



THE CITY OF NEW YORK LANDMARKS PRESERVATION COMMISSION
 100 OLD SLIP, NEW YORK, NEW YORK, 10005 TEL:(212) 487-6800 FAX:(212) 487-6744

APPLICATION FORM

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.

Please print or type all items, if not applicable, mark N.A.

STAFF USE ONLY

07-1407 8/23/06 JK

LPC DOCKET #	DATE RECD	DATE CERT. AS COMPLETE	BLDG DEPT # & DATE	STAFF
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SEMINIC	<input type="checkbox"/> INTERIOR		
TYPE OF DESIGNATION		HISTORIC DISTRICT		
<input type="checkbox"/> PMW	<input type="checkbox"/> CNL	<input checked="" type="checkbox"/> C.O.F.A.	<input type="checkbox"/> REPORT	<input type="checkbox"/>
ACTION		OTHER	WORK TYPE	

DESIGNATED PROPERTY

863 Broadway
 ADDRESS
 Manhattan
 BOROUGH

846 22 C6-4
 BLOCK LOT ZONING

DETAILED DESCRIPTION OF PROPOSED WORK

Change use of building to commercial and 2 family residence. Add a fifth floor. General construction including drywall partitions.

Attach sheets if necessary

ESTIMATED TOTAL COST OF PROJECT

TENANT/LESSEE/ COOP SHAREHOLDER

NAME, TITLE & FIRM (if applicable) PHONE (day)
 ADDRESS APT# CITY, STATE, ZIP CODE

ARCHITECT/ ENGINEER if applicable

Eric A. Gartner/SPG Architects 212-366-5500
 NAME, TITLE & FIRM (if applicable) PHONE (day)
 136 West 21st Street, New York, NY 10011
 ADDRESS CITY, STATE, ZIP CODE

ATTORNEY if applicable

NAME, TITLE & FIRM (if applicable) PHONE (day)
 ADDRESS CITY, STATE, ZIP CODE

OTHER Contractor, Expeditor, etc.

Sam Phillips/Phillips Consulting 212-326-8279
 NAME, TITLE & FIRM (if applicable) PHONE (day)
 356 Broadway, Lower Level, New York, NY 10013
 ADDRESS CITY, STATE, ZIP CODE

ARE YOU APPLYING TO ANY OF THE FOLLOWING?

- Building 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

Anthony Saytenides/Managing Agent 212-503-0900
 NAME & TITLE (if applicable) PHONE (day)

441 Lexington Avenue, New York, NY 10017
 ADDRESS CITY, STATE, ZIP CODE

SIGNATURE

Anthony Saytenides
 SIGNATURE DATE