



AI1: Additional Information
Must be typewritten

DEPT BLDGS Job No. 421619001
Scan Code ESHS3860848

Page number 01 of 01

BIS Document No. 02

1 Location and Job Information Required for all applications.

House No(s) 104-56

Street Name 39 AVENUE

Borough QUEENS

Block 1776

Lot 121

BIN 4311596

CB No. 403

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	A-001.01	A-001.02									
S	A-002.01	A-002.02									

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 amend plans as follows:

1. Minor revision to keep existing closet at first floor.

EXAMINED FOR ZONING, EGRESS AND FIRE
PREVENTION ONLY, AS PER DIR NO. 2 OF 1975

SEP 26 2018

HAI-WEN PENG, R.A.

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)

HUI ZENG

Signature



Date

9/25/18

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