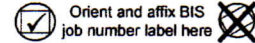


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AI1: Additional Information

Must be typewritten.

Page number 1 of 1BIS Document No. 01

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

House No(s) 61-01Street Name Junction BoulevardBorough QueensBlock 2080Lot 7501BIN 4615634CB 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	PA-001.01	PA-001.02									

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.*

Respectfully request to supersede applicant with new applicant, Joe Smerina, and make changes to layout as per plans submitted herewith:

PA-001.02 - Changes show detailed Capacity Sign, 2-Hour Separation Line, Occupant Load Breakdown Table, Emergency Lighting & ADA seating details.

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)

Joseph Smerina

Signature

Date

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