

|   |                       |            |
|---|-----------------------|------------|
| LPC DOCKET #:   | <u>STAFF USE ONLY</u> |            |
| ACTION: <i>FMW</i> <i>CNE</i> <i>COFA</i> <i>REPORT</i> <i>OTHER:</i> | DATE RECEIVED:        | STAFF:     |
|   |                       | WORK TYPE: |

**APPLICATION FORM FOR WORK ON DESIGNATED PROPERTIES**

**INSTRUCTIONS FOR FILING**

A complete application includes this form ("Application Form") and materials needed to describe the project and its effect on the landmark property. Please read the instructions of this form carefully, and provide all the information requested for ALL 6 sections. LPC staff uses this information to determine if the application meets LPC's rules for approval by staff or will require a review by the full Commission at a Public Hearing. Failure to submit complete applications with required materials will result in delays in the review and processing of your application. Filing may be done in person or by mail to the address above.

**1. PROPERTY INFORMATION**

|  |                                       |
|--|---------------------------------------|
| ADDRESS: 41-04 47 ST, QUEENS, NY 11104       | FLOOR/APT. #: CEL, 001, 002, ATT, OPS |
| BOROUGH: QUEENS      BLOCK: 137      LOT: 36 | ZONING: CZ-3/R4/PC                    |

**2. PROPOSED WORK (CHECK ALL THAT APPLY)**

|  |   |
|--|---|
| <b>INTERIOR ALTERATIONS</b>                                  | <input checked="" type="checkbox"/> INTERIOR ALTERATIONS<br><input type="checkbox"/> PLACE OF ASSEMBLY/CERTIFICATE OF OCCUPANCY/ NO WORK PROPOSED   |
| <b>RESTORATION &amp; OTHER FAÇADE WORK</b>                   | <input type="checkbox"/> RECREATE MISSING ARCHITECTURAL FEATURES<br><input checked="" type="checkbox"/> EXTERIOR REPAIRS (check all that apply):<br><input checked="" type="checkbox"/> Street façade <input checked="" type="checkbox"/> Side or rear façade/roof <input type="checkbox"/> LL11  |
| <b>HEATING, VENTILATION &amp; AIR CONDITIONING EQUIPMENT</b> | <input checked="" type="checkbox"/> THRU-WINDOW/LOUVERS & OTHER HVAC EQUIPMENT(check all that apply):<br><input type="checkbox"/> Street façade <input checked="" type="checkbox"/> Rear or side façade<br><input type="checkbox"/> THRU-WALL HVAC EQUIPMENT: <input type="checkbox"/> Street façade <input type="checkbox"/> Rear or side façade<br><input type="checkbox"/> OTHER MECHANICAL EQUIPMENT: <input type="checkbox"/> Wall mounted <input type="checkbox"/> Yard <input type="checkbox"/> Roof <input type="checkbox"/> Exterior Generator |
| <b>WINDOW &amp; DOOR WORK</b>                                | <input checked="" type="checkbox"/> REPLACE WINDOWS (check all that apply):<br><input checked="" type="checkbox"/> Street-facing façade/s <input checked="" type="checkbox"/> Rear or side non-street facing façade<br><input type="checkbox"/> NEW/MODIFY WINDOW OPENING(S) (check all that apply):<br><input type="checkbox"/> Street-facing façade/s <input type="checkbox"/> Rear or side non-street facing façade<br><input checked="" type="checkbox"/> REPLACE DOOR(S) or MODIFY DOOR(S)   |
| <b>ADDITIONS &amp; NEW CONSTRUCTION</b>                      | <input type="checkbox"/> NEW BUILDING<br><input type="checkbox"/> ROOFTOP ADDITION (check all that apply):<br><input type="checkbox"/> Mechanical Equipment, Stair or Elevator Bulkhead <input type="checkbox"/> Occupiable <input type="checkbox"/> Solar<br><input type="checkbox"/> REAR YARD ADDITION (check all that apply):<br><input type="checkbox"/> Deck <input type="checkbox"/> Occupiable  |
| <b>STOREFRONTS</b>   | <input type="checkbox"/> INFILL <input type="checkbox"/> LIGHTING <input type="checkbox"/> SIGNAGE <input type="checkbox"/> AWNINGS <input type="checkbox"/> SECURITY GATE  |
| <b>EXCAVATIONS, SIDEWALKS AND SITEWORK</b>                   | <input type="checkbox"/> EXCAVATION (check all that apply): <input type="checkbox"/> Underpinning <input type="checkbox"/> No Underpinning<br><input type="checkbox"/> SIDEWALK PAVING (check all that apply): <input type="checkbox"/> Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Tree Pit<br><input type="checkbox"/> SUBSURFACE UTILITIES (check all that apply): <input type="checkbox"/> Residential <input type="checkbox"/> Other<br><input type="checkbox"/> STREET PAVING/STREETBED WORK                                 |
| <b>OTHER</b>   | <input type="checkbox"/> TEMPORARY INSTALLATIONS: <input type="checkbox"/> Sign <input type="checkbox"/> Other<br><input type="checkbox"/> NEW UNENCLOSED SIDEWALK CAFÉ <input type="checkbox"/> RENEW SIDEWALK CAFÉ LICENSE<br><input type="checkbox"/> FENCES AND GATES <input type="checkbox"/> BARRIER FREE ACCESS (ADA)<br><input type="checkbox"/> OTHER (Describe): _____  |

