



AI1: Additional Information

Must be typewritten.



Page number _____ of _____ BIS Document No. _____

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

House No(s) 941 Street Name Atlantic Avenue
Borough Brooklyn Block 2018 Lot 46 BIN 3057818 CB No. 302

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.*

Request to have required item "Fuel Storage (FS) sign-off" waived due to the fact it was filed and signed-off under DOB# 320280003. Project was refilled under DOB# 320280003 because the "FS - Fuel Storage" work type was not included, and could not be added once a project is approved.

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)
Sal V Tartaglione

Signature

Date

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