



# 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) 276 Street Name RENSSELAER AVENUE

Borough STATEN ISLAND Block 6265 Lot 22 BIN 5150333 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 |
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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.

AS PER BUILDINGS BULLETIN 2009-031, ALTERATIONS TO BUILDINGS CONSTRUCTED AFTER APRIL 1, 1987 EXEMPT FROM ASBESTOS CERTIFICATION REQUIREMENTS OF THE DEP. PLEASE SEE ATTACHED CERIFICATE OF OCCUPANCY FOR VERIFICATION OF THE DATE OF NB.

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) NARESH K. MANAHGU, P.E. Date 11/06/2023  
Signature \_\_\_\_\_

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

