



AI1: Additional Information

Must be typewritten.

DEPT. BLDGS 320062392 Job Number
SC091007626 Scan Code

Page number 1 of 1

BIS Document No.

1 Location and Job Information Required for all applications.

House No(s) 2301

Street Name SURF AVENUE

Borough BROOKLYN

Block 7056

Lot 14

BIN 3321840

CB No. 313

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-100.00	A-100.01									

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.

A-100.00 -- LOCATION OF EXISTING CONDITIONS CLARIFIED ON THIS PLAN (MEN'S LOCKER ROOM, WOMEN'S LOCKER ROOM, SMOKE DETECTORS, EXIT SIGNS, FA SYSTEM.

AMENDED

EXAMINED FOR ZONING, EGRESS AND FIRE
PREVENTION ONLY, AS PER DIR. 2775

UCI n72009

LISA AMOIA



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)

CRAIG TOOMAN

Signature

Date

10/5/09

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