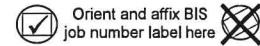




# AI1: Additional Information Must be typewritten.



Page number 1 of 1 BIS Document No. \_\_\_\_\_

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

House No(s) 179

Street Name HAWKINS STREET

Borough BRONX

Block 05643

Lot 00205

BIN 2082606

CB No. 210

## 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/<br>Omit Page ID | Superseding<br>Page ID | Action | Original/New/<br>Omit Page ID | Superseding<br>Page ID | Action | Original/New/<br>Omit Page ID | Superseding<br>Page ID | Action | Original/New/<br>Omit Page ID | Superseding<br>Page ID |
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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.*

A portion of the foundation wall shall be removed and replaced in 3'-0" max. sections. Live Load is not changing, therefore Subsurface Investigations (Borings/Test Pits) - TR4 is not necessary for this project.

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)  
**CHRISTOPHER J. DALY** 5/20/2020  
Signature *[Signature]* Date  
P.E. / R.A. Seal (apply seal, then sign and date over seal)

