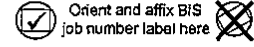




A11: Additional Information

Must be typewritten.



Page number 1 of 1

BIS Document No.

1 Location and Job Information Required for all applications.

House No(s) 654

Street Name BROADWAY

Borough MANHATTAN

Block 529

Lot 6

BIN 1008422

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 A11 forms? ☐ Yes ☐ No

3 Additional Information Required for all applications.

BELOW NYCECC NOTE ATTACHED ON PLAN.

NYCECC 2016 COMPLIANCE NOTE

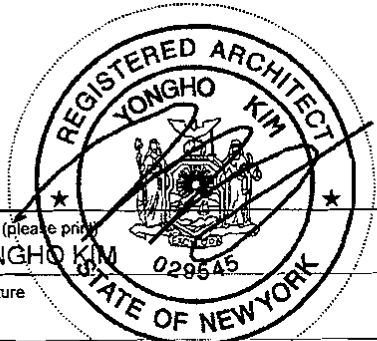
1. TO THE BEST OF MY KNOWLEDGE, BELIEF AND PROFESSIONAL JUDGMENT, THIS APPLICATION IS IN COMPLIANCE WITH THE NYCECC 2016 CHAPTER C4 FOR COMMERCIAL.
2. TABULAR ENERGY ANALYSIS IS ATTACHED HERewith ON DRAWINGS.

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)

YONGHO KIM

Signature



Date

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