



AI1: Additional Information

Must be typewritten.



Page number 1 of 1

BIS Document No. 2

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

House No(s) 994

Street Name FLATBUSH AVE

Borough BROOKLYN

Block 7656

Lot 39

BIN 3210003

CB No. 314

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-001.00	A-001.01									
S	A-101.00	A-101.01									
S	M-101.00	M-101.01									

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 REQUESTING FOR POST APPROVAL AMENDMENT

1. CHANGE TO PLAN LAYOUT, "A-001.01", "A-101.01", AND "M-101.01".
2. CHANGE TO "SCHEDULE B"
3. ADD "EQUIPMENT USE PERMIT" ON ITEM REQUIRED

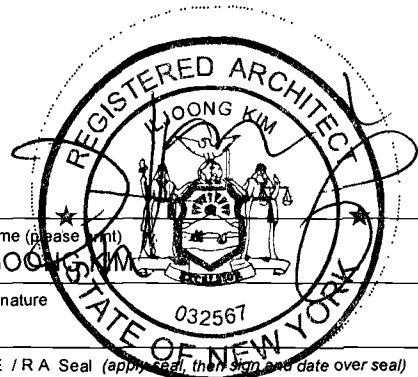
Accepted Per 0PPN #1/04
Professional Certification
BROOKLYN
Date: JAN 10 2015

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)

ILJOON KIM

Signature



Date

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