


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]				
PC DOCKET #	DATE REC'D	DATE CERT. AS COMPLETE	BLDG. DEPT. # & DATE	STAFF
☐ INDIVIDUAL ☐ SCENIC ☐ INTERIOR TYPE OF DESIGNATION				
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			
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

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

ADDRESS CITY, STATE, ZIP CODE

Fiber Control, Inc. (516) 781-3000

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

3010 Burns Avenue Wantagh, New York 11793

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.

OWNERS 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

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



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HISTORIC DISTRICT				
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WORK TYPE				

**DESIGNATED
PROPERTY**

**DETAILED
DESCRIPTION
OF PROPOSED WORK**
Use back of form if necessary

Address		Floor or Apartment	
Manhattan			
Borough	Block	Lot	Zoning

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

ADDRESS APT # CITY, STATE, ZIP CODE

N/A

**ARCHITECT/
ENGINEER**
If applicable

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ADDRESS CITY, STATE, ZIP CODE

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PROPERTY**

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DESCRIPTION
OF PROPOSED WORK**
Use back of form if necessary

ADDRESS		FLOOR OR APARTMENT	
Manhattan			
BOROUGH	BLOCK	LOT	ZONING

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CO-OP SHAREHOLDER**

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ADDRESS	APT #	CITY, STATE, ZIP CODE

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**ARCHITECT/
ENGINEER**
If applicable

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

CONTRACTOR
If applicable

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3010 Burns Avenue	Wantagh, New York	11793
ADDRESS	CITY, STATE, ZIP CODE	

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59-17 Junction Boulevard, 8th Floor	Corona, New York	11368
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NYC DEP	for owner	
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			WORK TYPE	

**DESIGNATED
PROPERTY**
**DETAILED
DESCRIPTION
OF PROPOSED WORK**
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ADDRESS		FLOOR OR APARTMENT	
Manhattan		Exterior	
BOROUGH	BLOCK	LOT	ZONING

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N/A

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

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

ADDRESS APT # CITY, STATE, ZIP CODE

N/A

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ADDRESS CITY, STATE, ZIP CODE

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SIGNATURE

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			WORK TYPE	

DESIGNATED PROPERTY

DETAILED DESCRIPTION OF PROPOSED WORK

Use back of form if necessary

Address		Floor or Apartment	
Manhattan			
Borough	Block	Lot	Zoning

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DESCRIPTION
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			WORK TYPE	

DESIGNATED PROPERTY

DETAILED DESCRIPTION OF PROPOSED WORK

Use back of form if necessary

Address		Floor or Apartment	
Manhattan			
BOROUGH	BLOCK	LOT	ZONING

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N/A

ARCHITECT/ENGINEER

If applicable

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ADDRESS	CITY, STATE, ZIP CODE

CONTRACTOR

If applicable

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DETAILED DESCRIPTION OF PROPOSED WORK

Use back of form if necessary

ADDRESS	Exterior		
Manhattan	FLOOR OR APARTMENT		
BOROUGH	BLOCK	LOT	ZONING

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BOROUGH	BLOCK	LOT	ZONING

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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]				
PC DOCKET #	DATE REC'D	DATE CERT. AS COMPLETE	BLDG. DEPT. # & DATE	STAFF
☐ INDIVIDUAL ☐ SCENIC ☐ INTERIOR				
TYPE OF DESIGNATION		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			
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

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

ADDRESS CITY, STATE, ZIP CODE

Fiber Control, Inc. (516) 781-3000

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

3010 Burns Avenue Wantagh, New York 11793

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.

OWNERS 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

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

Dev. OFF.