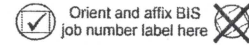




AI1: Additional Information
Must be typewritten.



Page number _____ of _____ BIS Document No. _____

1 Location and Job Information Required for all applications.

House No(s) 115-23 Street Name 210 st

Borough Queens Block 11053 Lot 54 BIN CB No.

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.

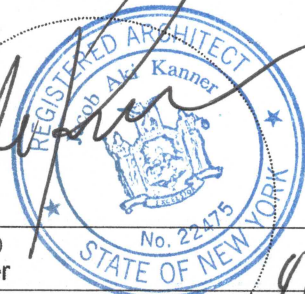
A survey as required by Sect,27-219 of the administrative code,is filed herewith. I have thoroughly checked this survey and to the best of my knowledge and belief, this survey contains all the information required by Sec. 27-219, and information shown therein agrees with the approved plans and applications.

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)
Jacob Kanner

Signature

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



8/23/20
Date