



AI1: Additional Information Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page number 1 of 1 BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 27 Street Name STANTON RD

Borough BROOKLYN Block 8800 Lot 183 BIN 3247803 CB No. 315

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	T-100.04	T-100.05									
S	P-110.02	P-110.03									
S	P-120.02	P-120.03									
S	P-140.03	P-140.03									

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.

T-100.05

Revised list of drawings

P-110.03

REVISED HW HEATER SCHEDULE MAKE/MODEL TO BE RHEEM PROG50

P-120.03

REVISED GAS RISER TO SHOW EXISTING RANGE

P-140.03

REVISED 2ND FL TO ADD SPRK HEAD AT DRYER CLOSET. REVISED SPK HEAD COUNT TABLE.

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)
DEBORAH GANS
Signature
Date 4/9/20
P.E. / R.A. Seal (apply seal and date over seal)

