

4 Design Applicant Information

Last Name	SHIN	First Name	SUNG-HO	Middle Initial	
Business Name	Sung -ho shin architect, p c.	Business Phone	718.428 2882	Business Fax	718 428.2872
Business Address	194-02 Northern blvd #216			Mobile Phone	646 772.3024
City	Flushing	State	NY	Zip	11358
E-Mail	shsarch98@gmail.com				
License Number	026846	Choose One	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	HAIDER	First Name	NASIM	Middle Initial	
Business Name	CORONA BEAUTY SUPPLY	Business Phone	646 496 7346	Business Fax	
Business Address	111-21 ROOSEVELT AVE			Mobile Phone	
City	QUEENS	State	NY	Zip	11368
E-Mail	coronamedical@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)

SUNG-HO SHIN

Signature

Date

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)

NASIM HAIDER

Signature



Date

4/20/18

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)		