



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 122676041
Scan Code ESHS8844910

Page number 1 of 1

BIS Document No. 03

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

House No(s) 522

Street Name WEST 38 STREET

Borough MANHATTAN

Block 709

Lot 52

BIN 1012515

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	Z-100.00	Z-100.01									
S	G-100.00	G-100.01									
O	A-102.00										
O	A-102.01										

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.*

THIS AI-1 FORM IS FILED AS PART OF POST APPROVAL AMENDMENT FOR PAA DOC.#03 AMENDING SECTION 1-WORK ON FLOOR(S), SECTION 11-JOB DESCRIPTION, REVISED PLANS & SCHEDULE B

- SHEET # Z-100.01 SUPERSEDED SHEET # Z-100.00
- SHEET # G-100.01 SUPERSEDED SHEET # G-100.00

- SHEET # A-102.00 (OMITTED SHEET)
- SHEET # A-102.01 (OMITTED SHEET)

Accepted for OPPN #1/04
Professional Certification
MANHATTAN
Date: MAY 04 2017

**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) GARY H. SILVER
Signature [Signature] Date [Date]
P.E. / R.A. Seal (Apply seal, then sign and date over seal)

