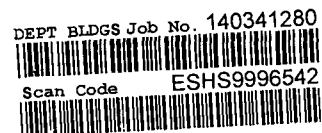




AI1: Additional Information

Must be typewritten.



Page number 1 of 1

BIS Document No. 1

140341280

1 Location and Job Information Required for all applications.

House No(s) 2215

Street Name 1 AVENUE

Borough MANHATTAN

Block 1684

Lot 1

BIN 1081096

CB No. 111

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	EQ-105-00	EQ-105.01									
N	EQ-106-00										

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.

THROUGH THIS AI 1, I AM AMENDING PAGE # EQ-105.00 TO # EQ-105.01 AND ADDING NEW
PAGE # EQ-106.00 RESPECTIVELY ON APPLICATION # 140341280

**AMENDED
PLAN**

**Accepted for OPPN #1/04
Professional Certification
MANHATTAN**

Date: JUL 28 2015

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)

SURJIT PARIHAR

Signature

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

