59-17 Junction Blvd., Corona, NY 11368 * Fax (718) 595-3744 * Phone (718) 595-3718

Department of Environmental Protection

Fax

To:	Mr. John Weiss	**From:**	Krish Radhakrishnan
Fax:	212-669-7960	**Pages:**	11
Phone:		**Date:**	June 2002

Re: Application form for WTC debris clean-up from exterior of buildings

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply**

Mr. Weiss,

Attached are the permit applications for:

16 Barclay St
22 Barclay St
29 Broadway
192 Broadway
80 Maiden Lane
45 Murray St
75 Murray St
63 Nassau St
92 Reade St
94 Reade St.

Thank you for your help!

Karen Ellis - 718-595-4394

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

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

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

DESIGNATED PROPERTY

16 Barclay Street — Exterior (Roof
ADDRESS — FLOOR OR APARTMENT

Manhattan — 88 — 12 —
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

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.

Building Commission Archdiocese of NY — 914-476-1058
OWNER'S NAME and TITLE (please type or print) — PHONE (day)

Church of Saint Peter
COMPANY, CORPORATION, ORGANIZATION (if applicable)

18 Vesey Street — New York N.Y. 10007
ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Karen D Ellis for owner — 8/5/02
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

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

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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

22 Barclay Street — Exterior (Roof)
ADDRESS — FLOOR OR APARTMENT

Manhattan — 88 — 11 —
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

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

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

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Rev. Kevin V. Madigan — 212-233-8355
OWNER'S NAME and TITLE (please type or print) — PHONE (day)

Church of Saint Peter
COMPANY, CORPORATION, ORGANIZATION (if applicable)

218 Vesey Street — New York, NY 10007
ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Kareand Ellis for owner — 8/5/02
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. 9/97

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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Staff Use Only

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

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

DESIGNATED PROPERTY

29 Broadway (AKA 1-9 Trinity, 2-6 Morris St) Exterior (R/S 5, 19, 30, 33)
ADDRESS — FLOOR OR APARTMENT

Manhattan — 20 — 1 —
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

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George Crawford 212-425-2950
OWNER'S NAME and TITLE (please type or print) — PHONE (day)

Trinity Morris Corp./Jeffries Morris, Inc
COMPANY, CORPORATION, ORGANIZATION (if applicable)

29 Broadway New York NY 10006-3258
ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Karen D Ellis for owner 8/4/02
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.

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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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 ☐ OTHER — ACTION — WORK TYPE

DESIGNATED PROPERTY

192 Broadway (AKA - 1-13 John Street) Exterior
ADDRESS — FLOOR OR APARTMENT

Manhattan | 79 | 15
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

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

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OWNER

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

COMPANY, CORPORATION, ORGANIZATION (if applicable)

45 John Street, Room 1000 New York NY 10038-3706
ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Karen D. Ellis for owner 8/5/02
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 0/01

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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Staff Use Only

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

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

DESIGNATED PROPERTY

80 Maiden Lane (13-27 Cedar St) Exterior (Facade)
ADDRESS — FLOOR OR APARTMENT

Manhattan | 42 | 31 |
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?

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80 Maiden Lane LLC
OWNER'S NAME and TITLE (please type or print) — PHONE (day)

c/o The Witkoff Group
COMPANY, CORPORATION, ORGANIZATION (if applicable)

220 East 42nd Street New York, NY 10017-5806
ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Karen D Ellis for owner 8/5/02
SIGNATURE OF OWNER — DATE

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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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Staff Use Only

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

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

DESIGNATED PROPERTY

45 Murray Street — Exterior (FACADE)
ADDRESS — FLOOR OR APARTMENT

Manhattan | 133 | 7 |
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

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

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

PII
ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Karen D. Ellis for owner — 8/5/02
SIGNATURE OF OWNER — DATE

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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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Staff Use Only

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

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

DESIGNATED PROPERTY

75 MURRAY STREET — ADDRESS
Exterior (Roof + FACADE) — FLOOR OR APARTMENT

Manhattan — BOROUGH
B2 — BLOCK
6 — 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

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)

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ADDRESS — CITY, STATE, ZIP CODE

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George Aprile

PII

CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Karen W Ellis for owner — 8/5/02
SIGNATURE OF OWNER — DATE

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F-2

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Staff Use Only

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

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

DESIGNATED PROPERTY

63 Nassau Street — Exterior (R/F)
ADDRESS — FLOOR OR APARTMENT

Manhattan — 65 — 7
BOROUGH — BLOCK — LOT — ZONING

DETAILED DESCRIPTION OF PROPOSED WORK
Use back of form if necessary

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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

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

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Ullman Realty Co.
OWNER'S NAME and TITLE (please type or print) — PHONE (day)

COMPANY, CORPORATION, ORGANIZATION (If applicable)

2 John Street — New York, NY 10038
ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Karen D Ellis for owner — 8/5/02
SIGNATURE OF OWNER — DATE

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Rev 9/99

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 RECD	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

92 Reade St. — ADDRESS
Exterior (Roof) — FLOOR OR APARTMENT
Manhattan — BOROUGH
146 — BLOCK
1 — 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

Fiber Control, Inc. — NAME, TITLE & FIRM (if applicable) — (516) 781-3000 PHONE (day)
3010 Burns Avenue — ADDRESS — Wantagh, New York 11793 CITY, STATE, ZIP CODE

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

NYC Department of Environmental Protection — NAME, TITLE & FIRM (if applicable) — (718) 595-3718 PHONE (day)
59-17 Junction Boulevard, 8th Floor — ADDRESS — Corona, New York 11368 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

Herbert Moskowitz — OWNER'S NAME and TITLE (please type or print) — 212-349-3404 PHONE (day)
CORPORATION, CORPORATION, CORPORATION
PII — ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Karen D Ellis for owner — SIGNATURE OF OWNER — 8/5/02 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 9/97

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 ☐ SCENIC ☐ INTERIOR
TYPE OF DESIGNATION | HISTORIC DISTRICT

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

DESIGNATED PROPERTY

94 Reade Street — Exterior (Roof)
ADDRESS | FLOOR OR APARTMENT

Manhattan | 146 | 2 |
BOROUGH | BLOCK | LOT | ZONING

DETAILED DESCRIPTION OF PROPOSED WORK
Use back of form if necessary

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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

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.

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

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HERBERT MOSKOWITZ 212-349-3404
OWNER'S NAME and TITLE (please type or print) | PHONE (day)

PII

CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP Karen Ellis for owner 8/5/02
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. 6/97