



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

122983094

1 Location Information Required for all applications.

House No(s) 50	Street Name Bowery
Borough Manhattan	Block 202 Lot 23 BIN 1090946 C.B. No. 103
Zoning District(s) C6-1G	Overlay(s)
Special Dist(s)	Zoning Map No. 12C

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

Last Name POON	First Name PETER	Middle Initial
Business Name PETER PON ARCHITECTS	Business Telephone 212 941-6800	
Business Address 12 MERCER STREET	Business Fax	
City NY	State NY	Zip 10013
E-Mail PETERPOON@PPAARCHITECTS.COM	Mobile Telephone	
	License Number 016481	☐ P.E. ☒ R.A.

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

Last Name Basit	First Name Ashley	Middle Initial
Business Name Outsource Consultants Inc.	Business Telephone 212 732-0555	
Business Address 237 West 35th Street	Business Fax	
City New York	State NY	Zip 10001
E-Mail abasit@outsourceconsultants.com	Mobile Telephone	
	Registration Number	

4 Place of Assembly Space Information Submit comments using an AI-1 form (optional). *Use 2014 Code occupancy designations only.

Specific Floor(s) of PA Space 019	Occupancy Designation*	Cabaret	Number of Persons	Description Code
NB/A1 Job No. Establishing PA 121327714	Primary Plan A-2	☐ Yes ☒ No	143	22
Prior PA No. (if applicable)	Alt. 1 Plan	☐ Yes ☒ No		
Name of PA Establishment Bridgeview Hotel LLC Hotel 50 Bowery	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 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):

Signature _____ Date _____

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): ALEX CHU

Relationship to Owner: MANAGER

Business Name/Agency: BOWERY HOLDINGS, LLC.

Street Address: 183 CENTRE STREET - 6TH FLOOR

City: NEW YORK State: NY Zip: 10013

Telephone Number: 212-219-9000 Fax:

E-Mail Address: ACHU@AOL.COM

Owner ☐ Condo/Co-Optype: ☒ Corporation☐ Individual☐ Partnership☐ DCAS☐ DOE☐ HHC☐ HPD☐ Other Government☐ NYCHA☐ NYSIs the deed-holder a non-profit per 28-112.1? ☐ Yes ☒ No

Name (print): Alex Chu

Relationship to Owner: manager

Business Name/Agency: Bowery Holdings, LLC.

Street Address: c/o 183 Centre Street - 6th Floor

City: New York State: NY Zip: 10013

Telephone Number: 212 219-9000 Fax:

E-Mail Address: achu@aol.com

Signature and Date

10-31-22