



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 421684449



Scan Code ESHS5596359

Page number 1 of 1

BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 43-10

Street Name 220 PLACE

Borough QUEENS

Block 6323

Lot 14

BIN 4138706

CB No. 411

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.

WE RESPECTFULLY REQUEST TO WAIVER FOLLOW ITEM AS BLOW.

1. STREET TREES: RECEIPT OF STREET TREES SITE PLAN;
2. STREET TREES SITE PLAN;
3. FEMA ELEVATION CERT (086-0-33)/ FLOODPROOFING CERT (086-0-34)
4. STREET TREE SIGNOFF

PLEASE SEE THE ATTACHED ST1 & FEMA MAP FOR REFERENCE.

THANKS FOR YOUR CONCERN

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)

KY FU, P.E.

Signature

Date

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

