



Alt-1: Additional Information
Must be typewritten.



Page number 1 of 1

BIS Document No. 1

1 Location and Job Information Required for all applications.

House No(s) 253-10 Street Name HILLSIDE AVENUE

Borough QUEENS Block 8607 Lot 185 BIN 4175612 CB No. 413

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 Alt-1 forms? ☐ Yes ☒ No

3 Additional Information Required for all applications.

RESPECTFULLY REQUEST FOR RECONSIDERATION OF THE FOLLOWING OBJECTION.

OBJECTION: Provide DOB application number for construction work from Pharmacy to Construction Insurance.

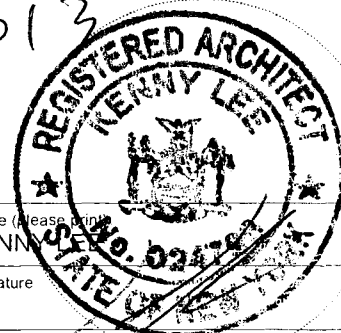
RESPONSE: There is an Alt-1 application #420207289 at this property.

All construction works will be done under the application #420207289 including Construction Insurance space.

Thank you.

ok to accept the testimony
sign to ALT I

2.25.2013



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) KENNY LEE
Signature _____ Date 2/8/13
P.E. / R.A. Seal (apply seal, then sign and date over seal)