



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003
Phone (212) 533-5300
www.cb3manhattan.org - mn03@cb.nyc.gov

Tareake Dorill, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

The following items and questionnaire package are due by date listed in email invite:

- Schematics, floor plans or architectural drawings of the inside of the premise.
- A proposed food and or drink menu.

The following items are due by noon Friday before the meeting:

- Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website:
<https://www1.nyc.gov/site/manhattancb3/resources/community-groups.page>
(this is not required but strongly suggested if a relevant group exists)
- Proof of conspicuous posting of notices at the site for 7 days prior to the meeting (please include newspaper with date in photo or a timestamped photo).

Check which you are applying for:

- new liquor license
- alteration of an existing liquor license
- corporate change

Check if either of these apply:

- sale of assets
- upgrade (change of class) of an existing liquor license

Today's Date: 7/31/2023

Is location currently licensed? Yes No Type of license: OP

If alteration, describe nature of alteration: _____

Previous or current use of the location: BAR

Corporation and trade name of current license: 159 HUNTINGTON HOLDINGS INC

APPLICANT:

Premise address: 159 E HOUSTON ST

Cross streets: HOUSTON / ALLEN ST

Name of applicant and all principals: DAVID DOYLE, TERENCE ROBSUN
ANDREW MORRISSEY

Trade name (DBA): TWO DOORS DOWN

PREMISE:

Type of building and number of floors: MIXED USE 6 STORIES

Does premise have a valid Certificate of Occupancy, including for any back/side yard or roof use?

Yes No What is maximum NUMBER of people permitted 74 UPSTAIRS / 74 DOWNSTAIRS

What is the zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give specific zoning designation, such as R8 or C2): C6-2A

PROPOSED METHOD OF OPERATION:

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space, if applicable) MONDAY - WEDNESDAY 6PM - 2AM THURSDAY 5PM - 3AM
FRIDAY AND SATURDAY 2PM - 4AM SUNDAY 2PM - 2AM

Will any other business besides food or alcohol service be conducted at premise, i.e., retail? Yes No

If yes, please describe what type: _____

Number of indoor tables? 12 Total number of indoor seats? 55

How many stand-up bars/bar seats are located on the premise (number, length, and location) 25 BAR SEATS / 2 BARS UPSTAIRS BAR 25 FEET / DOWNSTAIRS 20 FT

(A **stand-up bar** is any bar or counter -with seating or not- where you can order, pay for, and receive alcohol)

Does premise have a full kitchen? Yes No

Does it have a food preparation area? Yes No (If any, show on diagram)

Is food available for sale? Yes No If yes, describe type of food and submit a menu _____

FRENCH BISTRO

What are the hours the kitchen will be open? OPEN TILL 3AM EVERY NIGHT

Will a manager or principal always be on site? Yes No If yes, which? _____

How many employees will there be? 20

Do you have or plan to install French doors accordion doors or windows?

Will there be TVs/monitors? Yes No (If Yes, how many?) _____

Will premise have music? Yes No

If Yes, what type of music? Live musician DJs Streaming services/playlists

If other type, please describe QSC 4 SPEAKERS UPSTAIRS / 5 SPEAKERS DOWNSTAIRS

What will be the music volume? Background (conversational) Entertainment (live music venue

level) Please describe your sound system: small speakers

Will you host any promoted events, scheduled performances, or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? NO

If promoted events, please explain the nature in which you plan to promote? Social media / online ads / outside promoters? N/A

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?

Please attach plans. (Please do not answer "we do not anticipate congestion.") As this is a transfer it will be handled in the same manner

Will there be security personnel? Yes No (If Yes, how many and when) EVERY DAY, FROM 8PM
3 SECURITY FRIDAY-SAT / 2 SECURITY THURSDAY EVERY OTHER DAY 1 SECURITY - CLOSING

How do you plan to manage noise inside and outside your business so neighbors will not be affected?

