

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

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent: 1/19/2026 1a. Delivered by: Personal Delivery with Proof of Receipt

RECEIVED

JAN 20 2026

BY COMMUNITY BOARD 8

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

☒ New Application ☐ Removal ☐ Class Change

For premises in the City of New York: (counties of Kings, New York, Bronx, Queens and Richmond):

☐ New Application ☐ New Application and Temporary Retail Permit ☐ Temporary Retail Permit ☐ Removal

☐ Class Change ☐ Method of Operation ☐ Corporate Change ☐ Renewal ☒ Alteration

For New and Temporary Retail Permit applicants, answer each question below using all information known to date

For Renewal applicants, answer all questions

For Alteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For Corporate Change applicants, attach a list of the current and proposed corporate principals

For Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For Class Change applicants, attach a statement detailing your current license type and your proposed license type

For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: Manhattan Community Board 8

Applicant/Licensee Information:

4. Licensee License ID (if applicable): 1248488 Expiration Date (if applicable): 12/31/2026

5. Applicant or Licensee Name: Heidi's House LLC

6. Trade Name (if any): Heidi's House by the Side of the Road

7. Street Address of Establishment: 308 East 78th Street, Store #2

8. City, Town or Village: New York, NY Zip Code: 10075

9. Business Telephone Number of applicant/ Licensee: 212-249-0069

10. Business E-mail of Applicant/Licensee: dhazan@gmail.com

11. Type(s) of alcohol sold or to be sold: ☒ Beer & cider ☒ Wine, Beer & Cider ☐ Liquor, Wine, Beer & Cider

12. Extent of Food Service: ☒ Full Food menu; full kitchen run by a chef/cook ☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☐ Recorded Music ☐ Karaoke

14. Method of Operation: (check all that apply) ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____

☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment

☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel

☐ Other (specify): _____

15. Licensed Outdoor Area: ☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☒ Freestanding Covered Structure

(check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): _____

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16. List the floor(s) of the building that the establishment is located on: Ground
17. List the room number(s) the establishment is located in within the building, if appropriate: Two
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☐ Yes ☒ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and ID number of the licensee:
- | | |
|---------------|----------------------------|
| _____
Name | _____
License ID Number |
|---------------|----------------------------|
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: 308 E78th Owner LLC
23. Building Owner's Street Address: Ten Grand Street
24. City, Town or Village: Brooklyn State: NY Zip Code: 11249
25. Business Telephone Number of Building Owner: 212 343 2739

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name: Robert Harris
27. Representative/Attorney's Street Address: 1075 Broken Sound Parkway NW, Suite 102
28. City, Town or Village: Boca Raton State: FL Zip Code: 33487
29. Business Telephone Number of Representative/Attorney: 561 864 5100
30. Business E-mail Address of Representative/Attorney: rharris@bcrhlp.com

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: David Hazan Title: President

Principal Signature: 

Date: 1/18/26



325 EAST 75TH ST, 4TH FL
NEW YORK, NY 10075

OWNER

HEIDI'S HOUSE
308 E 76TH STREET
NEW YORK, NY 10075

ARCHITECT

BRACBOTT ARCHITECTURE
URBAN DESIGN PLLC
225 EAST 75TH ST, 4TH FL
NEW YORK, NY 10075

CONSULTANTS



Date: 01/02/2025

REVISIONS

1. INITIALS

2. DATE

3. DESCRIPTION



REAL
CERT

CHECK

DATE

SCALE

DATE

SCALE

DATE

CONSTRUCTION
PLAN
JOB

DOBNOV

2508

M01341281-11

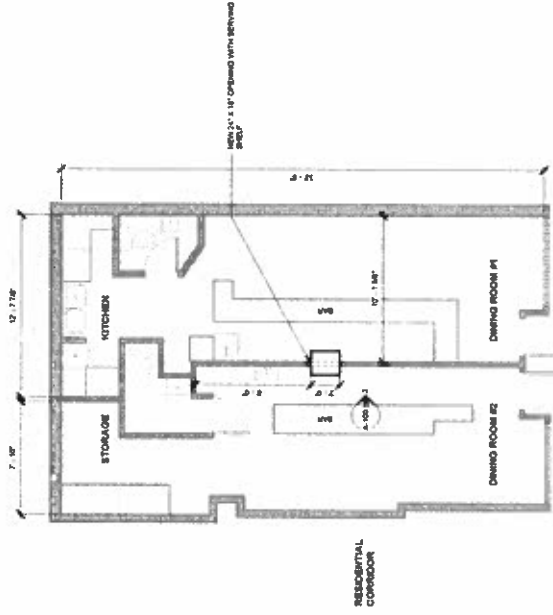
SHEET

2 OF 2

A-100.00

CONSTRUCTION LEGEND

- EXISTING PARTITION TO REMAIN
- NEW PARTITION, SEE WALL TYPES
- PARTITION TAG, TYPE AS TYP. I.N.G.
- GLAZING TYP.
- FLOOR TAG

