NYC Buildings

AI1: Additional Information

Must be typewritten

DEPT BLDGS 420242099 Job Number

ESHS3179790 Scan Code

Page number _____ of _____ BIS Document No. _____

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

House No(s) 108-12 Street Name 66 AVENUE

Borough QUEENS Block 274 Lot 15 BIN 4051816 CB No. 406

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-102.01	A-102.02									

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.*

RESPECFULLY RESQUEST TO REMOVE WASING MACHING FROM PLUMBING DIAGRAMAM AT SECOND FLOOR THAT WAS ALREADY REMOVE FROM PAGE A-103.04 ON 4-27-2016.

STATE OF NEW YORK * DEOGRACIAS R. FERNANDO * LICENSED PROFESSIONAL ENGINEER

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) DEOGRACIAS FERNANDO

Signature _____ Date 6/20/16

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