



AI1: Additional Information

Must be typewritten.

DEPT BLDGS Job No. 123764195
Scan Code ESHS3018906

Page number 1 of 1 BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 190 Street Name BOWERY
Borough MANHATTAN Block 492 Lot 38 BIN 1007408 CB No. 102

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.

RESPONSE TO COMMENTS DATED ON 6/6/19

Sign not to be used as an advertising sign or business sign (the outdoor writings, pictures, emblems, flags or figures will not be used to announce or direct attention).

OK /
Roy T. Heigle, R.A.
Assistant Chief, Plan Examiner
7/15/19

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 property 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) ANGEL AYON 07.12.19
Signature [Signature] Date
P.E./R.A. Seal (apply seal, then sign and date over seal)

