



PW1: Plan / Work Application
Must be typewritten

☒ Orient and affix BIS job number label here ☒

1 Location Information Required for all applications

House No(s) 401 Street Name 9TH AVENUE

Borough MANHATTAN Block 00729 Lot 00060 BIN 1800650 C.B. No 104

Work on Floor(s) 001 to 069, SC1, SC2, SC3, CEL Apt / Condo No(s)

2 Applicant Information Required for all applications. Fax, mobile telephone and e-mail address are optional information.

Last Name GOOD First Name DAVID Middle Initial R

Business Name MUESER RUTLEDGE CONSULTING Business Telephone (917) 339-9300

Business Address 225 WEST 34TH STREET Business Fax

City NY State NY Zip 10122 Mobile Telephone

E-Mail DGOOD@MRCE.COM License Number 066684

Choose one: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other, please specify:

3 Filing Representative Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.

Last Name RODRIGUEZ/RUSELL First Name NORBERT/GIOVANN Middle Initial

Business Name WILLIAM VITACCO ASSOCIATES, LTD Business Telephone (212) 791-4578

Business Address 299 BROADWAY, 5TH FLOOR Business Fax (212) 385-0109

City NY State NY Zip 10007 Mobile Telephone

E-Mail TDIMATTEI@VITACCO.COM Registration Number 001452

4 Filing Status Required for all applications. Choose one and provide specified associated information.

☐ Initial Filing 5, 7, 11, 12A, 25-26

Review is requested under which Building Code?

☐ 2008 ☐ 1968 ☐ Prior to 1968

Choose ☐ Standard Plan Examination or Review one: ☐ Professional Certification PC1, POC1

☐ Professional Cert of Objections A11

☒ Prior to Approval Actions 25-26

☐ Amend Existing Filing 4A

☒ Subsequent Filing 6-7, 8A (Alt-2 only), 11

☐ Post Approval Amendment (PAA) 4A, 6, 24-25

Will PAA affect filing fees? ☐ Yes ☐ No

☐ New (Superseding) Applicant 4A, 25-26

☐ Reinstatement 24-26

☐ Withdrawal 26

☐ Specified in 4A and 6

☐ Entire Job

4A Indicate existing document number affected by filing:

5 Job/Project Types Choose one and provide specified associated information.

☐ Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 &

18-20, 22, PW1A, PD1, select all that apply:

☐ Change in Exits

☐ Change in Number of Stories

☐ Change in Number of Dwelling Units

☐ Change in Occupancy / Use

☐ Change inconsistent with current Cert. of Occup.

☐ Alteration Type 1, OT: "No Work" 8C, 9-10 &

12, 13C-F, 14, 18-19, 22, PW1A, PD1

☐ Alteration Type 2 5A, 6A-D, 8A-B, 9-10, &

13C-E, 14, 20, 22

☐ Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22

☒ New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E

(13B: 2008 Code only), 14, 18-20, PW1A, PD1

☐ Full Demolition 6B, 8D, 9B-D, &

13D-E, 14, 21A, 22

☐ Sign 5A, 6B-D, 9B, 22-23

☐ Subdivision 9B, 12A-B

☐ Condominium ☐ Improved 17

5A Directive 14 acceptance requested?

☐ Yes ☐ No

6 Work Types Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.

6A ☐ BL - Boiler PW1C

☐ FA - Fire Alarm

☐ FB - Fuel Burning PW1C

6B ☐ EQ - Construction

Equipment 15

☐ FS - Fuel Storage PW1C

☐ FP - Fire Suppression

☐ MH - Mechanical

6C ☐ OT/GC - General

Construction

☐ PL - Plumbing PW1B

☐ SD - Standpipe PW1B

☐ SP - Sprinkler PW1B

6D ☒ OT - Other, describe.

