



AI1: Additional Information
Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page number 1 of 1 BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 5-09

Street Name 48TH AVENUE

Borough QUEENS

Block 30

Lot 7501

BIN 4536962

CB No. 402

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
N	A102.00										

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.

AUDIT OBJECTIONS:

1 PROVIDE FDNY APPROVAL FOR ROOFTOP ACCESS

RESPONSE: Approved Roof top drawings is uploaded for review.

2A: SHOW COMPLETE ROOF PLAN DRAWN TO SCALE INCLUDING ALL INFORMATION AND DIMENSION

RESPONSE: See new drawing A-102.00 showing complete Roof Plan.

2B: PROVIDE COPY OF APPROVED NB#402311280 ROOFTOP PLAN TO VERIFY THE EXISTING CONDITION

RESPONSE: See Approved New Building drawings uploaded for review.



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)

ANTHONY HARRINGTON

Signature

[Signature] 10.25.21

Date

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