



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

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
☐ INDIVIDUAL TYPE OF DESIGNATION	☐ SCENIC	☐ INTERIOR	HISTORIC DISTRICT	
☐ PMW ACTION	☐ CNE	☐ C OF A	☐ REPORT	☐ OTHER WORK TYPE

DESIGNATED PROPERTY

DETAILED DESCRIPTION OF PROPOSED WORK

Use back of form if necessary

ADDRESS		FLOOR OR APARTMENT	
Manhattan		Exterior	
BOROUGH	BLOCK	LOT	ZONING

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

N/A

TENANT/LESSEE/CO-OP SHAREHOLDER

NAME, TITLE & FIRM (if applicable)		PHONE (day)
ADDRESS	APT #	CITY, STATE, ZIP CODE
N/A		

ARCHITECT/ENGINEER

If applicable

NAME, TITLE & FIRM (if applicable)		PHONE (day)
ADDRESS	CITY, STATE, ZIP CODE	

CONTRACTOR

If applicable

Benjamin Kurzban and Son Control, Inc. (718) 531-2900	
NAME, TITLE & FIRM (if applicable)	PHONE (day)
1248 Ralph Avenue	Brooklyn, New York 11236
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

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	
NYC DEP	for owner	
SIGNATURE OF OWNER	DATE	

SIGNATURE

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. 1/10/00



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**DESIGNATED
PROPERTY**

**DETAILED
DESCRIPTION
OF PROPOSED WORK**
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Exterior	
ADDRESS	FLOOR OR APARTMENT
Manhattan	
BOROUGH	ZONING

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**TENANT/LESSEE/
CO-OP SHAREHOLDER**

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