



## COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

[www.cb2manhattan.org](http://www.cb2manhattan.org)

P: 212-979-2272 F: 212-254-5102 E: [info@cb2manhattan.org](mailto:info@cb2manhattan.org)

Greenwich Village ✦ Little Italy ✦ SoHo ✦ NoHo ✦ Hudson Square ✦ Chinatown ✦ Gansevoort Market

### **COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE**

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 copies** plus supporting material requested to the SLA committee meeting.

**Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.**

**Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.**

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the following month's meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover request** will be granted per application. **Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

1. A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
3. Provide any plans filed or to be filed with the Buildings Department.
4. Proposed menu, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord.
7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

**Meeting Date:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s): Areppas 3 LLC  
\_\_\_\_\_

Trade name (DBA): Areppas  
\_\_\_\_\_

Premises address:  
25 Cleveland Place  
\_\_\_\_\_

Cross Streets and other addresses used for building/premise:

Kenmare Street and Lafayette Street  
\_\_\_\_\_

**CONTACT INFORMATION:**

**Principal(s) Name(s):**  
Celistino Diaz  
\_\_\_\_\_

Office or Home Address: [REDACTED] \_\_\_\_\_

City, State, Zip: [REDACTED] \_\_\_\_\_

Telephone #: [REDACTED] email : [cdiaz@areppas.com](mailto:cdiaz@areppas.com)  
\_\_\_\_\_

**Landlord Name / Contact:**  
\_\_\_\_\_

Landlord's Telephone and Fax: [REDACTED] \_\_\_\_\_

**NAMES OF ALL PRINCIPAL(s):      NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

Celestino Diaz  
\_\_\_\_\_

Areppas 3 LLC 25 Cleveland Place NY, NY  
\_\_\_\_\_

Areppas LLC 954 Third Ave NY, NY  
\_\_\_\_\_

Areppas 2 LLC 115 E. 23rd Street NY, NY  
\_\_\_\_\_

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

Areppas is a fast food casual concept that serves fresh, wholesome dishes with the best quality artisan grains, proteins and seasonal ingredients for any meal of the day. Our menu features savory fillings, bowls and sides made to nourish your belly and feed your mind.  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR ( MARK ALL THAT APPLY):**

a new liquor license (  Restaurant  Tavern / On premise liquor  Other )

an UPGRADE of an existing Liquor License

an ALTERATION of an existing Liquor License

a TRANSFER of an existing Liquor License

a HOTEL Liquor License

a DCA CABARET License

a CATERING / CABARET Liquor License

a BEER and WINE License

a RENEWAL of an existing Liquor License

an OFF-PREMISE License (retail)

OTHER : \_\_\_\_\_

If upgrade, alteration, or transfer, please describe specific nature of changes:

(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

Back yard seating pursuant to approved amended Certificate of Occupancy.

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If this is for a new application, please list previous use of location for the last 5 years:

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Is any license under the ABC Law currently active at this location?  yes  no

If yes, what is the name of current / previous licensee, license # and expiration date: \_\_\_\_\_

Areppas 3 LLC Expires on 02/28/2024.

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Have any other licenses under the ABC Law been in effect in the last 10 years at this location?

yes  no

If yes, please list DBA names and dates of operation:

Areppas on 23rd Street Currently operating

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Areppas on 3rd Avenue Closed recently.

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**PREMISES:**

By what right does the applicant have possession of the premises?

Own  Lease  Sub-lease  Binding Contract to acquire real property  other: \_\_\_\_\_

Type of Building:  Residential  Commercial  Mixed (Res/Com)  Other: \_\_\_\_\_

Number of floor: 4 Year Built : Prior to 1939

Describe neighboring buildings:  
Mixed Use Buildings

Zoning Designation: C6-2

Zoning Overlay or Special Designation (applicable) LI

Block and Lot Number: 481 / 0013

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?  yes  no

Is the premise located in a historic district?  yes  no

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC?  yes  no, please explain : \_\_\_\_\_

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space)  no  yes : explain Backyard patio

What is the proposed Occupancy? 74

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no  yes Pending Amended CO for Backyard and increased occupancy

If yes, what is the maximum occupancy for the premises? Currently 54

If yes, what is the use group for the premises? Usage Group 6

If yes, is proposed occupancy permitted?  yes  no, explain : Once the amended CO is approved and issued.

