



AI1: Additional Information Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page number 1 of 1

BIS Document No. 12

1 Location and Job Information Required for all applications.

House No(s) 90-20

Street Name 191 street

Borough Queens

Block 10446

Lot 20

BIN 4438804

CB No. 412

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 ☒ No

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-001.02	P-001.01	S	P-005.02	P-005.01						
S	P-002.02	P-002.01	S	P-006.02	P-006.01						
S	P-003.02	P-003.01	S	P-007.02	P-007.01						
S	P-004.02	P-004.01	S	P-009.02	P-009.01						

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.

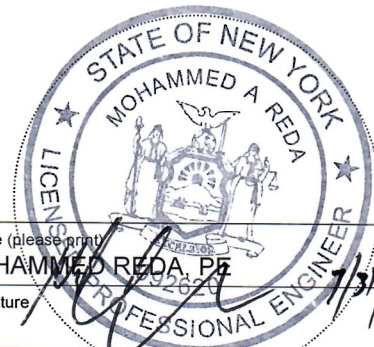
RESPECTFULLY REQUESTING TO APPROVE MINOR CHANGE IN THE PLUMBING PLAN TO CONFORM TO THE CONSTRUCTION APPROVED PLANS

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)

MOHAMMED REDA, PE

Signature



Date

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