



4 Design Applicant Information

Last Name	HSU	First Name	CHIH	Middle Initial	
Business Name	N/A	Business Phone	7182166180	Business Fax	
Business Address	35-23 FARRINGTON STREET			Mobile Phone	
City	FLUSHING	State	NY	Zip	11354
E-Mail	PES223@GMAIL.COM				
License Number	64159	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
			☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	ASGARALLI	First Name	BEBE	Middle Initial	S
Business Name	N/A	Business Phone	917-407-4828	Business Fax	
Business Address	107-51 131 STREET			Mobile Phone	
City	RICHMOND HILL	State	NY	Zip	11419
E-Mail	RALLYGC@AOL.COM				

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)

CHIH HSU

Signature

P.E. / R.A. Seal (Notary Seal) Sign and date over seal)

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

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Name (print)

BEBE S. ASGARALLI

Signature

BEBE S. ASGARALLI

Date

3/20/23

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

20 day of MARCH 20 23

Notary Public Signature

Notary Seal

KENNETH YAP
NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01YA6378758
 Qualified in Kings County
 Commission Expires 07/30/2026

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)		