

120481246



AI1: Additional Information
Must be typewritten.

Orient and affix BIS job number label here

Page number _____ of _____ BIS Document No. _____

1 Location and Job Information Required for all applications.

House No(s) 625 Street Name West 57th Street
 Borough Manhattan Block 01105 Lot 00014 BIN 1813452 CB No. 104

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:

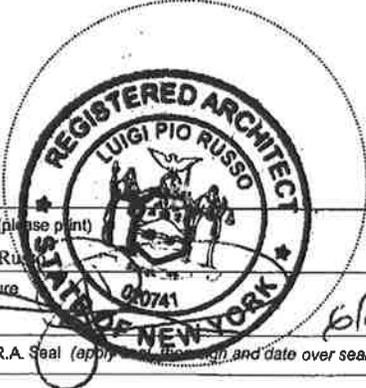
Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID
S	Z-001.00	Z-001.01									

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.

Amendment filed herewith to show As Built Conditions. Please see changes to plans outlined below:

Sheet Z-001.01: Updated dwelling units indicated on the DU Schedule
 Updated the number of Dwelling Units Zoning Chart



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) Luigi Russo
 Signature _____ Date 6/9/17
 P.E. / R.A. Seal (apply over stamp and date over seal)