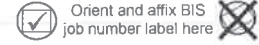




AI1: Additional Information
Must be typewritten.



Page number 1 of 1

BIS Document No. 6

220635953

1 Location and Job Information Required for all applications.

House No(s) 312 Street Name CITY ISLAND AVENUE

Borough BRONX Block 5644 Lot 3 BIN 220635953 CB No. 210

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	PL-001.02	PL-001.03									

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.

RESPONSES TO COMMENTS:

1. MODIFIED PW1B TO REMOVE BOILER PILOT AS GAS USAGE

2. MODIFIED PLANS TO SHOW INDIRECT HW STORAGE TANKS NOT HWHS IN FIRST FLOOR. GAS USES ARE COOKING, HEAT , INDIRECT HW, METER COUNT IS 3.

3. CORRECT GAS RISER DIAGRAM AND FLOOR PLAN.

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)

JIMMY MALDONADO

Signature

076832

Date

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

