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:** 4

Phone: **Date:** June 6 2002

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

26 Wall street, 120 Liberty, 56 Beaver St.

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

Mr. Weiss

Thanks for your help. Sorry
Signed forms. I am faxing again.

Krish
6/6/02

orignal mailed on 6/6/02

Krish
6/6/02

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 ☐ — ACTION — OTHER — WORK TYPE

DESIGNATED PROPERTY

56 Beaver St. (AKA 48 Beaver) Exterior - (Roof)
ADDRESS — FLOOR OR APARTMENT

Manhattan | 29 | 7501 |
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

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.

R. RADHAKRISHNAN DIRECTOR
for OWNER'S NAME and TITLE (please type or print) — PHONE (day)

COMPANY, CORPORATION, ORGANIZATION (if applicable)

ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP R. Radhn 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.

Rev 0/00

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

DESIGNATED PROPERTY

26 WALL STREET — ADDRESS — Exterior - (ROOF) — FLOOR OR APARTMENT

BOROUGH	BLOCK	LOT	ZONING
Manhattan	43	6	

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

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

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ADDRESS — CITY, STATE, ZIP CODE

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ADDRESS — CITY, STATE, ZIP CODE

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R. RADHAKRISHNAN DIRECTOR for
OWNER'S NAME and TITLE (please type or print) — PHONE (day)

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ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

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SIGNATURE OF OWNER — DATE

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

DESIGNATED PROPERTY

120 Liberty St. (AKA 125 Cedar St) Exterior - (ROOF & FACADE)
ADDRESS — FLOOR OR APARTMENT

BOROUGH	BLOCK	LOT	ZONING
Manhattan	52	21	

DETAILED DESCRIPTION OF PROPOSED WORK
Use back of form if necessary

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NO PERMIT REQUIRED as per John Weiss

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

TENANT/LESSEE/ CO-OP SHAREHOLDER

N|A
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ADDRESS — APT # — CITY, STATE, ZIP CODE

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