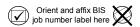


PA1: Place of Assembly
Must be typewritten. Indicate reason for filing:

☐ New Filing

| ☐ Change to Owner/Lessee/Name of Estab. ONLY |
|---|
| Change to Layouts/Use and any other information |



| | | | | • | | | | | |
|---|--|-----------------------------------|----------------------------|---------------------------------------|------------------------|------------------|----------------------|---------------------|--|
| 1 | Location Information | Required for all applicati | ons. | | | | | | |
| | House No(s) | Street Name | | | | | | | |
| | Borough | Block | Lot | BIN | C. | B. No. | | | |
| | Zoning District(s) | | | Overlay(s) | | | | | |
| | Special Dist(s) | | | | Zoning Ma | ap No. | | | |
| 2 | Applicant Information | Required for all applicat | tions. Professiona | ally certifying application? | Yes No | o If yes, cor | mplete PC | C-1 form. | |
| | Last Name | | First Name | | Middle | Initial | | | |
| | Business Name | | | I | Business Tele | phone | | | |
| | Business Address | | | | Busines | ss Fax | | | |
| | City | State | Zip | | Mobile Tele | phone | | | |
| | E-Mail | | | | License N | umber | | □P.E. □R.A. | |
| 3 | Filing Representative | Complete if different from | n section 2. Fax, | mobile phone, and e-mail a | re optional inf | Ö. | | | |
| | Last Name | | | | | | | | |
| | Business Name | | | I | phone | | | | |
| | Business Address | | Business Fax | | | | | | |
| | City | State | State Zip Mobile Telephone | | | | | | |
| | E-Mail Registration Number | | | | | | | | |
| 4 | 4 Place of Assembly Space Information Submit comments using an Al-1 form (optional). *Use 2014 Code occupancy designations only. | | | | | | | | |
| | Specific Floor(s) of PA S | pace | | · · · · · · · · · · · · · · · · · · · | Occup | pancy nation* | Number of Persons | Description Code | |
| | NB/A1 Job No. Establishin | g PA | If Pre-BIS, p | rovide BIN: | Primary Plan | ☐Yes ☐No | . 0.000 | | |
| | Prior PA No. (if applic | able) | Irregular Floor N | umbering? Yes No | Alt. 1 Plan | ☐Yes ☐No | | | |
| | Name of PA Establish | ment | | | Alt. 2 Plan | □Yes □No | | | |
| 5 | Statements and Signa | tures of Applicant ar | d Owner PE/R/ | A not required for change to | owner/lessee | e/name of esta | blishment | only. | |
| | Statements and Signatures of Applicant and Owner PE/RA not required for change to owner/lessee/name of establishment only. 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. Applicant: I prepared or supervised the preparation of the submittal documents herewith submitted and to the best of my knowledge and belief, the submittal documents and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and regulations, except as set forth in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. Owner: I have authorized the applicant to file this application for the work specified herein and all future amendments. | | | | | | | | |
| | P.E. / R.A Name (print): | | | Owner Condo/Co- | | Partnership | | NYCHA | |
| | Signature | \ | Date | type: Corporation Individual | | DCAS L | = - | NYS overnment | |
| | P.E. / R.A. Seal (apply seal, then sig | n and date over seal) | | Is the deed | l-holder a non | -profit per 28-1 | 112.1? 🔲 | Yes 🗌 No | |
| | Individual/Lessee Responsi | ole for Annual Renewal o | FPA (if not owner) | Name (print): | | | | | |
| | Name (print): | | | Relationship to Own | Relationship to Owner: | | | | |
| | Relationship to Owner: | | | Business Name/Age | Business Name/Agency: | | | | |
| | Business Name/Agency: Street Address: | | | Street Address: | | | | | |
| | City: | State: | Zip: | City: | | State: | Zip: | | |
| | Telephone Number: | Fax: | <u>-</u> ιγ. | Telephone Number: | | Fax: | | | |
| | E-Mail Address: | ı un. | | E-Mail Address: | | | | | |
| | - Mail Addices. | | | Signature and Date | > | | | | |