



AI1: Additional Information

Must be typewritten.



Page number 1 of 1

BIS Document No. _____

SC521756603

Scan Code

1 Location and Job Information Required for all applications.

House No(s) 38

Street Name ROBINSON AVENUE

Borough STATEN ISLAND

Block 5316

Lot 38

BIN 50684679

CB No.

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
0	110.00	110.01									
0	210.00	210.01									
0	310.00	310.01									
0	311.00	311.01									

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.

PAA HAS BEEN FILED TO INDICATE REVISED PLAN AND ELEVATION CHANGES.

A-110.01 - ENLARGE REAR WOOD DECK

A-210.01 - BSMT - ADD CLOSET FOR SPRINKLER EQUIPMENT; 1ST FLR - ELIMINATE PLATFORM FOR METER READING, ENLARGE REAR WOOD DECK & RELOCATE A/C CONDENSOR

A-310.01 - REAR ELEVATION - ENLARGE WOOD DECK

A-311.01 - LEFT SIDE ELEVATION - ELIMINATE PLATFORM FOR METER READING & A/C CONDENSOR

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)

JOSEPH M. MORACE

Signature

Date

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

