



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 122698866



Scan Code ESHS3911108

Page number 01 of 01

BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 21

Street Name East 104 Street

Borough Manhattan

Block 1610

Lot 09

BIN 1051500

CB No. 111

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	B001.02	B001.01									

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

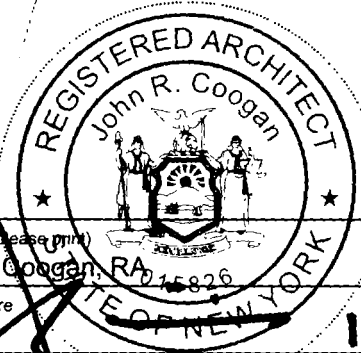
3 Additional Information Required for all applications.

B-001.02 - Boiler Plan - Revision of notes, plan & schedules as per Boiler Inspector's Objections.

EXAMINED FOR ZONING, EGRESS AND FIRE
PREVENTION ONLY, AS PER DIR NO. 2 OF 1975

JAN 27 2020

HIGINIO TOPINO



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)

John Coogan, RA

Signature

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