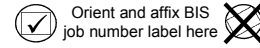




AI1: Additional Information Must be typewritten.



Page number 1 of 1

BIS Document No. 2

1 Location and Job Information Required for all applications.

House No(s) 19-13

Street Name DITMARS BLVD

Borough QUEENS

Block 892

Lot 96

BIN 4020274

CB No. 401

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	T001.00	T001.01	S	T002.00	T002.01	S	M001.00	M001.01	S	M002.00	M002.01
S	M003.00	M003.01	S	M004.00	M004.01	S	E001.00	E001.01	S	E002.00	E002.01
S	G001.00	G001.01	S	S001.00	S001.01	S	S002.00	S002.01	S	S003.00	S003.01
S	S004.00	S004.01	S	S005.00	S005.01	S	S006.00	S006.1	S		

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 FILING AS BUILT DRAWINGS

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) **JEFFREY G. BELL** Date **5/10/21**
Signature _____
P.E. / R.A. Seal (apply and date over seal)

