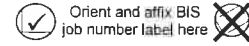




Al1: Additional Information Must be typewritten.



Page number 1 of 1

BIS Document No. 01

1 Location and Job Information Required for *all* applications.

House No(s) 20 Street Name West 44th Street

Borough Manhattan Block 1259 Lot 48 BIN 1034214 CB No. 105

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 Al1 forms? ☐ Yes ☒ No

3 Additional Information Required for *all* applications.

DOB HUB Response 4/2/2019

1- 03/28/2019- Provide Complete FDNY access landing and clear paths on roof plan. Comply with FC512, FC504.4, BC501.3.

Response: Revised Roof plan indicates compliance with FC504.4 & BC501.3. FC512 is not applicable- We are not proposing solar panels for roof area.

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)

Lisa A. Easton

Signature



4/2/2019

Date

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