

**STAFF USE ONLY**

LPC DOCKET #: _____ DATE RECEIVED: _____ STAFF: _____

ACTION: PMW CNE COFA REPORT OTHER: _____

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 by mail or in person to:

ATTN: New Applications, Municipal Building, 1 Centre Street, 9th Floor North, New York, NY 10007.

I. PROPERTY INFORMATION

ADDRESS:				FLOOR/APT. #:
BOROUGH:	BLOCK:	LOT:	COMMUNITY BOARD:	ZONING:

II. PROPOSED WORK (CHECK ALL THAT APPLY)

INTERIOR ALTERATIONS	<input type="checkbox"/> INTERIOR ALTERATIONS <input type="checkbox"/> PLACE OF ASSEMBLY, NO WORK PROPOSED
RESTORATION & OTHER FAÇADE WORK	<input type="checkbox"/> RECREATE MISSING ARCHITECTURAL FEATURES <input type="checkbox"/> LL11 EXTERIOR REPAIRS (check all that apply): <input type="checkbox"/> Street façade <input type="checkbox"/> Side or rear façade/roof <input type="checkbox"/> OTHER EXTERIOR REPAIRS (check all that apply): <input type="checkbox"/> Street façade <input type="checkbox"/> Side or rear façade/roof
HEATING, VENTILATION & AIR CONDITIONING EQUIPMENT	<input type="checkbox"/> WINDOW/HVAC EQUIPMENT: <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 façade <input type="checkbox"/> Rear or side façade <input type="checkbox"/> NEW WINDOW OPENING (check all that apply): <input type="checkbox"/> Street façade <input type="checkbox"/> Rear or side façade <input type="checkbox"/> REPLACE DOOR (NEW) or MODIFY DOOR
ADDITIONS & NEW CONSTRUCTION	<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 <input type="checkbox"/> New Building
STOREFRONTS	<input type="checkbox"/> INFILLS <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/STREET BEDWORK
OTHER	<input type="checkbox"/> TEMPORARY INSTALLATIONS: <input type="checkbox"/> Sign <input type="checkbox"/> Other <input type="checkbox"/> NEW UNENCLOSED SIDEWALK CAFÉ <input type="checkbox"/> SIDEWALK CAFÉ LICENSE <input type="checkbox"/> LEGALIZE OR CORRECT LPC VIOLATION <input type="checkbox"/> FENCES AND GATES <input type="checkbox"/> BARRIER FREE ACCESS (ADA) <input type="checkbox"/> OTHER (Describe): _____

III. ADDITIONAL INFORMATION

Are you filing to correct or legalize work done without an LPC permit? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes , Warning Letter/NOV#:
Are you filing for a signoff or to amend a permit? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes , Docket#:
Are you applying to any of the following? <input type="checkbox"/> NO <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"/> NO <input type="checkbox"/> YES (please provide contact information for easement holder) _____

Rev. 10/17



**Landmarks Preservation
Commission**

IV. ATTACH MATERIALS NEEDED TO COMPLETE THE APPLICATION

Descriptive materials will usually have to be submitted to complete the application. Required materials include documentation that explains the existing and proposed conditions, and clearly illustrates how the proposed work does or does not meet LPC Rules. LPC Rules and guides are available on the website: www.nyc.gov/landmarks. 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: www.nyc.gov/html/lpc/downloads/pdf/pubs/App_Guide_Complete_Version.pdf. An application that includes all of the required materials can often be expedited. Incomplete submissions will cause delays.

This application will not be deemed complete until it is so certified by the landmarks preservation commission. You may contact the 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.

V. CONTACT INFORMATION (please check off Primary Contact)

TENANT/LESSEE/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:	

VI. 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