



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 10

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
S	P-001.01	P-001.02	S	P-134.01	P-134.02	S	P-150.01	P-150.02	S	P-160.01	P-160.02
S	P-107.01	P-107.02	S	P-147.01	P-147.02	S	P-104.01	P-104.02	S	P-161.01	P-161.02
S	P-110.01	P-110.02	S	P-148.01	P-148.02	S	P-156.01	P-156.02			
S	P-133.01	P-133.02	S	P-149.01	P-149.02	S	P-157.01	P-157.02			

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.

FILED HERewith FOR CHANGES TO THE SCHEDULE B

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)

AUGUSTINE DIGIACOMO

Signature

[Signature]

Date

4.17.15

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

