



AI1: Additional Information

Must be typewritten.

☒ Orient and affix BIS
job number label here ☒

121184841

Page number 1 of 1

BIS Document No. _____

1 Location and Job Information Required for all applications.

House No(s) 550

Street Name WEST 34TH STREET

Borough Manhattan

Block 705

Lot 1

BIN 1089412

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	A-135.00	A-135.01									
S	A-136.00	A-136.01									
S	EG-112.00	EG-112.01									

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 to show increase in occupant Load on floors 35th & 36th as per revised plans.

A-135.01 - Level 35 revised Layout

A-136.01 - Level 36 revised Layout

EG-112.01 - Level 35 & 36 updated egress calculations

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)

MICHAEL GREENE

Signature

Date

07/14/2017

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