



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. BLDGS	321675558	Job Number
SC170425035		Scan Code

1 Location Information Required for all applications

House No(s) 181	Street Name SMITH STREET			
Borough BROOKLYN	Block 391	Lot 4	BIN 3006101	C.B No 302
Zoning District(s) R6	Overlay(s) C1-3			
Special Dist(s)	Zoning Map No. 16C			

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

Last Name ZUCKERMAN	First Name MICHAEL	Middle Initial	
Business Name G.V.Z. ARCHITECTS	Business Telephone 718-625-7079		
Business Address 96 BERGEN STREET	Business Fax		
City BROOKLYN	State NY	Zip 11201	Mobile Telephone
E-Mail GVZMAZ@GMAIL.COM	License Number 014718	☐ P.E. ☒ R.A.	

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

Last Name BACH / GAMILL	First Name STEVEN / BRUCE	Middle Initial	
Business Name GAMILL ENGINEERING, P.C.	Business Telephone 718-522-5232		
Business Address 197 COURT STREET	Business Fax		
City BROOKLYN	State NY	Zip 11201	Mobile Telephone
E-Mail STEVE@GAMILLNY.COM	Registration Number 001360		

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	Occupancy Designation* A-2	Cabaret ☐ Yes ☒ No	Number of Persons 150	Description Code 22
NB/A1 Job No. Establishing PA 321288352	If Pre-BIS, provide BIN:	Alt. 1 Plan ☐ Yes ☒ No		
Prior PA No (if applicable) N/A	Irregular Floor Numbering? ☐ Yes ☒ No	Alt. 2 Plan ☐ Yes ☒ No		
Name of PA Establishment BLACK FOREST				

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, rules, regulations 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 (print) MICHAEL ZUCKERMAN

Signature

Date 10/25/17

P.E. / R.A. Seal (apply seal, then sign over seal)

Individual/Lessee Responsible for Annual Renewal of PA (if not owner)

Name (print) TOBIAS HOLLER

Relationship to Owner LEASEE

Business Name/Agency BLACK FOREST

Street Address 181 SMITH STREET

City BROOKLYN State NY Zip 11201

Telephone Number 646-244-1143 Fax

E-Mail Address tobias.holler@gmail.com

Owner ☒ Corporation

type ☐ Individual

☐ Condo Unit Owner or Co-Op Tenant-Shareholder

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

Name (print) TONY GONZALEZ

Relationship to Owner PRES.

Business Name/Agency ARTIE SMITH STREET INC.

Street Address 345 PACIFIC STREET

City BROOKLYN State NY Zip 11217

Telephone Number 718-858-3389 Fax

E-Mail Address TGONZALEZ@GMAIL.COM

Signature and Date Tony Gonzalez 10/23/17