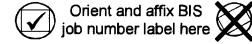




Job Number

Scan Code

1/10

4 Design Applicant Information

Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number _____

Last Name **FENG** First Name **CHUN** Middle Initial _____

Business Name **CHUN FENG, ARCHITECT** Business Phone **201-638-5851** Business Fax **201-934-8260**

Business Address **17 RONALD CT.** Mobile Phone **201-638-5851**

City **RAMSEY** State **NJ** Zip **07446** E-Mail **feng3000@verizon.net**

5 Owner/Lease Holder Information

Choose One: ☒ Owner ☐ Lease Holder

Last Name **Bye** First Name **Patricia** Middle Initial _____

Business Name _____ Business Phone _____ Business Fax _____

Business Address _____ Mobile Phone **917-297-8184**

City **Staten Island** State **NY** Zip **10309** 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)

CHUN FENG

Signature



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)

Signature

Date

PATRICIA BYE

Patricia Bye

12/2/2013

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.)
Pre-Filing:	☐ Accept Original	☐ Revised Cost Needed	
Plan Examination:	☐ Accept Original	☐ Revised Cost Needed	
C of O:	☐ Accept Original	☐ Revised Cost Needed	
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		