DEPT OF BLDGS 520297544 Job Number

ES785519408 Scan Code

NYC Buildings

AI1: Additional Information

Must be typewritten.

Orient and affix BIS job number label here

Page number 1 of 1 BIS Document No. 01

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

House No(s) 278 Street Name HULL AVENUE

Borough STATEN ISLAND Block 5212 Lot 24 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.*

I RESPECTFULLY REQUEST A WAIVER STREET TREE SITE PLAN AND STREET TREE SIGN-OFF SINCE THIS JOB IS FOR A REBUILDING OF A HOUSE DAMAGED BY FEMA AND ST1 IS APPROVED FOR 0 REQUIRED TREES AND THE STREET TREES: RECEIPT OF STREET TREES SITE PLAN WAS WAIVED.

RESPECTFULLY SUBMITTED,

STATE OF NEW YORK MOHAMMAD ALAUDDIN NO. 093149 LICENSED PROFESSIONAL ENGINEER

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) MOHAMMAD ALAUDDIN

Signature Date

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