Please attach plans. WINDOWS WILL BE CLOSED AT 10PM, SIGNAGE OUTSIDE WILL BE CLEARLY DISPLAYED

Is sound proofing installed? Yes No

If not, do you plan to install sound proofing? Yes No

Are there current plans to use the Open Restaurants program for the sale or consumption of alcoholic beverages outdoors? (includes roof & yard) Yes No If Yes, describe and show on diagram:

APPLICANT HISTORY:

Has this corporation or any principal been licensed for sale of alcohol previously? Yes No

If yes, please indicate name of establishment: 90 WYTHE LLC

Address: 44 BERRY ST BROOKLYN Community Board # 1

Dates of operation: APRIL 2022 - CURRENTLY OPEN

Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume. Note: failure to disclose previous experience or information hampers the ability to evaluate this application.

Does any principal have other businesses in this area? Yes No If Yes, please give trade name, address and describe the business _____

Has any principal had SLA reports or action within the past 5 years? Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

Attach a separate diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

LOCATION:

How many licensed establishments are within 1 block? 7

How many On-Premise (OP) liquor licenses are within 500 feet? 37

Is the premise within 200 feet on the same street of any school or place of worship? Yes No

COMMUNITY OUTREACH:

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups, but it is not required. Also use provided petitions, which clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary)

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

1. My license type is: beer & cider wine, beer & cider liquor, wine, beer & cider
2. I will operate a full-service restaurant, specifically a (type of restaurant) _____ restaurant, or

I will operate a BAR WITH FULL KITCHEN,
 with a kitchen open and serving food during all hours of operation OR with less than a full-service kitchen but serving food during all hours of operation OR Other
FOOD UNTIL 2AM EACH NIGHT

3. My hours of operation will be:
Mon 5PM-2AM ; Tue 5PM-2AM ; Wed 5PM-2AM ;
Thu 5PM-3AM ; Fri 2PM-4AM ; Sat 2PM-4AM ;
Sun 2PM-2AM . (I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)

4. I will not use outdoor space for commercial use (including Open Restaurants) OR
 I will close all outdoor dining allowed under the temporary Open Restaurants program and any other subsequent uses by 10:00 P.M. all days and not have any speakers or TV monitors outdoors
5. I will employ a doorman/security personnel: YES
6. I will install soundproofing, ALREADY INSTALLED

7. I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified performances or televised sports.
- I will have a closed fixed façade with no open doors or windows except my entrance door, which will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified performances or televised sports.
8. I will not have DJs, live music, third-party promoted events, any event at which a cover fee is charged, scheduled performances, more than _____ DJs per _____, more than _____ private parties per _____
9. I will play ambient recorded background music only.
10. I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
11. I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
12. I will not participate in pub crawls or have party buses come to my establishment.
13. I will not have unlimited drink specials, including boozy brunches, with food.
14. I will not have a happy hour or drink specials with or without time restrictions OR I will have happy hour and it will end by 8PM.
15. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: DAVID DOWLE

Phone Number: 917-941-0797

Petition to Support Proposed Liquor License

Date: 7/31/2023

The following undersigned residents of the area support the following liquor license (indicate the type of license such as full-liquor or beer-wine) FULL LIQUOR

to the following applicant/establishment (company and/or trade name) TWO DOORS DOWN LLC

Address of premises: 159 E HOUSTON ST 10002

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be:
MONDAY ~~BAR~~ WEDNESDAY 5PM-2AM THURSDAY 5PM-3AM FRIDAY/SAT 2PM-4AM SUNDAY 2PM-2

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-blocks on the same street.

Other information regarding the license:

| Name | Signature | Address and Apt # (required) |
|------------------------------------|-----------|------------------------------|
| GATHERING SIGNATURES THIS MONTH | | |

ATTENTION RESIDENTS & NEIGHBORS

Two Doors Down LLC

Company/DBA Name and Contact Number for Questions

Plans to open a

BAR

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

159 E HOUSTON ST NY 10002

Building Number and Street Name (Address)