SOE

6E ☐ CC - Curb Cut 16

6F ☐ OT/ANT - Antenna

☐ OT/BPP - Builders Pavement Plan 8D

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00001072818-000022

User Ref ID: 27589B 80

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7 Plans/Construction Documents Submitted *Plans are required for most applications*

☐ AR - Architectural ☐ BP - BPP Checklist ☐ DM - Demolition (Full/Partial) ☐ EN - Energy Analysis ☐ FO - Foundation or ☐ NP - No Plans
☐ ME - Mechanical ☒ OT - Other ☐ PL - Plumbing ☐ ST - Structural ☐ ZO - Zoning

8 Additional Information

| | | | | | | | | |
|--|----|------|----|------|----|------|---|--|
| 8A | WT | Cost | WT | Cost | WT | Cost | 8B Is a building enlargement proposed? <input type="checkbox"/> No enlargement is proposed <input type="checkbox"/> Yes 12, PD1 <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Additional Construction Floor Area: _____ sq. ft. | 8C Estimated Job Cost \$ _____ |
| | | | | | | | | 8D Street Frontage: _____ linear ft. |
| | | | | | | | | 8E Height: _____ ft. Width: _____ ft. |
| | | | | | | | | 8F Name of cluster or development below: _____ |
| | | | | | | | | Project lead job no. _____ |
| 8G Total Construction Floor Area _____ sq. ft. | | | | | | | | |

9 Additional Considerations, Limitations or Restrictions

| | | |
|---|---|---|
| Yes No 9A <input type="checkbox"/> <input checked="" type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i> 9B <input type="checkbox"/> <input type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i> <input type="checkbox"/> <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> <input type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9M</i> <input type="checkbox"/> <input type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i> <input type="checkbox"/> <input type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued 9C <input type="checkbox"/> <input type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i> <input type="checkbox"/> <input type="checkbox"/> Compensated Development (Inclusionary Housing) <input type="checkbox"/> <input type="checkbox"/> Low Income Housing (Inclusionary Housing) <input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling <input type="checkbox"/> <input type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i> 9D <input type="checkbox"/> <input type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems 9E <input type="checkbox"/> <input type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i> <input type="checkbox"/> <input type="checkbox"/> Structural Stability affected by proposed work 9L <input type="checkbox"/> <input type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505] 9M CRFN(s) Restrictive Declaration / Easement (max. 4): _____ 9N CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4): _____ | Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Landmark <input type="checkbox"/> <input type="checkbox"/> "Little E" or RD Site <input type="checkbox"/> <input type="checkbox"/> Unmapped Street <input type="checkbox"/> <input type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i> <input type="checkbox"/> <input type="checkbox"/> Included in LMCCC <input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning <input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board <input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing <input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project | 9F Structural Peer Reviewer License No. _____ P.E. 9G Local Law No(s) _____ Year _____ 9H Violation No(s) _____ 9I BSA Calendar No(s) _____ 9J CPC Calendar No(s) _____ 9K High-Rise Team Tracking Number: _____ |
|---|---|---|

10 NYCECC Compliance *New York City Energy Conservation Code*

- ☐ To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*
☐ Energy analysis is on another job number: _____
 Yes No
☐ ☐ This application is, or is part of, a project that utilizes trade-offs among different major systems
☐ ☐ This application utilizes trade-offs within a single major system
☐ To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following: *Choose one*
☐ The work is an alteration of a State or National historic building.
☐ The scope of work is entirely in a "low-energy building" and is limited to the building envelope.
☐ The scope of work does not affect the energy use of the building.
☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.

