

4 Design Applicant Information

Last Name FU First Name KY Middle Initial _____
 Business Name FLUSHING ENGINEERING Business Phone (917)704-9787 Business Fax (718) 357-4116
 Business Address 33-70 PRINCE STREET SUITE 702 Mobile Phone _____
 City FLUSHING State NY Zip 11354 E-Mail DSL007@GMAIL.COM
 License Number 090920 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name KEENE First Name STARLING Middle Initial _____
 Business Name N/A Business Phone 646-239-4920 Business Fax _____
 Business Address 93 GUERNSEY STREET Mobile Phone _____
 City BROOKLYN State NY Zip 11222 E-Mail starlingakeene@gmail.co

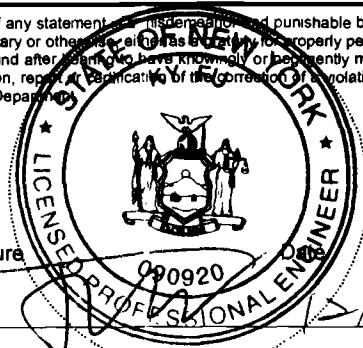
6 Design Applicant's Statements and Signatures

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)

KY FU

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)

STARLING KEENE

Signature

Date

12/9/16

Notarization

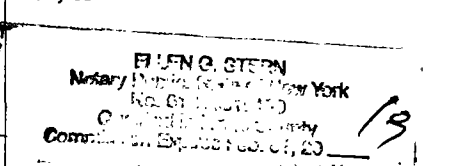
State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

9 day of Dec. 20 16

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)		