



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) 601

Street Name MANHATTAN AVENUE

Borough BROOKLYN

Block 2679

Lot 18

BIN 3066712

CB No 301

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									

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.

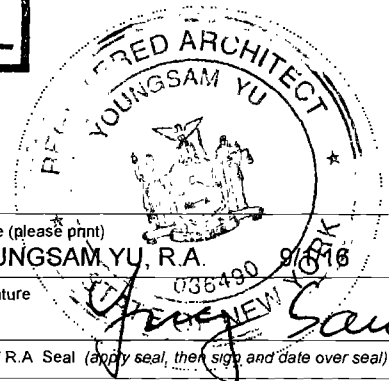
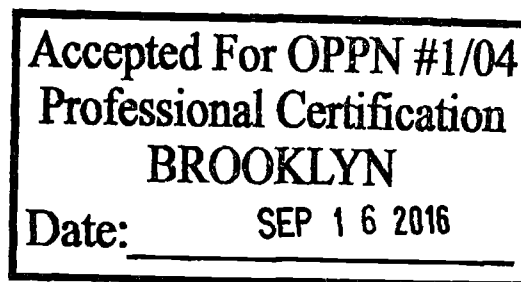
To whom it may concern;

Re.: Post Approval Amendment

This is to inform you that I have made the following changes to drawing for the aforementioned application.

1. The dimension of bedrooms with partition was modified as shown on plan.

Thank you.



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)

YOUNGSAM YU, R.A.

Signature

Date

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