



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 applications.

House No(s) 1800

Street Name WARING AVENUE

Borough BRONX

Block 4410

Lot 21

BIN 2051157

C.B. No. 211

Zoning District(s) R3-2

Overlay(s)

Special Dist(s)

Zoning Map No. 4A

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

Last Name ROBLE

First Name ROBERT

Middle Initial

Business Name RJW ARCHITECTURE

Business Telephone 516-764-8300

Business Address 45 NORTH VILLAGE AVENUE

Business Fax

City ROCKVILLE CEN

State NY

Zip 11570

Mobile Telephone

E-Mail RJWARCH@OPTONLINE.NET

License Number 019701

☐ P.E.
☒ R.A.

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

Last Name BUCASAN/FANT/CRUZ

First Name MARIA/JARETH/FRANCE

Middle Initial

Business Name RH CONSULTANTS & ASSOCIATES, INC.

Business Telephone 212-947-1925

Business Address 236 WEST 30TH STREET, 7TH FLOOR

Business Fax 212-947-2003

City NEW YORK

State NY

Zip 10001

Mobile Telephone

E-Mail MARIA@RHCON.COM

Registration Number X02466

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 ? Cellar

NB/A1 Job No. Establishing PA NB 84-73

If Pre-BIS, provide BIN: 2051157

Primary Plan

A3

Cabaret

☒ Yes
☐ No

Number of Persons

200

Description Code

27

Prior PA No. (if applicable) ALT#460-86

Irregular Floor Numbering? ☐ Yes ☒ No

Alt. 1 Plan

☐ Yes
☐ No

Name of PA Establishment Judith Lynn Home for Adults - Rec. Room

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 submitted documents herewith submitted and to the best of my knowledge and belief, the submitted 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 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) ROBERT ROBLE

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):

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

☐ HPD

☐ Other Government

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

Name (print): ROBERT SNYDER

Relationship to Owner: ADMINISTRATOR

Business Name/Agency: JUDITH LYNN HOME FOR ADUL

Street Address: 1800 WARING AVENUE

City: BRONX

State: NY Zip: 11469

Telephone Number: 718-379-4400

Fax: 718-320-2442

E-Mail Address:

Signature and Date