



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



DEPT. OF BLDGS. 310163701 Job Number

SC080127025 Scan Code

1 Location Information Required for all applications.

House No(s) 778 Street Name Lexington Avenue
Borough Brooklyn Block 1627 Lot 40 BIN 3044373 C.B. No. 303
Zoning District(s) R6 Overlay(s)
Special Dist(s) Zoning Map No. 17A

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

Last Name Awosika First Name Olabanii Middle Initial B
Business Name Banji Awosika Business Telephone 718-657-5004
Business Address 140-23 Queens Blvd. Business Fax 718-657-2447
City Jamaica State NY Zip 11435 Mobile Telephone
E-Mail License Number 022120 ☐ P.E. ☐ R.A.

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

Last Name Shi/Arm/For/Mac First Name Lau/Rau/Mel/Jam Middle Initial
Business Name James Macdonald Ltd. Business Telephone 212-393-9101
Business Address 225 Broadway, Suite 712 Business Fax 212-393-9023
City New York State NY Zip 10007 Mobile Telephone
E-Mail imltdnvcodes@aol.com Registration Number X01564

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	1st	Occupancy Designation*	Cabaret	Number of Persons	Description Code
NB/A1 Job No. Establishing PA	300776293	If Pre-BIS, provide BIN:	Primary Plan A-3'	☒ Yes ☐ No	250 34
Prior PA No. (if applicable)		Irregular Floor Numbering? ☐ Yes ☐ No	Alt. 1 Plan	☐ Yes ☐ No	
Name of PA Establishment	Calvary S.D.A. Church		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 penalty 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 the submitted documents. 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): Olabanii Awosika
Signature: [Signature] Date: 7/1/08
P.E. / R.A. Seal (Professional Engineer/Registered Architect 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 ☐ Partnership ☐ HHC ☐ NYCHA
type: ☒ Corporation ☐ DCAS ☐ HPD ☐ NYS
☐ Individual ☐ DOE ☐ Other Government
Is the owner a non-profit organization? ☒ Yes ☐ No
Name (print): Richard Calhoun
Relationship to Owner: Pastor
Business Name/Agency: Northeastern Conf. of SDA
Street Address: 115-50 Merrick Blvd
City: Jamaica State: NY Zip: 11434
Telephone Number: 718-291-8006 Fax: 718-739-5133
E-Mail Address:
Signature and Date: [Signature] 7/1/08

PA - \$200