



AI1: Additional Information Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page number 1 of 1

BIS Document No. 02

1 Location and Job Information Required for all applications.

House No(s) 92-12 Street Name 68 AVENUE

Borough QUEENS Block 3197 Lot 6 BIN 4076202 CB No. 406

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-001.00	A-001.01									
S	A-003.00	A-003.01									
S	A-004.00	A-004.01									

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.

PW1 UPDATED FOR PAA TO REFLECT AS-BUILT SITE SITUATION. AC DISCONNECT IS NOT LOCATED OUTDOORS GROUND LEVEL. AC DISCONNECT IS LOCATED INDOORS ON CELLAR LEVEL. THE UTILITY METER WITH CONNECTDER AND SERVICE PANEL ARE LOCATED IN THE CELLAR AS ORIGINALLY SHOWN IN THE APPROVED PLANS.

APPLICANT'S STATEMENT:

I HAVE SELF-CERTIFIED COMPLIANCE OF OBJECTIONS. I AM AWARE THAT THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THE ABOVE STATEMENT AS TO COMPLIANCE WITH THE PROVISIONS OF ALL APPLICABLE BUILDING LAWS AND REGULATIONS. IF NON-COMPLIANCE WITH SUCH LAWS IS DISCLOSED AT ANY LATER EXAMINATION OR REVIEW, I WILL TAKE THE NECESSARY REMEDIAL MEASURE TO OBTAIN OBJECTION COMPLIANCE EXPEDITIOUSLY.

I FURTHER REALIZE THAT ANY FALSIFICATION OF FACTS WILL RENDER ME LIABLE FOR ANY LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES.

OWNER'S STATEMENT:

I HAVE READ THE ABOVE STATEMENT AND HAVE AUTHORIZED THE REQUEST FOR 'SELF-CERTIFICATION' OF OBJECTION(S) BY THE APPLICANT FOR WORK SPECIFIED ON THE PLANS AND THE APPLICATION. I AGREE TO COMPLY WITH ANY REQUIREMENTS FOR REMEDIAL MEASURES, IF SAME BECOMES NECESSARY.

Gilbert A Lazarus

GILBERT A LAZARUS

(917) 716-6200



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) NARESH K. MAHANGU P.E.
Signature _____ Date 5/2021

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