



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 123785751
Scan Code ESHS9495793

Page number 1 of

BIS Document No. 1

1 Location and Job Information Required for all applications.

House No(s) 562

Street Name WEST 148 STREET

Borough MANHATTAN

Block 2079

Lot 61

BIN 1062006

CB No. 109

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

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.

RESPECTFULLY SUBMITTING THIS POST APPROVAL AMENDMENT FOR THE JOB # 123785751 IN ORDER TO SUPERSEDE APPLICANT OF RECORD ON SECTION 2 ON DOUMENT # 2

NEW APPLICANT OF RECORD:

NAME: SAMIR ABDALLA, BUSINESS NAME: MCRB SERVICE CORP , BUSINESS ADDRESS: 89-17,145TH ST, JAMAICA,NY 11435 BUSINESS PHONE: 347-294-844.

I AM ASUUMING FULL RESPONSIBILITY OF EXISTING DRAWING AND NO CHANGES ON EXISTING DRAWING

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)

SAMIR ABDALLA

Signature

P.E./R.A Seal (apply seal, if applicable and date over seal)

