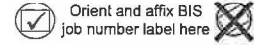




AI1: Additional Information
Must be typewritten.



Page number 1 of 1

BIS Document No. _____

1 Location and Job Information Required for all applications.

House No(s) 24A

Street Name WOODWARD AVENUE

Borough QUEENS

Block 3393

Lot 62

BIN 4437685

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

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 waive the following inspection as it is not required for this scope of work:

FLOOD ZONE COMPLIANCE

Per the attached FEMA maps from 2007 and 2013, this property is located outside of the special flood hazard area.

Please see attached.

Kindly waive the Flood Zone Compliance inspection from the required items list.

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)

JOSHUA M SEWALD

Signature

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



Date

