

4 Design Applicant Information

Last Name	KWAN	First Name	GAVIN	Middle Initial	
Business Name	KINETIC DESIGN CONSULT	Business Phone	917-361-9191	Business Fax	718-360-9017
Business Address	342 AVE W	Mobile Phone			
City	BROOKLYN	State	NY	Zip	11223
E-Mail					
License Number	095159	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	LUO	First Name	XIAO	Middle Initial	
Business Name	LUCKY LUO LLC	Business Phone	929-264-9985	Business Fax	
Business Address	64-48 CLOVERDALE BLVD	Mobile Phone			
City	QUEENS	State	NY	Zip	11364
E-Mail					

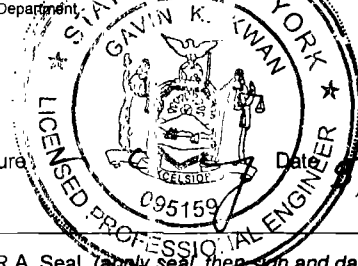
6 Design Applicant's Statements and Signatures

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)

GAVIN KWAN

Signature



Date 5/15/17

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)

XIAO QIU LUO

Signature

Date

5/15/17

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)		