



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

Orient and affix BIS job number label here

1 Location Information Required for all applications.

House No(s)	Street Name			
Borough	Block	Lot	BIN	C.B. No.
Zoning District(s)	Overlay(s)			
Special Dist(s)	Zoning Map No.			

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

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	License Number	<input type="checkbox"/> P.E. <input type="checkbox"/> R.A.

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

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	Registration Number	

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 <i>If Pre-BIS, provide BIN:</i>	Primary Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior PA No. (if applicable)	Alt. 1 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of PA Establishment	Alt. 2 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 supplementary 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): _____

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 Partnership HHC NYCHA

type: Corporation DCAS HPD NYS

Individual DOE Other Government

Is the owner a non-profit organization? Yes No

Name (print): _____

Relationship to Owner: _____

Business Name/Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____

Signature and Date ► _____