11 Job Description

SOE WORK IN CONJUNCTION WITH NB

11A Related DOB Job Numbers

11B Primary application job no. _____

DOB Reference Number: T00001072818-000022

User Ref ID: 27589B_SO

| | | | | | | | | | | | | | |
|---|--|------|--|---|--|----------|--|-----|--|---|--|---|--|
| 12 Zoning Characteristics | | | | | | | | | | | | | |
| 12A District(s) Overlay(s) Special Dist (s) Map Number | | | | 12B Street legal width _____ ft. Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private If the zoning lot includes multiple tax lots, list all tax lots here ► | | | | | | | | | |
| 12C Proposed: | | Use* | | Zoning Floor Area | | District | | FAR | | Proposed Lot Details: | | Proposed Yard Details: | |
| | | | | sq. ft. | | | | | | Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through | | Check here if no yards: <input type="checkbox"/> or | |
| | | | | sq. ft. | | | | | | Lot Coverage _____ % | | Front Yard _____ ft | |
| | | | | sq. ft. | | | | | | Lot Area _____ sq. ft. | | Rear Yard _____ ft | |
| | | | | sq. ft. | | | | | | Lot Width _____ ft. | | Rear Yard Equivalent _____ ft | |
| | | | | sq. ft. | | | | | | Proposed Other Details: | | Side Yard 1 _____ ft | |
| | | | | sq. ft. | | | | | | | | Side Yard 2 _____ ft | |
| Proposed Totals | | | | sq. ft. | | | | | | Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, no. of parking spaces: _____ Perimeter Wall Height _____ ft. | | | |
| Existing Total | | | | sq. ft. | | | | | | | | | |

*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.

| | | | | | | | | | |
|--|--|---|--|--|--|---|--|-----|--|
| 13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. †Residential w/other use. | | | | | | | | | |
| 13A Primary structural system, choose one: <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast) <input type="checkbox"/> Wood <input type="checkbox"/> Steel (Structural) <input type="checkbox"/> Steel (Cold-Formed) <input type="checkbox"/> Steel (Encased in Concrete) | | | | | | | | | |
| 13B | | Existing | | Proposed | | 13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other Mixed use building?† <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Structural Occupancy Category | | | | | | | | | |
| Seismic Design Category | | 2008 Code Designations? | | 2008 Code Designations? | | | | | |
| 13C | | Occupancy Classification* | | Construction Classification | | Multiple Dwelling Classification | | 13E | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes** | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | | | | | | |
| 13F | | Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 | | | | | | | |
| 14 Fill Choose one. <input type="checkbox"/> Not Applicable <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Under 300 cubic yards | | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| 15 Construction Equipment | | | | | 16 Curb Cut Description | | | | |
| <input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed <input type="checkbox"/> Fence <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____ | | | | | Construction Material: _____ BSA/MEA Approval No. _____ | | | | |
| Size: _____ linear ft. | | | | | Size of cut (with splays): _____ ft. Distance to nearest corner: _____ ft. to street: _____ | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 17 Tax Lot Characteristics | | | | | | | | | | 18 Fire Protection Equipment | | | | | | | | | |
| Original tax lots being merged or reapportioned (if applicable): | | | | | | | | | | Existing Proposed Yes No Yes No Fire Alarm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire Suppression <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sprinkler <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Standpipe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | |
| Tentative tax lot numbers (new tax lots only): | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|----------|--|----------|--|----------------|--|----------|--|--------------------------------|--|---|--|--|--|--|--|--|--|
| 19 Open Spaces | | | | | | | | | | 20 Site Characteristics | | | | | | | | | |
| Existing | | Proposed | | Existing | | Proposed | | Existing | | Proposed | | Yes No <input type="checkbox"/> <input type="checkbox"/> Tidal / Fresh Water Wetlands <input type="checkbox"/> <input type="checkbox"/> Urban Renewal <input type="checkbox"/> <input type="checkbox"/> Fire District <input type="checkbox"/> <input type="checkbox"/> Flood Hazard Area | | | | | | | |
| Plaza Area | | sq. ft. | | sq. ft. | | Arcade Area | | sq. ft. | | sq. ft. | | | | | | | | | |
| Parking Area | | sq. ft. | | sq. ft. | | Parking Spaces | | sq. ft. | | sq. ft. | | | | | | | | | |
| Loading Berths | | sq. ft. | | sq. ft. | | Loading Berths | | sq. ft. | | sq. ft. | | | | | | | | | |

| | |
|-----------|---|
| 21 | Demolition Details *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4) |
| Yes No | |
| 21A | <input type="checkbox"/> Demo filing is for a secondary structure? If yes, specify structure being demolished. <input type="checkbox"/> Mechanical means* from out of building? If yes, mechanical means will demolish <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure <input type="checkbox"/> Mechanical means* from within building? If yes, describe equipment proposed |
| 21B | <input type="checkbox"/> Demolition work affects the exterior building envelope |

