



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				
IPC 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"/> ONE <input type="checkbox"/> C.O.F.A. <input type="checkbox"/> REPORT	<input type="checkbox"/> OTHER	WORK TYPE

DESIGNATED PROPERTY

DETAILED DESCRIPTION OF PROPOSED WORK
 Use back of form if necessary

130 West 42nd Street
 ADDRESS _____ FLOOR OR APARTMENT _____
 Manhattan 994 45 C6-7
 BOROUGH BLOCK LOT ZONING

1. Add Floor Area
 2. Restore Entrance
 3. Build Floor Area
- (see attached for details)

COST OF PROJECT _____ **WARNING LETTER / NOV #** _____

TENANT/LESSEE/ CO-OP SHAREHOLDER
 NAME, TITLE & FIRM (if applicable) _____ PHONE (day) _____

ARCHITECT/ ENGINEER
 if applicable
 Gruzen Samton 212-447-1900
 NAME, TITLE & FIRM (if applicable) PHONE (day)

CONTRACTOR
 if applicable
 320 West 13th St. NY NY 10014
 ADDRESS CITY, STATE, ZIP CODE

PERSON FILING APPLICATION
 e.g. Expeditor, Attorney, Managing Agent, etc.
 Sevan Construction 212-302-5585
 NAME, TITLE & FIRM (if applicable) PHONE (day)
 130 West 42nd St. #1105 NY NY 10036
 ADDRESS CITY, STATE, ZIP CODE

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.

RYAN LLC
 OWNERS NAME and TITLE (please type or print) _____ PHONE (day) _____
 COMPANY, CORPORATION, ORGANIZATION (if applicable)
 130 West 42nd St. NY NY 10036
 ADDRESS CITY, STATE, ZIP CODE

SIGNATURE
 SIGNATURE OF OWNER _____ DATE 10/17/06