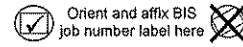


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AI1: Additional Information

Must be typewritten.



Page number 1 of 1 BIS Document No. 1

1 Location and Job Information Required for all applications.

House No(s) 40 Street Name West 137th Street
Borough Manhattan Block 1734 Lot 1 BIN 1082170 CB No. 110

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 DOB COMMENTS

OBJ#1: Provide PW1 and fill in all relevant information.

ANS: PW1/BIS reflect changes for SI information.

OBJ#2: Clarify present lot number and tentative commercial and/or residential condominium tax lot number.

ANS: Please refer to revised plot plan, 1/G-003, 1/Z-002, 4 and 5/Z-001.

OBJ#3: Show foot print of building on plot plan and dimension rear yard. Indicate if non compliant.

ANS: Please refer to revised plot plan, 1/G-003. and 1/Z-002

OBJ#4: Provide meets and bounds

ANS: Please refer to meets and bounds attached herewith in PD1.

OBJ#5: Provide plans of diviShow foot print of building on plot plan .

ANS: Please refer to revised plot plan, 1/G-003. and 1/Z-002

OBJ# 6: egress, or zoning conditions shown have been filed with the real property assessment bureau-surveying division.

ANS: this is a city own property by Health and hospital corporation which has been reviewed by department of finance.

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)

LAURA ETELMAN

Signature

Date

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

