



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) 450 Street Name 19 Street
Borough Brooklyn Block 888 Lot 25 BIN C.B. No. 307
Zoning District(s) M1-1 Overlay(s)
Special Dist(s) Zoning Map No. 16d

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

Last Name Voulgaris First Name Nicholas Middle Initial
Business Name Nicholas Voulgaris, Architect, P.C. Business Telephone 631-424-0444
Business Address 23 Bay Avenue Business Fax 631-424-0474
City Huntington State NY Zip 11743 Mobile Telephone
E-Mail NVAPC@yahoo.com License Number 012634 ☐ P.E. ☐ R.A.

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

Last Name Rosenberg/Patel/Vyas First Name Lois/Jay/Animesh Middle Initial
Business Name Lois Rosenberg Consultants Inc Business Telephone 212-349-7488
Business Address 303 Greenwich Street, # 2 D Business Fax 212-349-7442
City New York State NY Zip 10013 Mobile Telephone
E-Mail LRC@NYC77.COM Registration Number X06898/X06553

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	Occupancy Designation*	Cabaret	Number of Persons	Description Code
NB/A1 Job No. Establishing PA ALT 1288/79 If Pre-BIS, provide BIN: 3801406	Primary Plan A-3	☒ Yes ☐ No	75	11
Prior PA No. (if applicable) Irregular Floor Numbering? ☒ Yes ☐ No	Alt. 1 Plan A-3	☒ Yes ☐ No	95	28
Name of PA Establishment Lifespire	Alt. 2 Plan A-3	☒ Yes ☐ No	120	29

5 Statements and Signatures of Applicant and Owner P.E./R.A. 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 or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. Applicant: I prepared or supervised the preparation of the documents 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 supplementary documents 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: NICHOLAS VOUGARIS
Signature: [Signature] Date: 4/30/07
P.E. / R.A. Seal: (apply seal, then affix to this form seal)
Individual/Lessee/Responsibility: Individual (if not owner)
Name (print): Mark Van Voorst
Relationship to Owner: Lessee
Business Name/Agency: Lifespire
Street Address: 1 Whitehall Street
City: New York State: NY Zip: 10004
Telephone Number: 212-741-0100 Fax: 646-255-2043
E-Mail Address: _____

Owner type: ☐ Condo/Co-Op ☐ Partnership ☐ HHC ☐ NYCHA
☒ Corporation ☐ DCAS ☐ HPD ☐ NYS
☐ Individual ☐ DOE ☐ Other Government
Is the owner a non-profit organization? ☐ Yes ☒ No
Name (print): Patricia Reinhart
Relationship to Owner: _____
Business Name/Agency: 450 19th Street Corporation
Street Address: 2990 Avenue U
City: Brooklyn State: NY Zip: 11229
Telephone Number: 718-368-2500 Fax: 718-368-4216
E-Mail Address: patreinhart@fillmore.com
Signature and Date: [Signature]