



4 Design Applicant Information

Last Name Feng	First Name Chun	Middle Initial
Business Name Square Arch, LLC	Business Phone 201-638-5851	Business Fax 201-934-8260
Business Address 409 Jackson Ave	Mobile Phone 201-638-5851	
City Twp. of Washington	State NJ	Zip 07676
E-Mail feng3000@verizon.net		
License Number 019517	Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name Xia	First Name A Ying	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone (646) 262-0793	
City Queens	State NY	Zip 11360
E-Mail jinzhong456@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)

Chun Feng

Signature

Date

07/08/2021

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)

A Ying Xia

Signature

A Ying Xia

Date

07/08/2021

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

4th day of Aug**20 21**

Notary Public Signature

Heather Keim

Notary Seal

HEATHER KEIM
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50083082
My Commission Expires 5/24/2023

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)		