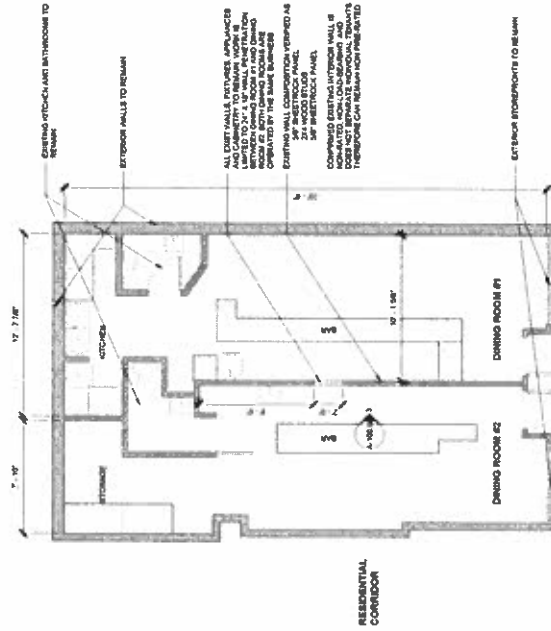


EXISTING ST

3 CONSTRUCTION PLAN
1/4\"/>



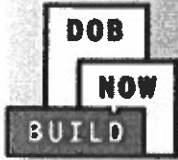
3 DINING ROOM E2 BACK WALL ELEVATION
1/4\"/>



EXISTING ST

1 DEMOLITION PLAN
1/4\"/>





Job Filing Highlights

Location:	308 EAST 78 STREET MANHATTAN 10075
BIN:	1045223
Job Number:	M01341281-I1
Filing Type:	New Filing
Job Type:	Alteration
Job Status:	Job in Process
Current Filing Status:	Approved
Work Type(s):	General Construction
Job Filing Review Type:	Professional Certification
Created On:	12/31/2025
Work Without Permit Violation:	No
Estimated Job Cost:	\$1,000.00
Total Job Cost:	\$1,000.00
TPP Applicable:	Yes
Site Safety Applicable:	No
Owner Type:	Corporation
Building Type:	Other
Project Number:	
Next Day Review Pilot Program	No

Payment Summary

Filing Fee:	\$225.00
Legalization Fee:	\$0.00
Record Management Fee:	\$165.00
Landmark Fee:	\$0.00
Post Approval Amendment Fee:	\$0.00
Refile Fee:	\$0.00
In Conjunction Fee:	\$0.00
Total Fee:	\$390.00
Amount Paid:	\$390.00
Amount Due:	\$0.00

Plans/Work (PW1)

Location Information

House Number:
308

Street Name:
EAST 78 STREET

Borough:
MANHATTAN

Block:
1452

Lot:
47

BIN:
1045223

Community Board:
108

Zip Code:
10075

Work on Floors

Work Type	Location	Floor From	Floor To	Description of Location
General Construction	Floor Number(s)	001	001	001

Stakeholders

Applicant Information

Email:
BINDERD@SPACEODT.COM

License Type:
Registered Architect

License Number:
041141

Last Name:
Binder

First Name:
Daphne

Middle Initial:

Business Name:
SPACEODT ARCHITECTURE URBAN DESIGN

Business Telephone:
3472000819

Business Address:
60 E9TH ST. APT 506

City:
NEW YORK

State:
NY

Zip Code:
10003

Owner Information

Email:
AKASKEL@PEAKCAPITALRE.COM

Owner Type:
Corporation

First Name:
Alex

Middle Initial:

Last Name:
Kaskel

Title:

Business Name/Agency name:
PEAK CAPITAL

Street Address:
TEN GRAND STREET

City:
NEW YORK

State:
NY

Zip Code:
11249

Telephone Number:
2035541588

Filing Representative Class I/Preparer

Email:
MIKE@CAINYC.COM
Middle Initial:

Registration Number:

First Name:

MIKE

Business Name:

SOCOTEC, Inc

City:

NEW YORK

Business Telephone:

2126895389

Last Name:

CUEVAS

Business Address:

151 West 42 Street, 24th Floor

Zip Code:

10036

State:

NY

Delegated Associates (Filing Representative Class II or Other Licensee)

Name:	Email:	License:
KELLY BYRNES	CODE@SOCOTEC.US	X - 005587
LORI BOCCADORO	LORI@CONVERSANOASSOC.COM	X - 001636

Filing Review Type, Work Type/Filing Includes**Filing Includes:**

New Work:

Yes

Legalization of Completed Work
where No Notice of Violation for
Work Without a Permit was Issued: ---

Filing Review Type:

Professional Certification

Select who will perform the final inspection (Technical Report Final)

Registered Design Professional (Progress Inspection Final added to application)

Is this an application for a Small Business (employs fewer than 100 persons)?

No

Is this an application for an approved project under the Major Projects Development Program (MPP)?

