



AI1: Additional Information Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page number 1 of 1 BIS Document No. 04

1 Location and Job Information Required for all applications.

House No(s) 883 Street Name 4TH AVENUE

Borough BROOKLYN Block 685 BIN 3010179 CB No. 307

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-001.02	A-001.03									
S	A-005.01	A-005.02									
S	A-006.01	A-006.02									

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 APPROVAL OF DOCUMENT #4, DATED 10-24-23, SHOWING CHANGE TO THE FOLLOWING:

A-001.03: REVISED CELLAR FLOOR PLAN TO SHOW COLUMNS & DETAIL AS PER DOB COMMENTS.

A-005.02: SHOW EXHAUST VENT AS PER DOB COMMENTS

A-006.02: SHOW COLUMN DETAIL AS PER DOB COMMENTS

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)
ANGELO R COSTA
Signature 11/10/23
Date

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