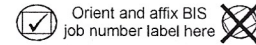




Job Number

Scan Code

12/14

**4 Design Applicant Information**

|                  |                               |             |                                                                                                                                                      |                |              |
|------------------|-------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| Last Name        | FU                            | First Name  | KY                                                                                                                                                   | Middle Initial |              |
| Business Name    | FLUSHING ENGINEERING S        |             | Business Phone                                                                                                                                       | (917)704-9787  | Business Fax |
| Business Address | 33-70 PRINCE STREET SUITE 702 |             | Mobile Phone                                                                                                                                         |                |              |
| City             | FLUSHING                      | State       | NY                                                                                                                                                   | Zip            | 11354        |
| License Number   | 090920                        | Choose One: | <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) |                |              |

**5 Owner/Lease Holder Information**

|                  |                  |            |                |                |              |
|------------------|------------------|------------|----------------|----------------|--------------|
| Last Name        | LIN              | First Name | HAN            | Middle Initial |              |
| Business Name    | N/A              |            | Business Phone | (917)518-9560  | Business Fax |
| Business Address | 62-33 82ND PLACE |            | Mobile Phone   |                |              |
| City             | QUEENS           | State      | NY             | Zip            | 11379        |
| 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)

KY FU

Signature

Date

P.E. / R.A. Seal (copy 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)

HAN 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:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |