

## BC1: Pre-Consideration and Reconsideration Application

BIS Job Number (please print, no labels allowed)		
BIS Document Number:		
DO NOT SCAN		

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1	Location Information	Required for <b>all</b> applications.						
	House No(s)	Street Name						
	Borough	Block	Lot	BIN		CB No.		
2	Applicant of Record	Required for <b>all</b> applications.						
	Last Name	Fi	rst Name			Middle Initial		
	Business Name					Business Telephone		
	Business Address					Business Fax		
	City	State	Zip			Mobile Telephone		
	E-Mail					License Number		
						License Type:	P.E.	R.A.
3	Nature of Request R	equired for <b>all</b> applications. Only	one request	may be subn	nitted pe	r application.		
	Type of request, choose  Please itemize all attachn	one: Pre-Consideration ments, including plans/sketches, s	submitted with	<del></del>	considera ion:	ation	☐ Interpre	etation
					Name (	please print)		Date
		Additional information or	n page 2? 🔲	Yes □No				
4	Applicant's Statements and Signatures Required for all applications.		ations.					
	I hereby state that all of the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code 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.			P.E. / F	R.A. Seal <i>(apply seal, then</i>	sign and da	e over seal)	
	DO NOT WRITE IN TH	HIS SECTION Agency review	only.					
/////			<u> </u>					
	Name of Authorized Revi	ewer (please print):				Title:		
	Authorized Signature:					Date:		

## 5 Location and Job Information Required for all applications when this page is submitted. House No(s) Street Name Borough BIS Job No. BIS Document No. 6 Nature of Request, Continued from Page 1 Required for all applications when this page is submitted.

Please itemize all attachments, including plans/sketches, submitted with this application:

Name (please print)	
Signature	Date

## 7 Applicant's Statements and Signatures Required for all applications.

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

DO NOT WRITE IN THIS SECTION Agency review only.	
Name of Authorized Reviewer (please print):	Title:
Authorized Signature:	Date: