



AI1: Additional Information

Must be typewritten.



Page number 1 of 1

BIS Document No. 01

1 Location and Job Information *Required for all applications.*

House No(s) 546 Street Name MERKEL PLACE

Borough STATEN ISLAND Block 4746 Lot 102 BIN

CB No. 503

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.*

A FINAL SURVEY AS REQUIRED BY SEC 27-219 OF THE ADMINISTRATIVE CODE IS FILED HERewith. I HAVE THOROUGHLY CHECKED THIS SURVEY AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS SURVEY CONTAINS ALL THE INFORMATION REQUIRED BY SEC 27-219 AND THE INFORMATION SHOWN THEREON AGREES WITH THE APPROVED PLANS AND APPLICATIONS. (SI PILOT PROGRAM)

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) CHARLES A. MAGRINO
Signature [Signature] Date 3/6/12
P.E. / R.A. Seal (apply seal, then sign and date over seal)

