

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 applications.

House No(s) 1879 Street Name Madison Avenue

Borough Manhattan Block 01747 Lot 00035 BIN 1077376 C.B. No. 111

Zoning District(s) R7-2 - GENERAL RESIDENCE DISTRICT Overlay(s) C1-4 - LOCAL RETAIL DISTRICT

Special Dist(s) Zoning Map No. 6B

2 Applicant Information Required for all applications. Professionally certifying application? ☐ Yes ☒ No If yes, complete POC-1 form.

Last Name Maron

First Name Udo

Middle Initial

Business Name Array Architects PC

Business Telephone 212 689-3110

Business Address 44 East 30th Street - 10th Fl

Business Fax

City New York

State NY

Zip 10016

Mobile Telephone

E-Mail umaron@arrayhfs.com

License Number 030132

P.E.
R.A.

3 Filing Representative Complete if different from section 2. Fax, mobile phone, and e-mail are optional info.

Last Name Piedrahita

First Name Claudia

Middle Initial

Business Name Milrose Consultants, Inc.

Business Telephone 212 643-4545

Business Address 498 Seventh Avenue

Business Fax 212-643-4859

City New York

State NY

Zip 10018

Mobile Telephone

E-Mail teamnykappa@milrose.com

Registration Number 003308

4 Place of Assembly Space Information Submit comments using an AI-1 form (optional). *Use 2008 Code occupancy designations only.

Specific Floor(s) of PA Space 2

NB/A1 Job No. Establishing PA 121182237

If Pre-BIS, provide BIN:

Prior PA No. (if applicable)

Irregular Floor Numbering? ☐ Yes ☒ No

Name of PA Establishment Henry J. Carter Specialty Hospital and Nursing Facility Employee Dining

Occupancy Designation*	Cabaret	Number of Persons	Description Code
Primary Plan A-2	☐ Yes ☒ No	120	11
Alt. 1 Plan	☐ Yes ☐ No		
Alt. 2 Plan	☐ Yes ☐ No		

5 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 supplemental schedule 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) Udo Maron

Signature

Date 9/30/14

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

Individual/Lessee Responsible for Annual Renewal of PA (if not owner)

Name (print):

Relationship to Owner

Business Name/Agency:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Owner ☐ Condo/Co-Op

type: ☐ Corporation

☐ Individual

☐ Partnership

☐ DCAS

☐ DOE

☒ HHC ☐ NYCHA

☐ HPD ☐ NYS

☐ Other Government

Is the owner a non-profit organization? ☒ Yes ☐ No

Name (print): Michael Buchholz

Relationship to Owner: Agent

Business Name/Agency: HHC (NYC Health and Hospital C+

Street Address: 1752 Park Avenue

City: New York

State: NY Zip: 10035

Telephone Number: 212 442-3731 Fax:

E-Mail Address: Michael.Buchholz@nychhc.org

Signature and Date