This establishment is seeking a license to serve

BEER/WINE/LIQUOR

Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

Monday, August 21, 2023 at 6:30pm

Online: <https://us06web.zoom.us/j/89482152857>

see www.cb3manhattan.org for zoom meeting details

Date/Time/Location

dave@cafebakarica.com

Applicant Contact Information

At COMMUNITY BOARD 3

SLA & DCA Licensing Committee Meeting

mn03@cb.nyc.gov - www.cb3manhattan.org

TWO DOORS DOWN

FROM OUR KITCHEN

Burger Fries
Mussels Frites
Steak Frites
Calamari
Waldorf Salad



TWO DOORS DOWN

FROM OUR LIQUOR BAR

COCKTAILS

'My Only Vice'
Strawberry Soda, Coconut oil Rum & Pineapple

'Gary from Accounts'
Whiskey, Beeswax & Pine

'Two Doors Margarita'
Tequila, Lime & Yuzu Foam

'Flora Dora'
Gin, Clear milk, Ginger & Raspberry

'The Business'
Vodka, melon, Pear & Citrus Sofa

Count on me
Orange vermouth, Strawberry Campari & Gin

'Lychee Martini'
Vodka, Lychee & Bubbles

'Nightrider Paloma'
Tequila, Clarified grapefruit, Spice & Soda

'Steves Americano'
Vermouth, Raspberry, passion fruit, & soda

'The Morning Coffee'
Coffee, dulce de leche & banana cacao cream

EVERYTHING ELSE

SLUSHIES

'House Guinness Punch'
Rum Blend, Guinness, Horchata

'Daisy Picker'
Tequila, mint sorbet & lime

NON ALCOHOLIC

'The Caprese'
Tomato, Basil & Chilli Honey

'The Swindler'
Martini Rossi Vibrante,
Lemon Sherbet & Spices

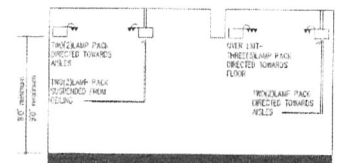
BEER & CIDER

Guinness
Pilsner
Ipa
Cider
Magners

WINE

White
Red
Orange
Sparkling





EMERGENCY EXIT LIGHTS

1/4" = 1'-0"

- LEGEND:**
- (1) EXIT LIGHT (Mandatory)
 - (HR) HORIZONTAL
 - (E) EXIT SIGN
 - (C) EXIT SIGN/EXIT LIGHT
 - (S) EXIT SIGN/EXIT LIGHT
 - (V) EXIT LIGHT
 - (R) EXIT LIGHT
 - (A) EXIT LIGHT
 - (B) EXIT LIGHT
 - (M) EXIT LIGHT
 - (T) EXIT LIGHT
 - (N) EXIT LIGHT
 - (D) EXIT LIGHT

1. All egress doors shall have self-luminous or illuminated exit signs.
2. Exit signs shall be illuminated at all times.
3. Exit signs shall be illuminated at all times.
4. Exit signs shall be illuminated at all times.
5. Exit signs shall be illuminated at all times.
6. Exit signs shall be illuminated at all times.
7. Exit signs shall be illuminated at all times.
8. Exit signs shall be illuminated at all times.
9. Exit signs shall be illuminated at all times.
10. Exit signs shall be illuminated at all times.
11. Exit signs shall be illuminated at all times.
12. Exit signs shall be illuminated at all times.

PERMITS AND NOTES

1. Minimum width of door shall be 3'-0" with minimum clear width of 2'-6".
2. Clear height to top of door shall be 7'-0".
3. Exit signs shall be illuminated at all times.
4. Exit signs shall be illuminated at all times.
5. Exit signs shall be illuminated at all times.
6. Exit signs shall be illuminated at all times.
7. Exit signs shall be illuminated at all times.
8. Exit signs shall be illuminated at all times.
9. Exit signs shall be illuminated at all times.
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11. Exit signs shall be illuminated at all times.
12. Exit signs shall be illuminated at all times.

OCCUPANT LOAD TABLE 6-2 BC 27-356(b)(1)

| OCCUPANCY TYPE | NET FLOOR AREA PER OCCUPANT | CAPACITY # PERSONS |
|----------------|-----------------------------|--------------------|
| Cellar Floor | 760 SF | 63 |
| 1st Floor | 845 SF | 70 |
| TOTAL OCCUP | 1,605 SF | 133 |

OCCUPANT LOAD - PRIMARY PLAN

| FLOOR | AREA | CAPACITY |
|--------------------|------------|--------------------|
| Cellar Floor | | |
| BAR-GI | 8 persons | |
| Bar Shelf | 5 persons | |
| DINING A | 31 persons | |
| DINING B | 18 persons | |
| EMPLOYEES | 3 | |
| Total: | | 63 |
| 1st Floor | | |
| BAR-GI | 15 persons | |
| Bar Shelf | 6 persons | |
| DINING A | 3 persons | |
| DINING B | 20 persons | |
| DINING C | 16 persons | |
| EMPLOYEES | 5 persons | |
| Total: | | 70 |
| TOTAL OCCUP | | 133 persons |

