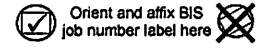




Scan Code



job number label here

4 Design Applicant Information

Last Name	HUANG	First Name	CHENG-SHENG	Middle Initial	
Business Name	ZHENG & ASSOCIATES LLC	Business Phone	7187622626	Business Fax	7187622886
Business Address	39-15 MAIN STREET #308			Mobile Phone	
City	FLUSHING	State	NY	Zip	11354
License Number	066720	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	JIANG	First Name	JIAN ZHONG	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	N/A			Mobile Phone	6463184092
City	QUEENS	State	NY	Zip	11365
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 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)

CHENG-SHENG HUANG

Signature

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

7 Owner's/Lease Holder'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 or 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)

JIAN ZHONG JIANG

Signature

Jian Zhong Jiang
Date 4/22/2021

Notarization

State of New York, County of: *Queens*

Sworn to or affirmed under penalty of perjury

22nd day of *April* 20*21*
Notary Public Signature *Feili Zheng*

Notary Seal

FEILI ZHENG
NOTARY PUBLIC-STATE OF NEW YORK
No. 01ZH6235782
Qualified in Queens County
My Commission Expires 04-06-2023

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	