

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 Tropnas	First Name Carl	Middle Initial
Business Name	Business Phone (347) 874-7618	Business Fax
Business Address 177-25 LESLIE ROAD	Mobile Phone (347) 874-7618	
City QUEENS	State NY	Zip 11434
		E-Mail carl.tropnas@gmail.com

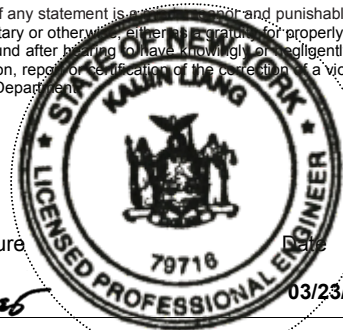
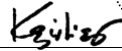
6 Design Applicant's Statements and Signatures

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 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)

Kaijin Liang

Signature

Date **03/23/2023**

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.

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Name (print)

Carl Tropnas

Signature



Date

6/8/2023

Notarization

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

Sworn to or affirmed under penalty of perjury

8th day of **June** 20 **23**

Notary Public Signature



Notary Seal

CARITA EPIPHANE REYNOLDS
NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. **01EP6336747**
 Qualified in Bronx County
 Commission Expires **February 8th, 2024**

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)		