



4 Design Applicant Information

Last Name	HUANG	First Name	ELAINE	Middle Initial	A
Business Name	EAH Structural Consulting	Business Phone	978-406-8921	Business Fax	
Business Address	35 Kendall Court	Mobile Phone			
City	Bedford	State	MA	Zip	01730
E-Mail	elaine@eahstructural.com				
License Number	090605	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Sohan	First Name	Lutchman	Middle Initial	
Business Name		Business Phone		Business Fax	
Business Address	129-22 95 Avenue	Mobile Phone			
City	S Richmond Hill	State	NY	Zip	11419
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)

Elaine A. Huang

Signature

Date

10/5/16

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)

Lutchman Sohan

Signature

Lutchman Sohan

Date

9/30/16

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)		