



Al1: Additional Information
Must be typewritten.

DEPT BLDGS Job No. 140359181
Scan Code ESHS8441507

Page number 1 of 1

BIS Document No. _____

1 Location and Job Information Required for all applications.

House No(s) 158

Street Name WEST 144 STREET

Borough Manhattan

Block 2012

Lot 56

BIN 1060152

CB No. 110

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 Al1 forms?

☐ Yes

☐ No

3 Additional Information Required for all applications.

THIS IS CERTIFY THAT I AM AKM A HOQUE PE LICENSE NO 083278 SUPERSEDE THE JOB NO 140359181 WITH PREVIOUS RECORD OF APPLICANT ASRAF ALI PE LICENSE NO 084178. AS PER DOB COMPLAINT DATE 05/03/2016 THERE WAS STOP WORK ORDER AND HOLD THE JOB. PLEASE LIFT THE HOLD STATUS THAT'S WAY I CAN PROCEED TO SUPERSEDE & CONTINUE THE REST OF WORK.

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)

AKM A HOQUE

Signature

Date

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

