

4 Design Applicant Information

Last Name	SU	First Name	QIANG	Middle Initial	
Business Name	SU ARCHITECT, P.C.	Business Phone	718-353-8009	Business Fax	718-504-7762
Business Address	37-09 MAIN ST, 4 FL			Mobile Phone	212-495-9606
City	FLUSHING	State	NY	Zip	11354
E-Mail	QS88@YAHOO.COM				
License Number	030112	Choose One	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	LI	First Name	YIP SHUN	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	41-67 74 ST			Mobile Phone	646-823-8903
City	QUEENS	State	NY	Zip	11373
E-Mail	YIPSHUN11373@YAHOO				

6 Design Applicant's Statements and Signatures

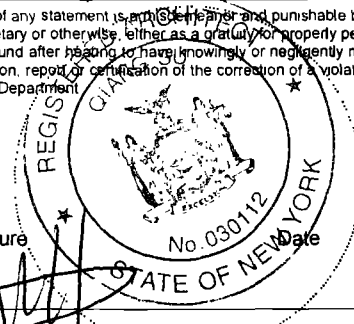
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept,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

QIANG SU

Signature

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

**7 Owner's/Lease Holder's Statements and Signatures**

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Name (print)

YIP SHUN LI

Signature

Date

Yip Shun Li

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