



AI1: Additional Information

Must be typewritten

DEPT BLDGS Job No. 421227069



Page number 1 of 1

BIS Document No. 05

1 Location and Job Information *Required for all applications*

House No(s) 25-63

Street Name 42 ST

Borough QUEENS

Block 701

Lot 018

BIN 4012159

CB No. 401

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	P-100.01	P-100.02									
S	P-200.00	P-200.01									

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.*

I BOGDAN OSTROWSKI P.E APPLICANT ON FILE LIC# 081083 , WOULD LIKE TO AMEND ATTACHED DRAWINGS - CHANGES AS FOLLOW:

PAGE P-100.01 CHANGED TO P-100.02- CHANGES TO SHOW LOCTION OF GAS PIPING.

PAGE P-200.00 CHANGED TO P-200.01- CHANGES TO GAS PIPING RISER DIAGRAM.

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)
BOGDAN OSTROWSKI
Signature

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



Date
5/18/18