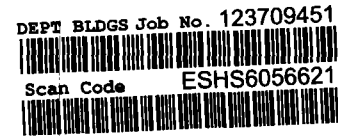




AI1: Additional Information

Must be typewritten.



Page number 1 of 1

BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 634

Street Name WEST 147 STREET

Borough MANHATTAN

Block 2093

Lot 45

BIN 1062410

CB No. 109

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.

Existing CO for the property lists the occupancy as HCB. MDL §76(c) and HMC §27-2063(f) code sections only reference Multiple Dwellings converted after 1929.

We respectfully request to maintain the water closet as designed. We have revised the door swing so the water-closet opens onto the "Dining Area". Please see A-102.00.

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.

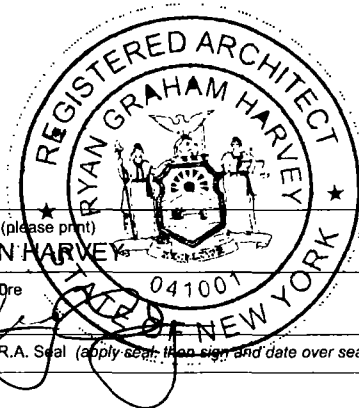
Name (please print)

RYAN HARVEY

Signature

[Signature] 041001

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



Date

9/17/19