| | |
|---|--|
| 22 | Asbestos Abatement Compliance Choose one. |
| <input type="checkbox"/> The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP). <input type="checkbox"/> The scope of work does not require related asbestos abatement as defined in the regulations of the NYC DEP. <input type="checkbox"/> The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(b)). | |

| | |
|--|-------------|
| 23 | Sign |
| Purpose: <input type="checkbox"/> Advertising <input type="checkbox"/> Non-Advertising Type: <input type="checkbox"/> Illuminated 23A <input type="checkbox"/> Non-Illuminated Estimated Cost: \$ _____ Total Square Feet: _____ Height above Curb: _____ ft. in. Height above Roof: _____ ft. in. Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall Yes No <input type="checkbox"/> Is sign inside building line? If no, sign projects by: _____ ft. in. <input type="checkbox"/> Designed for changeable copy? If no, 23C <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F | |
| 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect Yes No <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B 23B <input type="checkbox"/> Is roof sign tight, closed or solid? 23C Sign wording. If extensive, provide only key wording. 23D Distance from Arterial Highway: _____ ft. 23E Distance from Park 1/2 acre or more: _____ ft. 23F OAC Sign Number: _____ 23G OAC Registration Number: _____ | |

| | |
|---|---|
| 24 | Comments Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements. |
| ANY OBJECTIONS PLEASE EMAIL TDIMATTEI@VITACCO.COM | |

| | |
|--|---|
| 25 | Applicant's Statements and Signatures Required for all applications. |
| Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the completion of a job required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department of Environmental Protection or supervising the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules. <input type="checkbox"/> (← check here if) I declare set forth in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. Cluster Development Statement (if applicable): I hereby state that all specifications relating to this job are identical to those of the job filed under the group lead job number, except as specified herein. | |
| Yes No <input type="checkbox"/> For Initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation? <input type="checkbox"/> Directive 14 initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy | |
| Name (please print) _____ Signature _____ Date _____ P.E. / R.A. Seal (apply seal, then sign and date over seal) | |

DOB Reference Number: T00001072818-000022
 User Ref ID: 27589B_80

26 Property Owner's Statements and Signatures

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Yes No

☐ ☐ **Fee Deferred Request Statement**

I hereby request a fee deferral for the work proposed on this application and understand that all fees must be paid before issuance of any Certificate of Occupancy or job sign off.

☐ ☐ **Fee Exemption Request Statement**

In accordance with §26-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.

☐ ☐ **Owner's Certifications Regarding Occupied Housing**

The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.

☐ ☐ **The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. If yes, select one of the following:**

☐ The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.

☐ The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/application for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such (filing/application).

Provide date DHCR notified:

☐ ☐ **Owner's Certification for Adult Establishments**
I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR §12-10 "adult establishment" or related sign at the subject premises.

☐ ☐ **Owner's Certification for Directive 14 Applications (if applicable)**
I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: ☐ Individual ☐ DCAS ☐ HHC ☐ NYCHA
☒ Partnership ☐ DOE ☐ HPD ☐ NYS
☐ Corporation 26A ☐ Other Government
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the owner a non-profit organization? ☐ Yes ☒ No

Name (please print): **HENRY CASO**

Relationship to Owner: **SR VICE PRES.**

Business Name/Agency: **WEST 31ST STREET, INC.**

Street Address: **THREE WORLD FINANCIAL CENTER**

City: **NEW YORK** State: **NY** Zip: **10281**

Telephone Number: **(212) 417-7077** Fax: **(212) 417-7190**

E-Mail Address: **HCASO@BROOKFIELDPROPERTIES.COM**

Signature and Date:  8/26/14

28A Condo/Co-Op Board or Corporation Second Officer

Name (please print):

Title:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date: 

*Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Internal Use Only

Pre-Filer Name:

Pre-Filer Signature:

Date:

Cost Estimate: \$

Amount Due: \$

Verified by ▼ Date ▼

Initial Amount Paid \$

Balance Due: \$

Stamps, Certifications and Notes

DOB Reference Number: **T00001072818**

User Ref ID: **27589B_80**

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