THE CITY OF NEW YORK LANDMARKS PRESERVATION COMMISSION
One Centre Street, 9th Floor North, New York, N. Y. 10007 (212) 669-7700 FAX (212) 669-7960

APPLICATION FORM

F-2

FOR WORK ON DESIGNATED PROPERTIES

This application will not be deemed complete until it is so certified by the Landmarks Preservation Commission. An application consists of an application form and the materials necessary to describe the project fully. If being submitted in response to a Warning Letter or Notice of Violation, please enter the number below.

Please print or type all items. If not applicable, mark N.A.

Staff Use Only

LPC DOCKET # | DATE REC'D | DATE CERT. AS COMPLETE | BLDG. DEPT. # & DATE | STAFF

TYPE OF DESIGNATION: ☐ INDIVIDUAL ☐ SCENIC ☐ INTERIOR — HISTORIC DISTRICT

ACTION: ☐ PMW ☐ CNE ☐ C OF A ☐ REPORT ☐ OTHER — WORK TYPE

DESIGNATED PROPERTY

ADDRESS — FLOOR OR APARTMENT

BOROUGH — BLOCK — LOT — ZONING

DETAILED DESCRIPTION OF PROPOSED WORK
Use back of form if necessary

COST OF PROJECT _____ **WARNING LETTER / NOV #** _____

TENANT/LESSEE/ CO-OP SHAREHOLDER

NAME, TITLE & FIRM (if applicable) — PHONE (day)

ADDRESS — APT # — CITY, STATE, ZIP CODE

ARCHITECT/ ENGINEER If applicable

NAME, TITLE & FIRM (if applicable) — PHONE (day)

ADDRESS — CITY, STATE, ZIP CODE

CONTRACTOR If applicable

NAME, TITLE & FIRM (if applicable) — PHONE (day)

ADDRESS — CITY, STATE, ZIP CODE

PERSON FILING APPLICATION
e.g. Expediter, Attorney, Managing Agent, etc.

NAME, TITLE & FIRM (if applicable) — PHONE (day)

ADDRESS — CITY, STATE, ZIP CODE

ARE YOU APPLYING TO ANY OF THE FOLLOWING?

☐ Buildings Department ☐ City Planning Commission ☐ Board of Standards & Appeals

I am the owner of the above listed property. I am familiar with the work proposed to be carried out on my property and give my permission for this application to be filed. The information entered is correct and complete, to the best of my knowledge.

OWNER

For applications for work on or in a cooperative or condominium building, the "owner" is the Co-op Board or Condominium Association. An officer of the Co-op Board or Condominium Association must sign this application. Please consult the Instructions for Filing for additional information.

OWNER'S NAME and TITLE (please type or print) — PHONE (day)

COMPANY, CORPORATION, ORGANIZATION (if applicable)

ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

SIGNATURE OF OWNER — DATE

Note: Section 25-317 of the Administrative Code of the City of New York makes it a punishable offense to willfully make false statements on this application.

Rev. 9/01