



AI1: Additional Information

Must be typewritten.

DEPT. BLDGS	320039454	Job Number
SC342502812		Scan Code

Page number 1 of 1 BIS Document No. 3200

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

House No(s) 27A Street Name 2nd Street

Borough Brooklyn Block 450 Lot 57 BIN 3007603 CB No. 306

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.*

Filed herewith is the final survey as required by Section 27-219 of the administrative code for Alteration Type-I Application #320039454 for 27A 2nd Street, Brooklyn, NY 11231. I have thoroughly reviewed this survey and determined, to the best of my knowledge and belief, that it contains all the information required by Section 27-219 and the information shown therein agrees with the approved Department of Buildings plans and application.

Regards,

Todd A. Ernst, RA
NY State License #025546

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)

Todd A. Ernst

Signature

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

9/3/10
Date