**3. ADDITIONAL INFORMATION**

Are you filing to correct or legalize work done without an LPC permit?  YES    If Yes, Warning Letter/NOV#:

(If YES, please include photos of work in violation)

Are you filing for a signoff or to amend a permit?  YES    If Yes, Docket#:

(If YES, please include photos of completed exterior work)

Are you applying to any of the following?     Dept. Of Buildings     City Planning     Board of Standards and Appeals

Is there a facade easement on the property?  YES (If Yes, please provide contact information for easement holder)



**NYC  
Landmarks Preservation  
Commission**

**4. ATTACH MATERIALS NEEDED TO COMPLETE THE APPLICATION**

Required materials must be submitted to complete the application. These materials include documentation that explains the existing and proposed conditions, and clearly illustrates how the proposed work does or does not meet LPC Rules. Depending on the type of work proposed these materials may include drawings, photographs, photo-montages, material samples and written specifications.

For a complete list of materials required for the most common work types, please refer to the **Permit Application Guide** as you complete the application. LPC Rules and guides are available on the website: [www.nyc.gov/landmarks](http://www.nyc.gov/landmarks). An application that includes all of the required materials can often be expedited. Incomplete submissions will cause delays.

PLEASE NOTE THAT A PERMIT CANNOT BE ISSUED UNTIL THE REQUIRED MATERIALS ARE SUBMITTED AND STAFF HAS DETERMINED THAT THE APPLICATION IS COMPLETE. YOU MAY CONTACT LPC IF YOU NEED INFORMATION ABOUT THE APPLICATION PROCESS, DETAILS ABOUT THE TYPES OF DRAWINGS OR OTHER MATERIALS THAT MAY BE REQUIRED, OR FOR GENERAL GUIDANCE: TEL: (212) 669-7817/ E-MAIL: [INFO@LPC.NYC.GOV](mailto:INFO@LPC.NYC.GOV).

AN APPLICATION MAY BE COMPLETED BY THE OWNER, TENANT, LESSEE, CO-OP SHAREHOLDER, ARCHITECT, ENGINEER, CONTRACTOR, OR OTHER INDIVIDUAL OR FIRM. PLEASE LIST ALL RELEVANT CONTACTS BELOW, AND CHECK THE PRIMARY CONTACT.

**5. CONTACT INFORMATION (Fill out all that apply and indicate who the primary contact should be)**

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

PRIMARY CONTACT

|                                  |                               |              |                     |
|----------------------------------|-------------------------------|--------------|---------------------|
| Name                             | AILEEN NIELSEN                |              |                     |
| Company/Corporation/Organization | N/A                           |              |                     |
| Address                          | 41-04 47 ST                   | City & State | QUEENS, NY          |
|                                  |                               | Zip          | 11104               |
| Phone                            | 702-218- <del>3849</del> 6930 | E-mail       | AILEENANN@GMAIL.COM |

**ARCHITECT/ENGINEER/CONTRACTOR (IF APPLICABLE)**

PRIMARY CONTACT

|                                  |                     |              |                |
|----------------------------------|---------------------|--------------|----------------|
| Name                             | QIANG SU            |              |                |
| Company/Corporation/Organization | SU ARCHITECT, P.C.  |              |                |
| Address                          | 37-09 MAIN ST, 4 FL | City & State | FLUSHING, NY   |
|                                  |                     | Zip          | 11354          |
| Phone                            | 718-353-8009        | E-mail       | QS88@YAHOO.COM |

**PERSON FILING APPLICATION (E.G., EXPEDITOR, ATTORNEY, MANAGING AGENT)  PRIMARY CONTACT**

|                                  |                      |              |                |
|----------------------------------|----------------------|--------------|----------------|
| Name                             | YONGGUI ZHU          |              |                |
| Company/Corporation/Organization | SU ARCHITECT, P.C.   |              |                |
| Address                          | 2 MOTT ST, SUITE 307 | City & State | NEW YORK, NY   |
|                                  |                      | Zip          | 10013          |
| Phone                            | 718-353-8009         | E-mail       | QS88@YAHOO.COM |

**6. OWNER'S INFORMATION, CONSENT, AND SIGNATURE**

I am the owner of the above-listed property. 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. 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.

**IMPORTANT: The managing agent of a cooperative or condominium association must be an officer of the board to sign this application**

NAME AILEEN NIELSEN

TITLE (if applicable) OWNER

COMPANY, CORPORATION, OR ORGANIZATION (if applicable) N/A

MAILING ADDRESS 41-04 47 ST CITY, STATE, ZIP CODE QUEENS, NY 11104

PHONE 702-218-3849 E-MAIL AILEENANN@GMAIL.COM



SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE