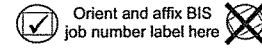




AI1: Additional Information *Must be typewritten.*



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Page number _____ of _____

BIS Document No. _____

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

House No(s) 625

Street Name West 57th Street

Borough Manhattan

Block 01105

Lot 00014

BIN 1813452

CB No. 104

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	S-1SC1.00	S-1SC1.01	S	S-1010.00	S-1010.01	S	S-202.00	S-202.01			
S	S-10C0.00	S-10C0.01	S	S-1011.00	S-1011.01	S	S-205.00	S-205.01			
S	S-10C1.00	S-10C1.01	S	S-1012.00	S-1012.01	S	S-206.00	S-206.01			
S	S-10C2.00	S-10C2.01	S	S-201.00	S-201.01	S					

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.*

Respectfully request permission to submit revised foundation plans showing design changes.

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)

Ms. Aine Brazil PE

Signature

Date

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

