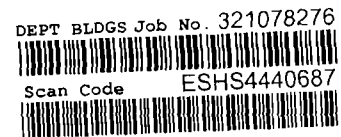




AI1: Additional Information
Must be typewritten



Page number 1 of 1 BIS Document No. _____

1 Location and Job Information Required for all applications

House No(s) 336 Street Name GATES AVENUE
Borough BROOKLYN Block 1812 Lot 18 BIN 3051054 CB No _____

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-002.00	A-002.01									
S	A-004.00	A-004.01									

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

Borough of Brooklyn
Plan Examination
Department of Building
210 Joralemon St

336 Gates Avenue
Job #: 321078276

Dear Plan Examiner
Respectfully requesting to approve amended drawings with minor changes.

AMENDED

EXAMINED FOR ZONING EGRESS AND FIRE
PREVENTION ONLY AS PER DIR NO. 275

JAN 30 2017

MD FERROZ ALAM, P.E.

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)

PIROOZ SOLTANIZADEH

Signature

Date

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