



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 421069578



Scan Code ESHS0141385

Page number 1 of 1

BIS Document No. 02

1 Location and Job Information Required for all applications.

House No(s) 53-55

Street Name 65TH PL

Borough QUEENS

Block 2381

Lot 11

BIN 4054954

CB No. 405

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	A-002.00	A-002.01									
N	A-003.00	A-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.

KINDY SUBMIT IN THE AMEND PLANS TO UPDATES THE CHANGE OF THE JOB SITE.

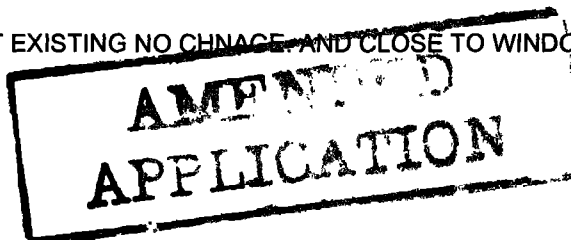
AMEND PLAN A-002.01 TO ENLARGE THE BOILER ROOM AND CREAT TWO NEW WINDOW AT REAR ROOM.

ADD A NEW DOOR AT BASEMENT.

RELOCATE THE KITCHEN AREA, BEDROOM AND BATHROOM AT FIRST FLOOR AND SECOND FLOOR.

CREAT A SKYLIGHT AT SECOND FLOOR.

AMEND PLAN A-003.01 CHEMNEY STAY AT EXISTING NO CHNAGE AND CLOSE TO WINDOWS AT FIRST FLOOR.



12/14/15

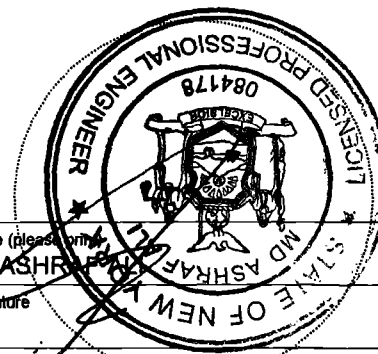
GODFREY TAYLOR

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)

MD ASHRAF

Signature



Date

1/8/15

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