

LPC DOCKET #:	<u>STAFF USE ONLY</u>	DATE RECEIVED:	STAFF:
ACTION: <i>PMW</i> <i>CNE</i> <i>COFA</i> <i>REPORT</i> <i>OTHER</i> :			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:		FLOOR/APT. #:
BOROUGH:	BLOCK:	LOT:
		ZONING:

2. PROPOSED WORK (CHECK ALL THAT APPLY)

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

3. ADDITIONAL INFORMATION

Are you filing to correct or legalize work done without an LPC permit? <input type="checkbox"/> 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? <input type="checkbox"/> YES	If Yes , Docket#:
(If YES, please include photos of completed exterior work)	
Are you applying to any of the following?	<input type="checkbox"/> Dept. Of Buildings <input type="checkbox"/> City Planning <input type="checkbox"/> Board of Standards and Appeals
Is there a facade easement on the property? <input type="checkbox"/> 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. 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.

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/LESSE/CO-OP SHAREHOLDER

PRIMARY CONTACT

Name	Company/Corporation/Organization	
Address	City & State	Zip
Phone	E-mail	

ARCHITECT/ENGINEER/CONTRACTOR (IF APPLICABLE)

PRIMARY CONTACT

Name	Company/Corporation/Organization	
Address	City & State	Zip
Phone	E-mail	

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

PRIMARY CONTACT

Name	Company/Corporation/Organization:	
Address	City & State	Zip
Phone	E-mail	

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 _____

TITLE (if applicable) _____

COMPANY, CORPORATION, OR ORGANIZATION (if applicable) _____

MAILING ADDRESS _____ CITY, STATE, ZIP CODE _____

PHONE _____ E-MAIL _____

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE