



AI1: Additional Information
Must be typewritten.

DEPT BLDGS Job No. 140549654
Scan Code ESHS4954973

Page number 1 of 1

BIS Document No. 1

1 Location and Job Information Required for all applications.

House No(s) 69

Street Name WASHINGTON PLACE

Borough MANHATTAN

Block 552

Lot 63

BIN 1008895

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
S	EQ-001.00	EQ-001.01									
S	EQ-002.00	EQ-002.01									
S	EQ-004.00	EQ-004.01									

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.

Please note modifications on the following pages:EQ-001.01,EQ-002.01,EQ-004.01

Accepted for OPPN #1/04
Professional Certification
MANHATTAN
Date: OCT 13 2016

AMENDED
PLAN

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)
Paul Bailey

Signature

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

Date