



AI1: Additional Information
Must be typewritten.

DEPT BLDGS Job No. 123889471
Scan Code ESHS0134850

Page number 1 of 1 BIS Document No. _____

1 Location and Job Information Required for all applications.

House No(s) 120 Street Name WEST 86TH STREET

Borough MANHATTAN Block 01216 Lot 07503 BIN 1085582 CB No. 107

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	A-002.01	A-002.02									

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.

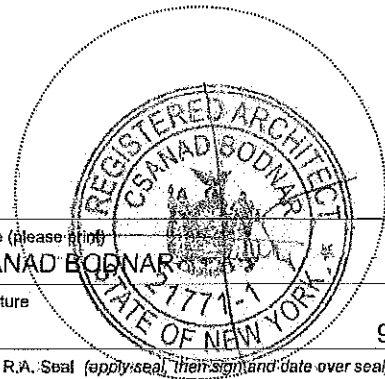
PAA TO CORRECT APPLICATION AND AMEND PLUMBING RISER DIAGRAM TO SHOW AS CONSTRUCTION ON 15TH FLOOR, 28TH FLOOR MARKETING PLAN. REVISED FLOOR NUMBER ON PW1B AND RISER DIAGRAMS. ALL AS SHOWN IN THE ATTACHED AMENDED DRAWING, SUPERSEDING APPROVED DRAWINGS AND FORMS.

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)

CSANAD BODNAR

Signature



Date

9/23/20

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