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit?  yes  no N/A

Do you plan to file for changes to the Certificate of Occupancy?  yes  no  
(if yes, please provide copy of application to the NYC DOB)

Will the façade or signage be changed from what currently exist at the premise?  no  yes

(if yes, please describe: \_\_\_\_\_

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1600

If more than one floor, please specify square footage by floors: 800 per floor

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  
46 Sq feet

If more than one floor, what is the access between floors? Inerior stairway and sidewalk vault doors.

How many entrances are there? 1 How many exits? 2 How many bathrooms ? 2

Is there access to other parts of the building? no yes, explain: \_\_\_\_\_

## OVERALL SEATING INFORMATION:

Total number of tables? 9 Total table seats? 18

Total number of bars? 1 Total bar seats? 8

Total number of "other" seats? 46 please explain : Backyard Patio

Total OVERALL number of seats in Premises : 64

## BARs:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8

How many service bars are being applied for on the premises? 0

Any food counters? no X yes, describe : Food Counter in the center of the restaurant.

### ***For Alterations and Upgrades:***

Please describe all current and existing bars / bar seats and specific changes: \_\_\_\_\_

No change to bar or bar seats.

\* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.

## PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (check all that apply)

   Bar    Bar & Food   X   Restaurant    Club/ Cabaret    Hotel    Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:  
10:30 to 8PM    10:30 to 9PM    10:30 to 9PM    10:30 to 9PM    10:30 to 9PM    10:30 to 9PM    10:30 to 9PM

Will the business employ a manager?  no    \_\_\_ yes, name / experience if known : \_\_\_\_\_

Will there be security personnel?  no    \_\_\_ yes( if yes, what nights and how many?) \_\_\_\_\_

Do you have or plan to install French doors, accordion doors or windows that open?    \_\_\_ no     yes

If yes, please describe : Accordion Doors already exist at location.

Will you have TV's ?  no    \_\_\_ yes ( how many? ) \_\_\_\_\_

**Type of MUSIC / ENTERTAINMENT:**    \_\_\_ Live Music    \_\_\_ Live DJ    \_\_\_ Juke Box     Ipod / CDs    \_\_\_ none

Expected Volume level:     Background (quiet)    \_\_\_ Entertainment level    \_\_\_ Amplified Music  
(check all that apply)

Do you have or plan to install soundproofing?     no    \_\_\_ yes

IF YES, will you be using a professional sound engineer?    N/A

Please describe your sound system and sound proofing:    N/A

Will you be permitting:    \_\_\_ promoted events    \_\_\_ scheduled performances    \_\_\_ outside promoters

\_\_\_ any events at which a cover fee is charged?    \_\_\_ private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment?     no    \_\_\_ yes ( if yes, please attach plans)

Will you be utilizing    \_\_\_ ropes    \_\_\_ movable barriers    \_\_\_ other outside equipment (describe) \_\_\_\_\_

N/A

Are your premises within 200 feet of any school, church or place of worship?     no    \_\_\_ yes

***If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises ( no larger than 8 ½ " x 11").***

Indicate the distance in feet from the proposed premise:    N/A

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Celestino Diaz Phone: 9 [REDACTED]

Address: 25 Cleveland Place

Email : cdiaz@areppas.com

Application submitted on  
behalf of the applicant by:

\_\_\_\_\_  
Signature

Print or Type Name Kathleen E. Negri Stathopoulos, Esq.

Title Attorney

Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



Community Board 2,  
Manhattan SLA Licensing Committee  
Donna Raftery, Co-Chair  
Robert Ely, Co-Chair

Jeanine Kiely, Chair  
Susan Kent, First Vice Chair  
Valerie De La Rosa, Second Vice Chair  
Bob Gormley, District Manager



Antony Wong, Treasurer  
Eugene Yoo, Secretary  
Ritu Chatterjee, Assistant Secretary

## Community Board No. 2, Manhattan

3 Washington Square Village  
NEW YORK, NY 10012-1899

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Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

### COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
  - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
  - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Name of Applicant: Areppas 3 LLC

Address of Premises: 25 Clevelan Place NY, NY

**Sidewalk café** will have no more than (If premises is located on a corner please indicate for both streets):

N?A \_\_\_\_\_ tables and \_\_\_\_\_ seats on \_\_\_\_\_ Street

\_\_\_\_\_ tables and \_\_\_\_\_ seats on \_\_\_\_\_ Street

Hours of sidewalk café: \_\_\_\_\_ to \_\_\_\_\_ .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): \_\_\_\_\_

**Roadbed** will have no more than (If premises is located on a corner please indicate for both streets):

\_\_\_\_\_ tables and \_\_\_\_\_ seats on \_\_\_\_\_ Street

\_\_\_\_\_ tables and \_\_\_\_\_ seats on \_\_\_\_\_ Street

Hours of roadbed: \_\_\_\_\_ to \_\_\_\_\_ .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): \_\_\_\_\_

**Rear yard** will have no more than 23 tables and 46 seats

Hours of rear yard: 11AM to 9PM . Sunday until 8PM.

