



**4 Design Applicant Information**

|                  |                        |                |                                                                                                                                                            |                |            |
|------------------|------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|
| Last Name        | HUANG                  | First Name     | CHENG-SHENG                                                                                                                                                | Middle Initial |            |
| Business Name    | ZHENG & ASSOCIATES LLC | Business Phone | 7187622626                                                                                                                                                 | Business Fax   | 7187622886 |
| Business Address | 39-15 MAIN STREET #308 |                |                                                                                                                                                            | Mobile Phone   |            |
| City             | FLUSHING               | State          | NY                                                                                                                                                         | Zip            | 11354      |
| E-Mail           |                        |                |                                                                                                                                                            |                |            |
| License Number   | 066720                 | 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        | WANG          | First Name     | JIANI | Middle Initial |            |
| Business Name    | N/A           | Business Phone |       | Business Fax   |            |
| Business Address | 240-58 68 AVE |                |       | Mobile Phone   | 9178688883 |
| City             | QUEENS        | State          | NY    | Zip            | 11362      |
| E-Mail           |               |                |       |                |            |

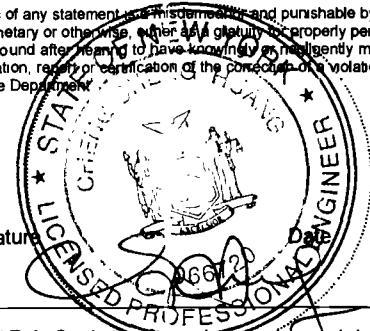
**6 Design Applicant's Statements and Signatures**

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)

CHENG-SHENG HUANG

Signature



P.E. / R.A. Seal (apply seal then sign and date over seal)

**7 Owner's/Lease Holder'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 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)

JIANI WANG

Signature

Date

07/15/16

Notarization

State of New York, County of *Queens*

Sworn to or affirmed under penalty of perjury

15<sup>th</sup> day of *July* 2016

Notary Public Signature

Notary Seal

FEILI ZHENG  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01ZH6235782

Qualified in Queens County  
My Commission Expires April 06, 2019

**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)                         |                                       |          |