



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 421466504



Scan Code ESHS0658252

Page number 1 of 1

BIS Document No. 05

1 Location and Job Information Required for all applications.

House No(s) 1716

Street Name Woodbine Street

Borough Queens

Block 3457

Lot 17

BIN 4082605

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
S	PL-100.02	PL-100.03									

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.

Amendment filed herewith to revise the plans.

Following are the changes made on the plans:

PL-100.03:

- Plumbing Riser Diagram updated

EXAMINED FOR ZONING, EGRESS AND
FIRE PREVENTION ONLY, AS PER DIR. 2/75



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)

Shawn E Stiles

Signature

Date

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