



AI1: Additional Information

Must be typewritten.

DEPT. BLDGS.

321228220

Job Number

SC140905020

Scan Code

Page number 1 of 1

BIS Document No. _____

1 Location and Job Information Required for all applications.

House No(s) 1165

Street Name ELTON STREET

Borough BROOKLYN

Block 04452

Lot 07501

BIN 3398621

CB No. 305

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.

Submitting this AI-1 to waive the DHCR requirement. No work was done in any residence; work was done in the commercial space only.

EXAMINED FOR ZONING EGRESS AND FIRE
PREVENTION ONLY AS PER DIR. 2/75

MAY 31 2019

Jinseok Choi

commercial only.

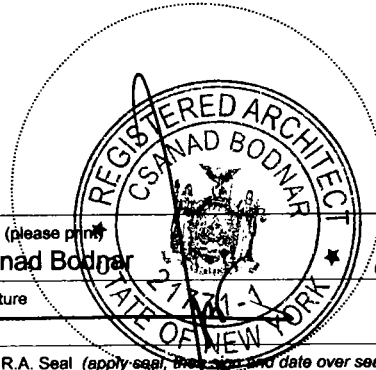
Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. 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)

Csanad Bodnar

Signature

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



05.24.19
Date