



AI1: Additional Information

Must be typewritten.

DEPT. BLDGS 320349075 Job Number
SC341059697 Scan Code

Page number 1 of 1

BIS Document No. 05

1 Location and Job Information Required for all applications.

House No(s) 565

Street Name 9TH ST

Borough BROOKLYN

Block 1091

Lot 45

BIN 3025957

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
S	P001.02	P001.03									

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.

THIS PAA#04, DOC#05 REVISES SCHEDULE B ITEMS AND PLANS PER PLUMBING INSPECTOR COMMENTS; NO CHANGE TO USE. EGRESS, OCCUPANCY, BULK OR HT.

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EXAMINED FOR ZONING, EGRESS AND FIRE
PREVENTION ONLY AS PER DIR. 2/75

APR 23 2014

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) DAVID JOHNSON
Signature [Signature] Date 04/15/14
P.E. / R.A. Seal (apply seal, then sign and date over seal)

