

320514029



AI1: Additional Information Must be typewritten.

DEPT BLDGS Job No. 320514029



Scan Code ESHS7365948

Page number 1 of 1BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 1409

Street Name Pacific Street

Borough Brooklyn

Block 1202

Lot 59

BIN 3404378

CB No. 308

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.

This is to certify that I have exercised a Professional Standard of Care in Certifying that this Survey is complete and in accordance with applicable laws and that the information shown thereon substantially agrees with the Approved Plans and Application.

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.

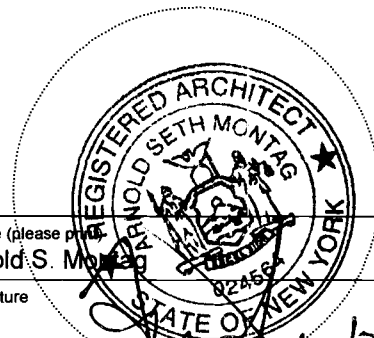
Name (please print)

Arnold S. Montag

Signature

Date

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



3/09

12/16/14