



AI1: Additional Information
Must be typewritten.

DEPT BLDGS Job No. 440531113
Scan Code ESHS1239950

Page number 1 of 1

BIS Document No. 2

1 Location and Job Information *Required for all applications.*

House No(s) 2546

Street Name 66 PLACE

Borough QUEENS

Block 3700

Lot 4

BIN 4090213

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	A-100.00	A-100.01									
S	A-103.00	A-103.01									

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.*

A-100.00 - A-100.01 - ELECTRICAL EQUIPMENT LOCATION CHANGE - ENVOY AND SUNRUN METER
INSTALLED IN THE BACK OF THE HOUSE.

A-103.00 - A-103.01 - ELECTRICAL EQUIPMENT LOCATION CHANGE - ENVOY AND SUNRUN METER
INSTALLED IN THE BACK OF THE HOUSE.

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)

DANIEL RONZIK

Signature



05/12/2019

Date

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