Does seating extend beyond the business frontage? \_\_\_ No \_\_\_ Yes

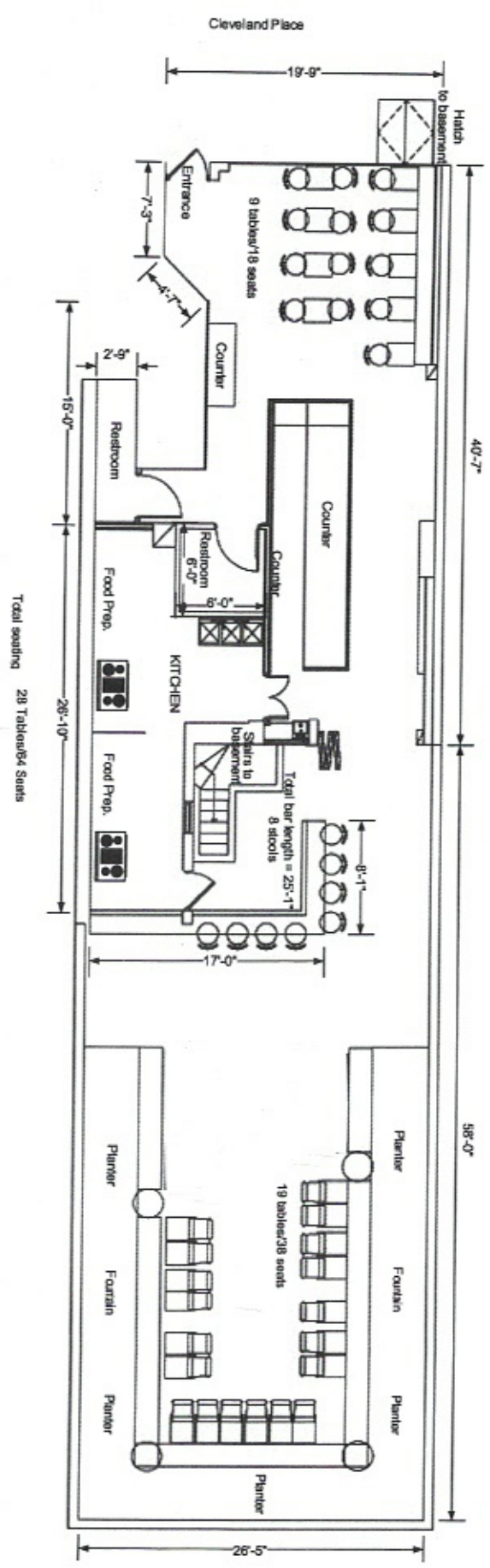
N/A Will outdoor dining structures **on the sidewalk** be enclosed on three (3) or more sides? \_\_\_ No \_\_\_ Yes

N/A Will outdoor dining structures **on the roadbed** be enclosed on three (3) or more sides? \_\_\_ No \_\_\_ Yes

Is there any outdoor music, speakers or TVs? \_\_\_ No  Yes, please describe: \_\_\_\_\_

Will heating elements be used? \_\_\_ No  Yes, please describe: Electric Heaters





INTERIOR DIAGRAM - First Floor  
 25 Cleveland Place  
 New York, NY  
 March 15, 2022  
 NOT TO SCALE

## APPLICATION FOR PERMISSION TO MAKE ALTERATIONS On-Premises Establishment

**This application must be filed with the Albany office of the State Liquor Authority located at:  
80 South Swan Street, Suite 900, Albany, NY 12210-8004**

