



# AI1: Additional Information Must be typewritten.

☒ Orient and affix BIS job number label here ☒  
121324290

Page number 1 of 1

BIS Document No. \_\_\_\_\_

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

House No(s) 501

Street Name WEST 30TH STREET

Borough Manhattan

Block 702

Lot 50

BIN 1012456

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

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.

Based on the latest submission of documents to the Department of Buildings, no insulation is required or proposed at the foundation. It is therefore requested that the TR-8 requirement for protection of foundation insulation be removed from BIS.

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

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



11/6/12