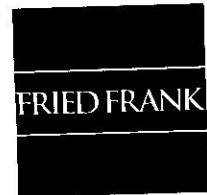


Fried, Frank, Harris, Shriver & Jacobson LLP

One New York Plaza
New York, New York 10004-1980
Tel: +1.212.859.8000
Fax: +1.212.859.4000
www.friedfrank.com



Direct Line: 212.859.8432

willpau@ffhsj.com

January 2, 2007

By Hand

Manhattan Community Board 4
Attn: Robert J. Benfatto, Jr., Esq.
District Manager
330 West 42nd Street, 26th Floor
New York, New York 10036

RECEIVED

JAN 02 2007

MANHATTAN COMMUNITY BOARD
NO. 4

Re: The General Theological Seminary

Dear Robert:

Enclosed please find three copies of the applications for the proposed project at the General Theological Seminary. The copies of the application text that you received on December 26, 2006 contained an error. Please disregard those materials and use this application as the appropriate attachment to the drawings.

If you have any questions please feel free to contact me. Many thanks for your help in this matter.

Best regards,

A handwritten signature in cursive script that reads "Paulina Williams".

Paulina Williams

Enclosures

cc: Stephen Lefkowitz



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]				
PC DOCKET #	DATE RECD	DATE CERT. AS COMPLETE	BLDG. DEPT. # & DATE	STAFF
<input type="checkbox"/> INDIVIDUAL TYPE OF DESIGNATION	<input type="checkbox"/> SCENIC	<input type="checkbox"/> INTERIOR	HISTORIC DISTRICT	
<input type="checkbox"/> PMW ACTION	<input type="checkbox"/> CNE	<input type="checkbox"/> C OF A	<input type="checkbox"/> REPORT	<input type="checkbox"/> OTHER WORK TYPE

DESIGNATED PROPERTY

DETAILED DESCRIPTION OF PROPOSED WORK

Use back of form if necessary

175 Ninth Avenue (aka 415 West 20th Street)

ADDRESS	FLOOR OR APARTMENT		
Manhattan	718	1	R7B/C2-5
BOROUGH	BLOCK	LOT	ZONING

See Attached Description of Sherrill Hall/Deanery and the Proposed
Ninth Avenue Building

COST OF PROJECT

N/A

WARNING LETTER / NOV

N/A

TENANT/LESSEE/ CO-OP SHAREHOLDER

N/A

NAME, TITLE & FIRM (if applicable)	PHONE (day)
ADDRESS	CITY, STATE, ZIP CODE
Polshek Partnership Architects	(212)807-7171
SLCE Architects	(212)979-8400
NAME, TITLE & FIRM (if applicable)	PHONE (day)
Polshek: 320 West 13th Street	New York, NY 10014
SLCE: 841 Broadway	New York, NY 10003
ADDRESS	CITY, STATE, ZIP CODE

ARCHITECT/ ENGINEER If applicable

CONTRACTOR If applicable

PERSON FILING APPLICATION

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

NAME, TITLE & FIRM (if applicable)	PHONE (day)
ADDRESS	CITY, STATE, ZIP CODE
Stephen Lefkowitz	(212)859-8780
Fried, Frank, Harris, Shriver & Jacobson LLP	PHONE (day)
NAME, TITLE & FIRM (if applicable)	New York, NY 10004
One New York Plaza	CITY, STATE, ZIP CODE
ADDRESS	

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.

SIGNATURE

The General Theological Seminary of the Episcopal Church	(212) 243-5150
OWNER'S NAME and TITLE (please type or print)	PHONE (day)
COMPANY, CORPORATION, ORGANIZATION (if applicable)	
175 Ninth Avenue	New York, NY 10011
ADDRESS	CITY, STATE, ZIP CODE
	DATE 12.18.06
SIGNATURE OF OWNER	

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. 9/09



THE CITY OF NEW YORK LANDMARKS PRESERVATION COMMISSION
1 CENTRE STREET, 9TH FLOOR, NEW YORK, NEW YORK, 10007
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[Staff Use Only]				
IPC DOCKET #	DATE RECD	DATE CERT. AS COMPLETE	BLDG. DEPT. # & DATE	STAFF
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<input type="checkbox"/> PMW ACTION	<input type="checkbox"/> CNE	<input type="checkbox"/> C OF A	<input type="checkbox"/> REPORT	<input type="checkbox"/> OTHER WORK TYPE

**DESIGNATED
PROPERTY**

**DETAILED
DESCRIPTION
OF PROPOSED WORK**
Use back of form if necessary

175 Ninth Avenue (aka 415 West 20th Street)		FLOOR OR APARTMENT	
ADDRESS			
Manhattan	718	1	R7B/C2-5
BOROUGH	BLOCK	LOT	ZONING

See Attached Description of Proposed 20th Street Building

COST OF PROJECT

N/A

WARNING LETTER / NOV

N/A

TENANT/LESSEE/ CO-OP SHAREHOLDER

N/A

NAME, TITLE & FIRM (if applicable)		PHONE (day)
ADDRESS		APT # CITY, STATE, ZIP CODE
Beyer Blinder Belle Architects and Planners LLP		(212)477-6418
NAME, TITLE & FIRM (if applicable)		PHONE (day)
41 East 11th Street New York, NY 10003		New York, NY 10003
ADDRESS		CITY, STATE, ZIP CODE

ARCHITECT/ ENGINEER If applicable

CONTRACTOR If applicable

PERSON FILING APPLICATION

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

NAME, TITLE & FIRM (if applicable)		PHONE (day)
ADDRESS		CITY, STATE, ZIP CODE
Stephen Lefkowitz		(212)859-8780
Fried, Frank, Harris, Shriver & Jacobson LLP		PHONE (day)
NAME, TITLE & FIRM (if applicable)		
One New York Plaza		New York, NY 10004
ADDRESS		CITY, STATE, ZIP CODE

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SIGNATURE

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Rev. 9/00