



# AI1: Additional Information

Must be typewritten.

DEPT. BLDGS 320303168 Job Number  
SC341736815 Scan Code  
JUN 23 2011  
NYC DEPT. OF BUILDINGS  
BROOKLYN BOROUGH OFFICE

Page number 1 of 1

BIS Document No. 01

1 Location and Job Information Required for all applications.  
House No(s) 40 Street Name Scholes Street  
Borough brooklyn Block 3040 Lot 24 BIN  
CB

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/<br>Omit Page ID | Superseding<br>Page ID | Action | Original/New/<br>Omit Page ID | Superseding<br>Page ID | Action | Original/New/<br>Omit Page ID | Superseding<br>Page ID | Action | Original/New/<br>Omit Page ID | Superseding<br>Page ID |
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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.

Respectfully request to waive for demo application.

- 1) Landmarks- Not in landmarks - see printout
- 2) Copies of DEP water and sewer cut-offs as submitted.

OK TO WAIVE  
\$ ACCEPT WT-OFFS

FRANK MARCONANO

JUN 29 2011

Deputy  
Borough Commissioner

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) Andrew H. Goodrich  
Signature Date  
P.E. / R.A. Seal (add seal, then sign and date over seal)