HC SEATING IN ASSEMBLY SPACES: 108.2.0.1

| NUMBER PERSONS | NUMBER HC SPACES | NUMBER HC SPACES PROVIDED |
|----------------|------------------|---------------------------|
| 4-20 | 1 | |
| 26-50 | 2 | |
| 51-100 | 4 | |
| 101-500 | 3 | 5 OK |

TABLE 16-1.1L 58/05

| NUMBER PERSONS | NUMBER WC | NUMBER WC PROVIDED |
|----------------|-----------|--------------------|
| 1-100 | 1 | 1 |
| 101-200 | 2 | 3 |
| 201-500 | 3 | |

PERMITS AND NOTES

1. Minimum width of door shall be 3'-0" with minimum clear width of 2'-6".
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9. Exit signs shall be illuminated at all times.
10. Exit signs shall be illuminated at all times.
11. Exit signs shall be illuminated at all times.
12. Exit signs shall be illuminated at all times.

DOB NOTES:

DOB CALCULATIONS PER TABLE 6-1 MINIMUM PERMITTED OCCUPANCY CLASSIFICATION PRIMARY: 2000-12700 with Openings SECONDARY: 2000-12700 with Openings

CELLAR FLOOR: 760 SF
1st Floor: 845 SF
TOTAL OCCUP: 1,605 SF

CELLAR FLOOR: 760 SF
1st Floor: 845 SF
TOTAL OCCUP: 1,605 SF

CELLAR FLOOR: 760 SF
1st Floor: 845 SF
TOTAL OCCUP: 1,605 SF

BUILDING CLASSIFICATION STATEMENT

1. THE OCCUPANCY GROUPS ARE:
1st Floor Restaurant: A-2
1st Floor Kitchen: F-2
Cellar Floor Restaurant: A-2
Cellar Floor Storage: S-2
2. R. Limited Occupancy Group
3. II-B: Construction Classification
4. II: Structural Occupancy Group
5. 60 Feet Building Height
6. Highest Access: Off-Grade
Lowest Access: 1st Floor
7. Inside the Fire District
8. NA

ZONING:



ZONING: COMMERCIAL-4
LOT: 18
MAP: 1002

GENERAL WORK FOR DEPARTMENT OF BUILDINGS:
1. BUILDING TO BE EXAMINED UNDER PERMITS
2. BUILDING OF CLASS 2 (Exterior Load Wall)

DOB CALCULATIONS PER TABLE 6-1 MINIMUM PERMITTED OCCUPANCY CLASSIFICATION PRIMARY: 2000-12700 with Openings SECONDARY: 2000-12700 with Openings

CELLAR FLOOR: 760 SF
1st Floor: 845 SF
TOTAL OCCUP: 1,605 SF



NOTE: ALL DRAWINGS, SPECIFICATIONS AND MEASUREMENTS ARE THE PROPERTY OF JOHN PATRICK BOHAN ARCHITECT AND SHALL NOT BE REPRODUCED OR USED IN ANY MANNER WITHOUT WRITTEN PERMISSION FROM THE ARCHITECT.

THE CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS ON SITE PRIOR TO BEGINNING ANY WORK. REPORT ALL DISCREPANCIES IN WRITING TO JOHN PATRICK BOHAN ARCHITECT BEFORE PROCEEDING WITH THE WORK AND SHALL ACCEPT FULL RESPONSIBILITY FOR ANY ERRORS OR OMISSIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE QUALITY OF THE WORK AND THE SATISFACTION OF THE OWNER AND THE ARCHITECT.

EACH CONTRACTOR SHALL SUBMIT TO JOHN PATRICK BOHAN ARCHITECT FOR APPROVAL SHOP DRAWINGS, SAMPLES, AND ALL ITEMS OF WORK PRIOR TO THEIR INSTALLATION IN THE CONSTRUCTION. ALL ITEMS TO BE INSTALLED SHALL BE APPROVED FOR USE IN NEW YORK CITY AND SHALL HAVE AN MPA OR DOB NUMBER. SUCH ITEMS REQUIRE THIS DESIGNATION. EACH CONTRACTOR SHALL OBTAIN THE NECESSARY PERMITS FROM ALL OTHER CONTRACTORS.

