



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	Sado	First Name	Benjawan	Middle Initial	
Business Name		Business Phone		Business Fax	
Business Address	25-58 83 Street	Mobile Phone			
City	East Elmhurst	State	NY	Zip	11370
		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

05/05/17

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)

Benjawan Sado

Signature

Notarization

State of New York, County of:

Notary Seal

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Date

04/20/17

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)		