

AI1: Additional Information *Must be typewritten.*



Page number _____ of _____ BIS Document No. _____

1 Location and Job Information *Required for all applications.*

House No(s) 600 Street Name Food Center Drive
Borough Bronx Block 2781 Lot 500 BIN CB No.

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	P-001.00	P-001.01									
S	P-003.00	P-003.01									

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.*

Herewith submitting revised plans showing As Built Conditions:

P-001.01 Plumbing Riser Diagrams, Details & Grease Trap schedule

P-003.01 Partial First floor Plumbing Plan, Detail, Grease Trap Schedule & First floor plan

AMENDED

ACCEPTABLE FOR PERMIT
UNDER DIRECTIVE NO. 14/1975

OCT 17 2013

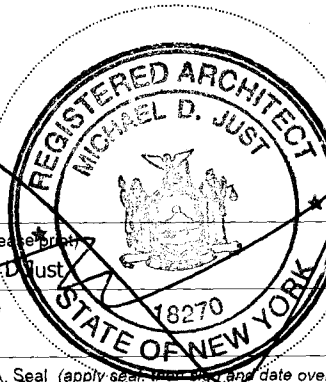
THEODORE FINLEY

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)

Michael D. Just

Signature



Date

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