THE QUALITY OF WORKMANSHIP AND MATERIALS USED SHALL COMPLY WITH ALL NEW YORK CITY AND STATE BUILDING CODES AND THE NEW YORK CITY ZONING REQUIREMENTS. DRAWINGS SUBJECT TO APPROVAL BY ALL GOVERNMENTAL AGENCIES HAVING JURISDICTION. ALL NEW CONSTRUCTION TO COMPLY WITH APPLICABLE HANDICAPPED ACCESSIBILITY LAWS.

03-revision dates per DOB reqs
04-revision dates per DOB reqs
05-revision dates per DOB reqs
06-revision dates per DOB reqs
07-revision dates per DOB reqs
08-revision dates per DOB reqs
09-revision dates per DOB reqs
10-revision dates per DOB reqs
11-revision dates per DOB reqs
12-revision dates per DOB reqs

JOHN PATRICK BOHAN
architect
228 East 45th Street
New York NY 10017

PUBLIC ASSEMBLY:
PA NOTES, PLOT PLAN
SCALE: 1/4" = 1'-0" DATE: 4.28.2016
PROJECT NO: 1402
SHEET NO: 1/16
DATE: 4.28.2016
PAGE NO: 2/2

PA: 104344005

Accepted for OPPN #1694
Professional Certificate
MANHATTAN
Date: JUN 21 2016



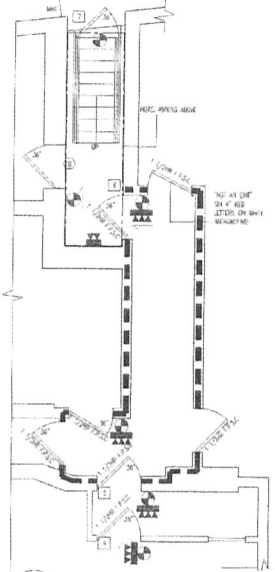
SEE RECOMMENDATIONS FOR PROTECTIVE COATING FOR FIN. I.C. 27, 27.1
 NEW LETTERS ON WHITE BACKGROUND
 GLASS COVERED & ILLUMINATED
 AT ALL "NEED-TO-GLAZE"
 - CURVES OF ILLUMINATION

OCCUPANCY BY MORE THAN 133 PERSONS IS DANGEROUS AND UNLAWFUL PUBLIC ASSEMBLY LICENSE NO.....