**NO FEE IS REQUIRED**

**This application must be accompanied by the following:**

- A diagram showing the **existing** layout of the entire premises (interior and exterior) on a single sheet of 8.5" x 11" paper
- A diagram showing the **proposed** layout of the entire premises (interior and exterior) on a single sheet of 8.5" x 11" paper
- Financial documentation showing the availability of funds to be used to cover the costs of the proposed alterations
- If located in New York City, submit proof of the mailing or delivery of the Standardized Notice Form for providing 30-day advance notice to the Community Board
- Photographs of the area to be altered as it appears when filing the Alteration Application
- An updated Establishment Questionnaire with answers reflecting the entire premises *after* the proposed alterations
- If an additional bar is being added, submit an application for Additional Bar along with the applicable fee
- An amended lease agreement if space that was not previously included in the demised premises is being added

**If the application is conditionally approved the following items may be required prior to final approval:**

- Copies of all relevant permits, including building permits, sidewalk cafe permits, etc.
- Photographs of the premises showing all alterations complete
- A new Certificate of Occupancy or Certificate of Completion if required by the local municipality
- The standardized Statement of Completion of Alterations, completed and returned to the Authority

Before any **SUBSTANTIAL ALTERATION** to a licensed premises may be undertaken by or on behalf of any licensee, except a Farm Winery, the licensee shall apply to the State Liquor Authority for permission to do so. A substantial alteration shall include any enlargement or contraction of a licensed premises; any physical change to the exterior of the licensed premises that involves the creation or relocation of any window or door, or reduces the visibility that existed at the time of licensing; any physical changes in the interior that materially affect the character of the premises or physical structure that existed at the time of licensing; and (in the case of establishments licensed for on-premises consumption) any enlargement or reduction of the dining or kitchen facilities or any change in the size or location of any bar from which alcoholic beverages are served.

**MINOR ALTERATIONS** shall be deemed to be one costing and valued at less than \$10,000, which does not affect the material character or physical structure that existed at the time of licensing. Before commencing work on the alteration, the licensee must request permission to effect such minor alteration by submitting this application, in person or by certified mail (return receipt requested). The request must include: a description of the proposed alteration; the cost and value of the alteration; and the source of the monies to be used to pay for the alteration.

*After receiving the application, the State Liquor Authority will have 20 days to review the proposed alteration. If there is any objection, the Authority will notify the licensee by certified mail. If no objection is made within 20 days after reviewing the necessary forms, it shall be deemed that permission has been granted. Work may commence on the alteration if no objection is received by the 25th day after filing.*

**Alcoholic beverages may not be kept or sold in any added space until the Alteration is approved.**

# APPLICATION FOR PERMISSION TO MAKE ALTERATIONS

**This application must be filed with the Albany office of the State Liquor Authority located at:  
80 South Swan Street, Suite 900, Albany, NY 12210-8004**

**NO FEE IS REQUIRED**

**The licensee named below hereby requests the permission of the State Liquor Authority to make alterations to the licensed premises as set forth below.**

Serial Number:  County:  Phone #:

Full name of Licensee as listed on the License:

Trade Name (DBA) as listed on the License:

Address of the Licensed Premises:

City:  Zip Code:

Business Email Address:

Post Office/Mailing Address (if different than premises):

1. CHECK ONE:  Substantial Alteration  Minor Alteration

2. List proposed alterations (describe all changes fully. If more space is needed, attach additional sheets):

Extending the licensed premise to include a backyard patio.

3. Is space being added or eliminated from the licensed premises?

3a. If added, provide size, location and use of space:

45 square feet in the backyard of the premise.

3b. If additional space is added, provide name of landlord and terms of lease, if applicable (a copy of an amended lease may be required):

Kenmare Square LLC Lease expires Januray 31, 2026 with options to renew.



# APPLICATION FOR PERMISSION TO MAKE ALTERATIONS

4. Is a building permit required for the proposed alterations by the municipality?  Yes  No

4a. If yes, give permit number and issuing municipality:   
Provide a copy of the permit.

5. Will any entrance or exit of the premises as altered be within 200' of the entrance to a school, church or synagogue, or other place of worship?  Yes  No

6. Is there a change of premises address due to the alteration?  Yes  No  
(If the address of the premises has changed since the last application, submit a written explanation or letter from the Post Office, as well as an Endorsement Application to amend the address.)

