



AI1: Additional Information Must be typewritten.

DEPT BLDGS Job No. 440485486



Scan Code ESHS5684101

Page number 1 of 1

BIS Document No. 2

1 Location and Job Information Required for all applications.

House No(s) 141-30

Street Name 84TH ROAD

Borough Queens

Block 9714

Lot 138

BIN 4207806

CB No. 408

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	T-001.00	T-001.01									
S	M-100.00	M-100.01									
S	P-100.00	P-100.01									

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.

REQUEST TO AMEND PW1C AND PLANS TO SHOW REVISED BOILER MFG. AND MODEL NUMBER.

Accepted for OPFN #1/04
Professional Certification
QUEENS

Date: MAR 03 2019

AMENDED
APPLICATION

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)
JOSEPH D. BAZINI

Signature

Date

P.E. / R.A. Seal (signature must be over seal)

