



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 321097059



Scan Code ESHS9996662

Page number 1 of 1

BIS Document No. 02

1 Location and Job Information Required for all applications. JOB# 321097059-doc.02

House No(s) 607A

Street Name VANDERBILT AVENUE

Borough BROOKLYN

Block 1145

Lot 0010

BIN 3028197

CB No. 0010

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-4.2	A-4.1									

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 THE FOLLOWING AMENDED SHEETS:

SHEET A-4.2

a. CORRECT PLUMBING RISER DIAGRAM

EXAMINED FOR ZONING VIOLATIONS AND FIRE
PREVENTION ONLY AS PER LDC NO. 2 OF 1975

APR 15 2016

KRZYSZTOF BAJDA

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) PHILIP TOSCANO, R.A. 04/15/2016
Signature [Signature] 020848 Date
P.E./R.A. Seal (apply over seal)

