



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 122458278
Scan Code ESHS7457895

Page number 1 of 1 BFS Document No. 03

1 Location and Job Information Required for all applications.

House No(s) 45 Street Name Mott Street

Borough Manhattan Block 164 Lot 28 BIN 1079238 CB No. 103

2 Revisions to Plans/Drawings Required whenever updating plans. All revisions for each page must be clearly described in section 3.

Submission is part of a Post Approval Amendment (PAA)? ☒ Yes FW1 required ☐ No Indicate all actions for this submission:

Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID
S	A-001.00	A-001.01									

For "Action" use "N" for new page, "S" for superseding page, "O" for omitting page.

Is this section continued on additional AI1 forms? ☐ Yes ☒ No

3 Additional Information Required for all applications.

The previous Schedule B showed all fixtures in the cellar. This filing corrects that error by showing all fixtures installed correctly on the 5th floor. Change layout and submit Sched B.

AMENDED PLAN

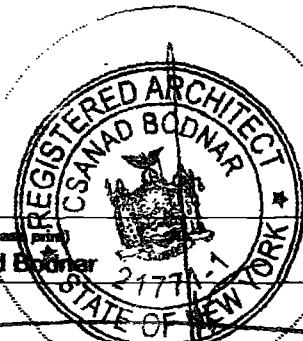
Accepted for OPPN #1/04
Professional Certification
MANHATTAN
Date: MAR 05 2018

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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 (please print)

Csanad Bodnar

Signature



02.14.18

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)