6a. If yes, provide eliminated address and/or additional address:

7. Estimated cost of alteration:

7a. Sources of funds used to pay for alteration:

8a. Present seating capacity at tables:       8c. Present total length of bar:

8b. Proposed seating capacity at tables:       8d. Proposed total length of bar:

The undersigned, each for himself, certifies that he/she is the applicant above named; that he/she knows the contents of the above application and the statements contained therein and the same are true of his/her own knowledge.

certifies that he/she is   
(Print Name) (Title)

of the above named applicant corporation; that he/she knows the contents of the above application and the statements and answers therein; that the same are true of his/her knowledge; that he/she has been authorized, by order of the Board of Directors of said applicant corporation to make the statements and answers in this application on behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself. The undersigned also certifies that he/she will meet all local code requirements of the municipality in which the premises is located and obtain any necessary permits required of him/her in order to perform the alteration within the boundaries of the law.

\_\_\_\_\_  
(Signature of Authorized Principal and/or each Partner)

\_\_\_\_\_  
(Date)

[OFFICE USE ONLY]			
DATE FILED:		SERIAL #:	
Approved	Disapproved		
		License Board Member	Date

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.**

### 1. Zoning

1a. State what the area is zoned for:  
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

 Yes     No     Pending

### 2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?

 Yes     No

If YES, please specify:

*If the address was changed due to a 911 update or other government action, please include documentation for the change.*

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

 Currently Licensed     Previously Licensed     Never Licensed     Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

 Yes     No     Do Not Know

**Any pending disciplinary action may delay a determination on this application or result in the disapproval.**

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

 Yes     No

Name of Licensee:

License Serial Number:

**3. Premises (interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:   
 (e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
 If yes, show the means of access on the interior diagram(s).       Yes     No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?  
 (e.g., hallway, stairwells, common areas, etc.)       Yes     No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:       3h. Number of tables?

3i. Number of seats at tables?       3j. Number of seats at bar or counter?

**4. Bars:**

4a. How many customer bars are located on the premises?  
 (a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? (a service bar is for wait staff use exclusively)

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3
Bar Type: <input style="width: 180px;" type="text" value="Customer Bar"/>	Bar Type: <input style="width: 180px;" type="text"/>	Bar Type: <input style="width: 180px;" type="text"/>
Length: <input style="width: 180px;" type="text" value="25'1"/>	Length: <input style="width: 180px;" type="text"/>	Length: <input style="width: 180px;" type="text"/>
Shape: <input style="width: 180px;" type="text" value="L Shaped"/>	Shape: <input style="width: 180px;" type="text"/>	Shape: <input style="width: 180px;" type="text"/>
Location: <input style="width: 180px;" type="text" value="1st Floor/Ground"/>	Location: <input style="width: 180px;" type="text"/>	Location: <input style="width: 180px;" type="text"/>

(If the location of your bar is not listed as a choice in the drop-down menu, please type in your answer.)

**Attach additional sheets if there are more than 3 bars.**



OFFICE USE ONLY	
<input type="radio"/> Original	<input type="radio"/> Amended
Date	_____

**5. Kitchen:**

5a. Does the premises have a full kitchen?  Yes  No

If NO, does the premises have a food preparation area?  Yes  No

**Show Kitchen or Food Prep Area on the Interior Diagram**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?  Yes  No

If YES, please list hours of day chef/cook will devote to the premises:

During all hours of operation.

**6. Hotel or Bed & Breakfast:**

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises?  Yes  No

**7. Outdoor Areas:**

7a. Are there any outside areas used for the sale or consumption of alcohol?  Yes  No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:  
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- Sidewalk Cafe     Deck     Patio     Porch     Gazebo
- Rooftop     Yard     Balcony     Pavilion     Tent
- Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control?  Yes  No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing     Wall     Shrubbery     Roping     Stanchions
- Other (describe):

7f. Is a permit required by the locality for outside area(s)?  Yes  No  
If yes, submit a copy of the permit.



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NYC Department of Buildings

Work Permit Data

Premises: 25 CLEVELAND PLACE MANHATTAN Filed At: 25 CLEVELAND PLACE MANHATTAN  
 BIN: [1066729](#) Block: 481 Lot: 13 Job Type: A1 - ALTERATION TYPE 1