No

Selected Work Type(s):

General Construction

General Construction (check all subcategories that apply):

Construction

Yes

Facade

Enlargement

Chimney

Electric Energy Storage

Equipment

Additional Information

Estimated Job Cost \$:

\$1,000.00

Total Construction Floor Area (Square Feet):

1000

Does this application include a new roof or the replacing of an entire existing roof deck or roof assembly?

No

This building's gross floor area (1 RCNY 103-14) is over 25,000 sq. ft. and the alteration work in this application is intended to reduce carbon emissions in accordance with Local Law 97 of 2019.

No

In Conjunction New Building BIS Job Numbers:

Is this job related to any New Building filed in BIS?

No

Related DOB NOW/BIS Job Numbers:

Is this job related to any other jobs filed in BIS/DOB NOW?

No

Additional Considerations, Limitations or Restrictions

Landmark:	
Review is requested under which building code?	NO
Alteration required to meet New Building requirements	1968
Alteration is a major change to exits	No
Alteration in occupancy or use	No
Alteration is inconsistent with the current certificate of occupancy	No
Alteration in number of stories	No
Loft Board	No
Facade Alteration	No
Adult Establishment	No
Compensated Development	No
Low Income Housing	No
Single Room Occupancy (SRO) Multiple Dwelling	No
Quality Housing	No
Little 'E' or RD Site	
Unmapped/Corporation Counsel Opinion (CCO) Street	No
Restrictive Declaration/Easement	No
Filing to comply with Local Laws	No
Filing to Address Violations	No
BSA Calendar Numbers	No
CPC Calendar Numbers	No
Work includes modular construction under New York State jurisdiction	No
Work includes modular construction under New York City jurisdiction	No
Work includes partial demolition as defined in AC 28-101.5.	No
Work includes the raising/moving of a building	No
Structural stability affected by proposed work	No
Work on interior of building	No
Work on exterior of building	Yes
Are you altering more than 50% of the gross floor area of the building?	No
Are you altering 10% or more of the existing floor surface area?	No
Are you removing one or more floors?	No
Are you demolishing more than 50% of the gross floor area of the building?	No
Are you using alternative materials that require an OTCR review and approval?	No
Does the work require excavation that is greater than 12 feet deep?	No

NYCECC Energy Compliance

Does the work involve the alteration of a historic building as defined in 2020 NYCECC Sections R202 and C202?	No
Does the work alter the facade or the roof?	No
Will any unconditioned space become conditioned space?	No

1/9/2026 4:24:50 PM

Is this a roof re-cover?	No
Have existing roof, wall or floor cavities been exposed?	No
Is any fenestration being replaced with new units?	No
Does this work alter the Mechanical or Service Hot Water systems or associated ducts and plumbing?	No
Does this work alter the Interior or Exterior Lighting?	No
Does the work require Commissioning?	No

Job Description

Job Description for New Work (printed on work permit):

interior renovation of Heidi's House & Ed's Elbow Room, opening a non-structural wall between dining rooms. No change to existing use, egress or occupancy.

Site Characteristics

	Existing	Proposed
Fire Alarm:	No	No
Fire Suppression:	No	No
Sprinkler:	No	No
Standpipe:	No	No
Tidal Wetlands		No
Coastal Erosion Hazard Area		No
Fire District		Yes
Freshwater Wetlands		No
Urban Renewal		No
Flood Hazard Area		No

Asbestos Abatement Compliance

The asbestos-related compliance is addressed in an associated NB job ---

The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP). ---

The scope of work is not an asbestos project as defined in the regulation of the NYC DEP. DEP Control Number is required Yes

DEP ACP-5 Control Number OR ACP20/21:
11276388

Certificate Number of the Investigator:
163693

The scope of work is exempt from the asbestos requirement as defined in the regulation promulgated by the NYC DEP (15 RCNY 1-23(b)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with 28-106.1 ---

Comments

DELTECK: CA258104R - PM: KB, P258104, MAYPOLE ACP5 - Heidi's House & Ed's Elbow Room

Zoning Information

Building Characteristics

	Existing	Proposed
Do the 2022 Code designations apply to Occupancy Classification?	No	No
Occupancy Classification	RES - Old Code Residence Buildings	RES - Old Code Residence Buildings
Do the 2022 Code designations apply to Construction Classification?	No	No
Construction Classification	3 - Non-fireproofed Structures (Old Code)	3 - Non-fireproofed Structures (Old Code)
Multiple Dwelling Classification	Class A-NL-New Law Tenement	Class A-NL-New Law Tenement
Building Height as defined in the Building Code	60	60
Building Stories as defined in the Building Code	6	6
Building Type		
Other		
Mixed use building?	Yes	

Dwelling Units/Density

	Existing	Proposed
Dwelling Units (Building)	35	35
Dwelling Units (Lot)	35	35

Cost Affidavit (PW3)

Initial Cost Details

Category of Work	Description of Work	Area/Units	Unit Cost	Total Cost
General Construction	wall opening	1	\$1,000.00	\$1,000.00

Work Category Total Cost: \$1,000.00

Total Job Cost (Initial): \$1,000.00