

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:	3
Phone:		Date:	July June 2 2002
Re:	Application form for WTC debris clean-up from exterior of buildings		
	111 Reade St		
	112 Reade St		
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply			

Mr. Weiss,
Thank you for your help.

Karen D. 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

F2

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.

[Small Line Only]				
PC DOCKET #	DATE REC'D	DATE CERT. AS COM'YLETE	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

111 Reade St. Exterior (Roof + Facade)
ADDRESS FLOOR OR APARTMENT
Manhattan 145 16
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

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 provided 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.

Star of David Assoc.

OWNERS NAME and TITLE (please type or print) PHONE (day)

C/o Cortlandt Realty Co

COMPANY, CORPORATION, ORGANIZATION (if applicable)

140 Fulton St 5th Fl New York, NY 10038
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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[Staff Use Only]				
PC DOCKET #	DATE REC'D	DATE CERT. AS COMPLETE	BLDG. DEPT. # & DATE	STAFF
☐ INDIVIDUAL	☐ SCENIC	☐ INTERIOR	HISTORIC DISTRICT	
☐ PMW ACTION	☒ ONE	☐ C OF A	☐ REPORT	☐ OTHER
				WORK TYPE

DESIGNATED PROPERTY
DETAILED DESCRIPTION OF PROPOSED WORK
Use back of form if necessary

112 Reade St Exterior (roof)
ADDRESS FLOOR OR APARTMENT
Manhattan 146 11
BOROUGH BLOCK LOT ZONING

Removal of debris (clearing) 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)

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ADDRESS CITY, STATE, ZIP CODE

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107 West Broadway Realty Corp
OWNERS NAME AND TITLE (please type or print) PHONE (day)

COMPANY, CORPORATION, ORGANIZATION (if applicable)

107 West Broadway New York, NY 10038
ADDRESS CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP for owner Karim D. Ellis
SIGNATURE OF OWNER DATE

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