**CONCRETE WORK NOT AUTHORIZED - CONCRETE PLACEMENT, FORMWORK, STEEL REINFORCING NOT PERMITTED**

DOB NOW: Inspections

<b>Job No:</b> <a href="#">123844554</a>	<b>Fee:</b> STANDARD
<b>Permit No:</b> 123844554-01-AL	<b>Issued:</b> 03/02/2022
<b>Seq. No.:</b> 01	<b>Expires:</b> 04/10/2022
<b>Work:</b>	<b>Filing Date:</b> 11/26/2021 INITIAL
	<b>Status:</b> ISSUED
	<b>Proposed Job Start:</b> 03/02/2022
	<b>Work Approved:</b> 07/16/2021

ALTERATION TYPE 1 -  
 AMEND C OF O TO ADD REAR YARD FOR OPEN SEATING WITH TRELLIS/PERGOLA AT EATING  
 AND DRINKING ESTABLISHMENT AT FIRST FLOOR AND PROVIDE EGRESS EASEMENT FOR  
 TENANTS ABOVE

**Use:** R-2 - RESIDENTIAL: APARTMENT HOUSES **Landmark:** NO **Stories:** 4  
**Site Fill:** NOT APPLICABLE  
**Review is requested under Building Code:** Prior-to-1968

**Total Number of Dwelling Units at Location:** 5  
**Number of Dwelling Units Occupied During Construction:** 5

**Adding more than three stories:** No  
**Removing one or more stories:** No  
**Performing work in 50% or more of the area of the building:** No  
**Demolishing 50% or more of the area of the building:** No  
**Performing a vertical or horizontal enlargement adding more than 25% of the area of the building:** No  
**Mechanical equipment other than handheld devices to be used for demolition or removal of debris to be used:** No  
**Altering 10% or more of the existing floor surface area of the building:** No

**Approved work includes concrete:** No  
**Concrete work has been completed:** No  
**Work includes 2,000 cubic yards or more of concrete:** No

**Site Safety Rule :** SOURCE JOB

**Issued to:** ERIK G KOPPLIN  
**Business:** KCC D+B, LLC  
 138 BAYPORT AVENUE BAYPORT NY 11705

**GC SAFETY REGISTRATION:** [GC 614129](#)  
**Phone:** 917-414-6141

**Superintendent of Construction:** ELIO MARTINI  
**Business:** GOTHAM DEVELOPMENT LLC  
 68-07 ELIOT AVENUE MIDDLE VILLAGE NY 11379

**Registration No:** [0027613](#)  
**Phone:** 646-763-0442

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.





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NYC Department of Buildings

Schedule 'A'

Premises: 25 CLEVELAND PLACE MANHATTAN Job No: [123844554](#)  
 BIN: [1066729](#) Block: 481 Lot: 13 Doc No: 01 Job Type: A1 - ALTERATION TYPE 1

[Comments](#)

EXISTING / PROPOSED	FLOORS FRM - TO	NO. PERS	LIVE LOAD	2014/2008 Code?	OCC GRP	UNITS	ZONE USE
EXISTING	CEL -	0	OG	N	COM		6
	BOILER, UTILITIES AND STORAGE						
PROPOSED	CEL -	0	OG	Y	A-2		6
	BOILER,UTILITIES,STORAGE FOR EATING AND__DRINKING AT FIRST FLOOR						
EXISTING	OSP -	30	OG	N	COM		6
	OPEN YARD						
PROPOSED	OSP -	53	OG	Y	A-2		6
	REAR OUTDOOR SEATING FOR EATING AND DRINKING ESTABLISHMENT AT FIRST FLOOR UNDER 75 PERSONS.						
EXISTING	001 - 001	40	75	N	COM		6
	EATING AND DRINKING ESTABLISHMENT						
PROPOSED	001 - 001	21	75	Y	A-2		6
	EATING AND DRINKING ESTABLISHMENT UNDER 75 PERSONS						
EXISTING	002 - 002		40	N	RES	1	2
	ONE CLASS APARTMENT						
PROPOSED	002 - 002		40	Y	R-2	1	2
	ONE CLASS APARTMENT						
EXISTING	003 - 003		40	N	RES	2	2
	TWO (2)CLASS A APARTMENT						
PROPOSED	003 - 003		40	Y	R-2	2	2
	TWO (2)CLASS "A"APARTMENTS						
EXISTING	004 - 004		40	N	RES	1	2
	CLASS A APARTMENT						
PROPOSED	004 - 004		40	Y	R-2	2	2
	TWO (2) CLASS "A" APARTMENTS						

**C of O Comments:**

EGRESS EASEMENT HAS BEEN FILED AT COUNTY CLERK OFFICE UNDER CFRN#2021000186554

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