



AI1: Additional Information
Must be typewritten.

DEPT BLDGS Job No. 123239922
Scan Code ESHS6060163

Page number 1 of 1

BIS Document No. _____

1 Location and Job Information Required for all applications.

House No(s) 160

Street Name WADSWORTH AVE

Borough MANHATTAN

Block 2164

Lot 7501

BIN 1081499

CB No. 112

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 PW1 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-003.00	A-003.01									
S	E-001.00	E-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.

AI-1 IS FILED TO AMEND THE SHEETS INDICATED ABOVE. IN SHEET A-003.01, GAS RISER AMENDED TO SHOW THE DRYER IS NOT GAS. IN SHEET E-001.01, AS BUILT ELECTRICAL WIRING AND REFLECTED CEILING PLAN IS SUBMITTED.

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)

SERDAR CEYLAN

05/05/20

Signature

Date

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

