



AI1: Additional Information Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page number 1 of 1 BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 163 Street Name EAST 62 STREET
Borough MANHATTAN Block 1397 Lot 29 BIN 1042046 CB No. 108

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.

163 EAST 62 STREET
ALT1 # 122605270

RESPECTFULLY REQUESTING TO REMOVE 'FIREPLACES' INSPECTION AS ITS NOT APPLICABLE, SEE
UPDATED APPROVED A-001.04 WITH FIREPLACES REMOVED FROM INSPECTION LISTING. WITHDRAWL
TR1 FROM SPECIAL INSPECTION AGENCY PROVIDED AS WELL.

THANK YOU.

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) BEN HANSEN
Signature [Signature] Date 10/26/20
P.E. / R.A. Seal (apply seal, then sign and date over seal)

