



3	Cost Details <i>Required for all applications.</i>
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☒ ☐ General Construction (OT)

☒ Partial Demolition

☐ Non-Structural Demolition

☐ Structural Work

☐ Interior Renovation

☐ Exterior Renovation

☐ (Describe) _____

12/14

4 Design Applicant Information

Last Name	XU	First Name	ZHOU	Middle Initial	
Business Name	TIMES BUILDINGS PC		Business Phone	718-502-9631	Business Fax
Business Address	85-34 GRAND AVENUE 2ND FL			Mobile Phone	
City	ELMHURST	State	NY	Zip	11373
E-Mail					
License Number	087007	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	LIN	First Name	SHANG QI	Middle Initial	
Business Name	N/A		Business Phone	(917)573-0488	Business Fax
Business Address	85-10 57 ROAD			Mobile Phone	
City	ELMHURST	State	NY	Zip	11373
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)

ZHOU XU

Signature



P.E. / R.A. Seal (Applicant to sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

SHANG QI LIN

Signature

Date

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)		