



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 122032834
Scan Code ESHS2095882

Page number _____ of _____

BIS Document No. _____

1 Location and Job Information Required for all applications.

House No(s) 269

Street Name West 134th Street

Borough Manhattan

Block 1940

Lot 7

BIN 1058825

CB No. 110

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.001.01	A.001.02									
S	A.002.01	A.002.02									

For "Action" use "N" for new page, "S" for superseding page, "O" for omitting page.

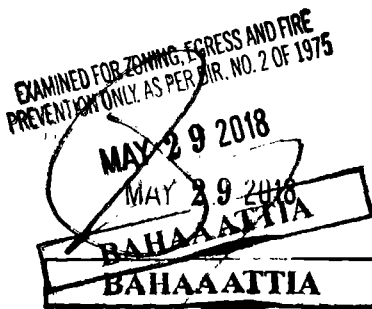
Is this section continued on additional AI1 forms? ☐ Yes ☒ No

3 Additional Information Required for all applications.

RESPECTFULLY REQUESTING TO SUPERSEDE THE FOLLOWING ARCHITECTURAL DRAWING ON DOB APPLICATION 122032834 TO SHOW AS BUILT CONDITIONS.

A.001.02 - FLOOR PLANS

A.002.02 - DETAILS, SECTIONS, ELEVATIONS



AMENDED
PLAN

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)

VALENTINO POMPEO

Signature



Date

4/05/18

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