



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 440469468
Scan Code ESHS6021334

Page number 1 of 1

BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 56-37

Street Name 59TH STREET

Borough QUEENS

Block 2690

Lot 5

BIN 4059986

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	A102.00	A102.01									
S	A201.00	A201.01									
S	A202.00	A202.01									

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

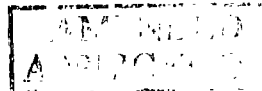
3 Additional Information Required for all applications.

HEREWITH SUBMITTING UPDATED PLANS PER AS BUILD CONDITION.

A102.01 - ADD NEW A/C INDOOR AND OUTDOOR UNITS WITH PRODUCT INFORMATION AND DETAILS

A201.01 & A202.01 - UPDATE COMCHECK INFO.

JUN 18 2018



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)

KO SHEK WONG

Signature

Date

P.E. / R.A. Seal (only seal then sign, do not sign over seal)