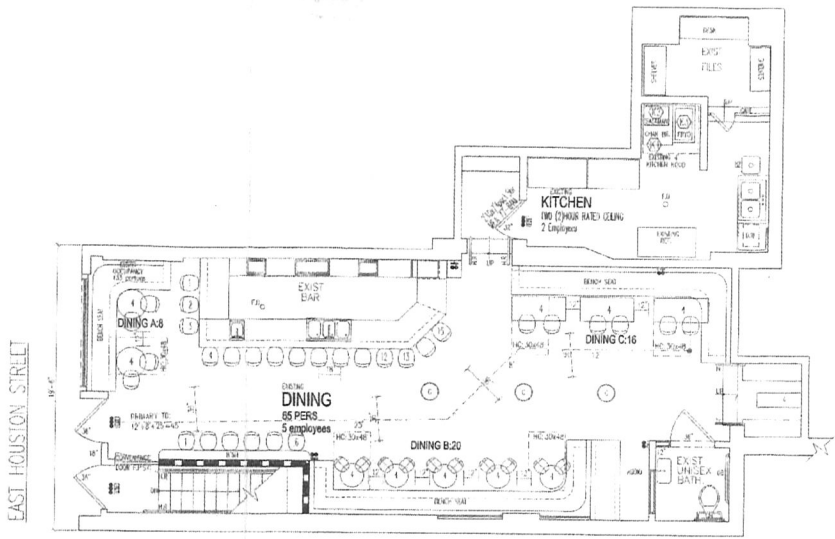
COMMISSIONER DEPARTMENT OF BUILDINGS CITY OF NEW YORK

Public Assembly
 DOB#: 104344005

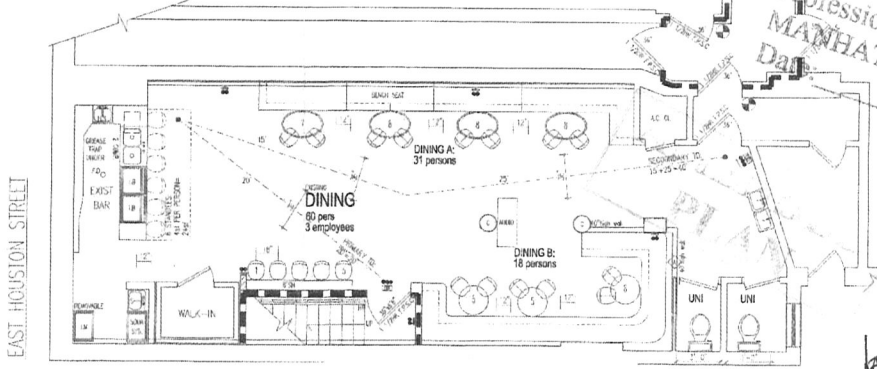
ALLEN STREET



3 CELLAR KEY PLAN EXISTING 1/4"



2 1st Floor Public Assembly 70 persons 1/4"



EAST HOUSTON STREET

DEPT BLDGS Job No. 104344005
 Scan Code ESHS5344396

CELLAR Public Assembly 63 persons 1/4"

Total: 133 pers

NOTE
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THE CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND FINISHING CONDITIONS ON SITE PRIOR TO BEGINNING ANY WORK. REPORT ALL DISCREPANCIES IMMEDIATELY TO JOHN PATRICK BOHAN ARCHITECT BEFORE PROCEEDING WITH THE WORK & SHALL ACCEPT FULL RESPONSIBILITY FOR SAME. DRAWINGS SHALL NOT BE SCALED. ALL WORK TO BE PERFORMED IN ACCORDANCE WITH THE DRAWINGS AND SPECIFICATIONS AND TO THE SATISFACTION OF THE OWNER AND THE ARCHITECT.

EACH CONTRACTOR SHALL SUBMIT TO JOHN PATRICK BOHAN ARCHITECT FOR APPROVAL, SHOP DRAWINGS/SAMPLE CUTS OF ALL ITEMS OF WORK PRIOR TO THEIR INCLUSION IN THE CONSTRUCTION. ALL ITEMS TO BE INCLUDED SHALL BE APPROVED FOR USE IN NEW YORK CITY AND SHALL HAVE AN NFA # OR BSA number WHEN SUCH ITEMS REQUIRE THIS DESIGNATION. EACH CONTRACTOR SHALL CO-ORDINATE HIS WORK WITH ALL OTHER CONTRACTORS.

THE QUALITY OF WORKMANSHIP AND MATERIALS USED SHALL COMPLY WITH ALL NEW YORK CITY AND STATE BUILDING CODES AND THE NEW YORK CITY HOUSING REQUIREMENTS. DRAWINGS SUBJECT TO APPROVAL BY ALL GOVERNMENTAL AGENCIES HAVING JURISDICTION. ALL NEW CONSTRUCTION TO COMPLY WITH APPLICABLE HANDICAPPED ACCESSIBILITY LAWS.

| | |
|----|---------------------------|
| 03 | revise plans per JOB reqs |
| 02 | revise plans per DOB reqs |
| 01 | revise plans per PA-01 |
| 00 | original |
| | notes for construction |
| | cost structure statement |
| | design development |
| | scheme of design |

Accepted for OPPN #1/04
 Professional Certification
 MANHATTAN
 JUN 21 2016



ARCHITECT
 JOHN PATRICK BOHAN
 architect
 228 East 45th Street
 New York NY 10017

PROJECT TITLE
 159 East Houston Street
 New York NY 10003

DRAWING TITLE
 PUBLIC ASSEMBLY:
 Plan: Cellar & 1st Floor

| | | | |
|-------------|--------------|-------------|-----------|
| SCALE | 1/4" = 1'-0" | DATE | 4.28.2016 |
| PROJECT NO. | 1402 | ISSUED BY | JPB |
| CHECKED BY | JPB | DRAWING NO. | PA-001.03 |
| PAGE NO. | 1/2 | | |

PA: 104344005