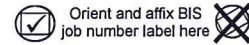




Scan Code

12/14

4 Design Applicant Information

Last Name **ZACHER** First Name **PAUL** Middle Initial **K**
 Business Name **PAUL ZACHER STRUCTURA** Business Phone **916-961-3960** Business Fax
 Business Address **1478 STONE POINT DR STE 190** Mobile Phone **916-961-3960**
 City **ROSEVILLE** State **CA** Zip **95661** E-Mail **NYC@pzse.com**
 License Number **091365** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **NI** First Name **YUNCHAO** Middle Initial
 Business Name **N/A** Business Phone Business Fax
 Business Address **410 TRAVIS AVE** Mobile Phone
 City **STATEN ISLAND** State **NY** Zip **10314** E-Mail **yunchaoni@hotmail.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)

Paul K Zacher

Signature

Date

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)

YUNCHAO NI

Signature

via agent James Budas
 Date *07/25/2018*

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

25th day of JULY 2018

Notary Public Signature

R. Concepcion

Notary Seal

Rosa I Concepcion
 ID # 50018019

Notary Public
 State of New Jersey
 My Commission Expires June 24, 2020

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)		