

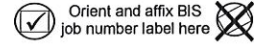
140674



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



321396878

1 Location Information Required for all applications.

House No(s) 180 Street Name REMSEN STREET

Borough BROOKLYN Block 255 Lot 36 BIN 3335934 C.B. No. 302

Zoning District(s) C5-20 Overlay(s)

Special Dist(s) DB Zoning Map No. 16C

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

Last Name HELPERN First Name DAVID Middle Initial

Business Name HELPERN ARCHITECTS Business Telephone 212-505-2025

Business Address 21 E 4TH STREET Business Fax

City NEW YORK State NY Zip 10003 Mobile Telephone

E-Mail DPHFAIA@HELPERN.COM License Number 010070 ☐ P.E. ☒ R.A.

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

Last Name KONG/SULI/LACH First Name PIYA/LIND/MELV Middle Initial

Business Name DESIGN 2147 LTD. Business Telephone 718-383-9340

Business Address 52 DIAMOND STREET Business Fax

City BROOKLYN State NY Zip 11222 Mobile Telephone

E-Mail LSULI@DESIGN2147.COM Registration Number 003899

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 001

Primary Plan	Occupancy Designation*	Cabaret	Number of Persons	Description Code
	A3	☐ Yes ☒ No	350	28
Alt. 1 Plan		☐ Yes ☐ No		
Alt. 2 Plan		☐ Yes ☐ No		

NB/A1 Job No. Establishing PA 321241116 If Pre-BIS, provide BIN:

Prior PA No. (if applicable) 300157933 Irregular Floor Numbering? ☐ Yes ☒ No

Name of PA Establishment ST. FRANCIS COLLEGE Founders Hall

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 supplementally 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): DAVID HELPERN

Signature Date 3/5/17

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 ☐ Corporation ☐ Partnership ☐ NYC Agency

type: ☐ Individual ☐ NYCHA / HHC ☒ Other Govt.

☐ Condo Unit Owner or Co-Op Tenant-Shareholder

Is the deed-holder a non-profit per 28-112.1? ☐ Yes ☒ No

Name (print): KEVIN O'ROURKE

Relationship to Owner: AVP CAPITAL PRO

Business Name/Agency: ST. FRANCIS COLLEGE

Street Address: 180 REMSEN STREET

City: BROOKLYN State: NY Zip: 11201

Telephone Number: 718-489-5496 Fax:

E-Mail Address: KOROURKE@SFC.EDU

Signature and Date 3/13/17