



**4 Design Applicant Information**

Last Name **CHOI** First Name **JUNG** Middle Initial **H**  
 Business Name **Jung H. Choi Architect P.C.** Business Phone **212-643-0402** Business Fax  
 Business Address **34 WEST 27 STREET, SUITE#301** Mobile Phone  
 City **NEW YORK** State **NY** Zip **10001** E-Mail **JC@M55K.COM**  
 License Number **031839** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) \_\_\_\_\_

**5 Owner/Lease Holder Information**

Last Name **RATANJI** First Name **MAHESH** Middle Initial  
 Business Name **The Hotel Vue By Ascend Co** Business Phone **9176985514** Business Fax  
 Business Address **40-47 22 street** Mobile Phone  
 City **Queens** State **NY** Zip **11101** 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)

**JUNG H. CHOI**

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.*

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)

**MAHESH RATANJI**

Signature

Date

**m.m. Ratanji**  
**8/2/19**

Notarization

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

Sworn to or affirmed under penalty of perjury

**7th day of August 2019**

Notary Public Signature

Notary Seal

**CABRERA HSU YULENNY**  
 NOTARY PUBLIC, STATE OF NEW YORK  
 Registration No. 01CA6172884  
 Qualified in QUEENS County  
 Commission Expires 08/20/2019

**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)                         |                                       |          |