6 Design Applicant's Statements and Signatures

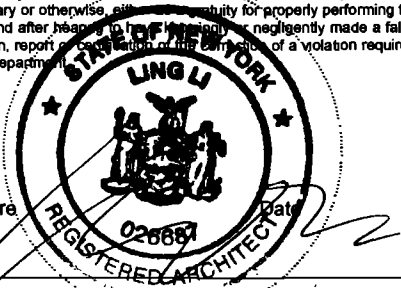
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept,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

LING LI

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)	Notarization	Notary Seal
DUNCAN FUNG	State of New York, County of:	
Signature	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date	Notary Public Signature	
05/10/16		

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)		