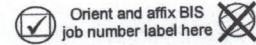




Scan Code

12/14

4 Design Applicant Information

Last Name Liang	First Name Kaijin	Middle Initial
Business Name Sq Arch, LLC	Business Phone 513 535 2826	Business Fax
Business Address 211 Galley Hill Road	Mobile Phone 513 535 2826	
City Cuddebackville	State NY	Zip 12729
		E-Mail liangk513@gmail.com
License Number 79716	Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)	

5 Owner/Lease Holder Information

Last Name Davis	First Name Joycilin	Middle Initial
Business Name	Business Phone 347-822-7499	Business Fax
Business Address 178-31 107th Ave	Mobile Phone 347-822-7499	
City Jamaica	State NY	Zip 11433
		E-Mail davisjoycilin@gmail.com

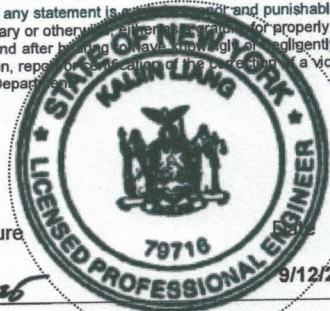
6 Design Applicant's Statements and Signatures

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)

Kaijin Liang

Signature

Kaijin Liang

9/12/2019

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

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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)

Joycilin Davis

Signature

Joycilin Davis

Date

11-25-2019

Notarization

State of New York, County of: **Queens**

Sworn to or affirmed under penalty of perjury

25 day of November 2019

Notary Public Signature

Joycilin Davis

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)		