



A11: Additional Information Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page number 01 of 01 BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 3173 Street Name HYLAN BLVD
Borough STATEN ISLAND Block 4713 Lot 6 BIN 5063381 CB No. 503

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 A11 forms? ☐ Yes ☒ No

3 Additional Information Required for all applications.

To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with R4 of the 2016 NYCECC.

NYCECC Analysis compliance is shown on page T-002.00 of the plan set. Tenant Occupant Protection Plan is stated on Page T-002.00 of the plan set.

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) PAUL K. ZACHER ES 01/31/18 091365 3-9-2017
Signature _____ Date _____
P.E./R.A. Seal (apply seal, then sign and date over seal)

