THE CITY OF NEW YORK LANDMARKS PRESERVATION COMMISSION
1 CENTRE STREET, 9TH FLOOR, NEW YORK, NEW YORK, 10007
TEL: (212) 669- 7700 FAX: (212) 669-7960

APPLICATION FORM

F-2

FOR WORK ON DESIGNATED PROPERTIES

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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

☐ INDIVIDUAL ☐ SCENIC ☐ INTERIOR
TYPE OF DESIGNATION | HISTORIC DISTRICT

☐ PMW ☐ CNE ☐ C OF A ☐ REPORT ☐
ACTION | OTHER | WORK TYPE

DESIGNATED PROPERTY

Exterior
ADDRESS | FLOOR OR APARTMENT

Manhattan
BOROUGH | BLOCK | LOT | ZONING

DETAILED DESCRIPTION OF PROPOSED WORK
Use back of form if necessary

Removal of debris (cleaning) from the collapse of the WTC from exterior building surfaces as per scope of work previously reviewed and approved by NYCLPC.

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

TENANT/LESSEE/ CO-OP SHAREHOLDER

N|A
NAME, TITLE & FIRM (if applicable) | PHONE (day)

ADDRESS | APT # | CITY, STATE, ZIP CODE

ARCHITECT/ ENGINEER
If applicable

N|A
NAME, TITLE & FIRM (if applicable) | PHONE (day)

ADDRESS | CITY, STATE, ZIP CODE

CONTRACTOR
If applicable

Trio Asbestos Removal Corp. (718) 961-4100
NAME, TITLE & FIRM (if applicable) | PHONE (day)

14-20 129 Street College Point, New York 11356
ADDRESS | CITY, STATE, ZIP CODE

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

NYC Department of Environmental Protection (718) 595-3718
NAME, TITLE & FIRM (if applicable) | PHONE (day)

59-17 Junction Boulevard, 8th Floor Corona, New York 11368
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

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

COMPANY, CORPORATION, ORGANIZATION (if applicable)

ADDRESS | CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP for owner
SIGNATURE OF OWNER | DATE

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

DESIGNATED PROPERTY

ADDRESS: | FLOOR OR APARTMENT: Exterior

BOROUGH: Manhattan | BLOCK | LOT | ZONING

DETAILED DESCRIPTION OF PROPOSED WORK
Use back of form if necessary

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

DESIGNATED PROPERTY

ADDRESS: | FLOOR OR APARTMENT: Exterior

BOROUGH: Manhattan | BLOCK | LOT | ZONING

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Use back of form if necessary

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

DESIGNATED PROPERTY

Exterior
ADDRESS — FLOOR OR APARTMENT

Manhattan
BOROUGH — BLOCK — LOT — ZONING

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DESIGNATED PROPERTY

ADDRESS	FLOOR OR APARTMENT
Exterior	

BOROUGH	BLOCK	LOT	ZONING
Manhattan			

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