



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 HISTORIC DISTRICT
ACTION OTHER WORK TYPE

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

ADDRESS FLOOR OR APARTMENT
BOROUGH BLOCK LOT ZONING

COST OF PROJECT WARNING LETTER / NOV #

TENANT/LESSEE/ CO-OP SHAREHOLDER

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

ARCHITECT/ ENGINEER
If applicable

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

CONTRACTOR
If applicable

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

PERSON FILING APPLICATION

e.g. Expeditor, Attorney, Managing Agent, etc.

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

SIGNATURE

SIGNATURE OF OWNER DATE