



THE CITY OF NEW YORK LANDMARKS PRESERVATION COMMISSION
1 CENTRE STREET, 9TH FLOOR, NEW YORK, NEW YORK, 10007
TEL: (212) 669-7700 FAX: (212) 669-7960

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.

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

DESIGNATED PROPERTY

1466 Broadway ADDRESS FLOOR OR APARTMENT

Manhattan 994 54 ZONING

BOROUGH BLOCK LOT

DETAILED DESCRIPTION OF PROPOSED WORK

Use back of form if necessary

Work involves exterior work including modifications to the stucco-clad piers across the base of the building, replacement of the windows, reconstruction of an existing rooftop penthouse and other associated work as per attached drawings prepared by Brennan Beer Gorman/Architects and cover letter by Higgins, Quasebarth & Partners.

COST OF PROJECT

WARNING LETTER / NOV #

TENANT/LESSEE/ CO-OP SHAREHOLDER

NAME, TITLE & FIRM (if applicable) PHONE (day)

ADDRESS APT # CITY, STATE, ZIP CODE

Brennan Beer Gorman/Architects; Mark Sheeleigh (212) 888-7804

ARCHITECT/ ENGINEER

If applicable

515 Madison Avenue NY, NY 10022

ADDRESS CITY, STATE, ZIP CODE

CONTRACTOR

If applicable

NAME, TITLE & FIRM (if applicable) PHONE (day)

ADDRESS CITY, STATE, ZIP CODE

Higgins Quasebarth & Partners; Elise Quasebarth (212) 274-9468

PERSON FILING APPLICATION

e.g. Expeditor, Attorney, Managing Agent, etc.

11 Hanover Square, 16th Floor NY, NY 10005

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.

Joe Sica, CEO Istithmar Hotels OWNER'S NAME and TITLE (please type or print) PHONE (day)

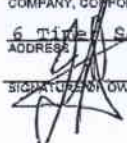
Istithmar Six Times Square, LLC COMPANY, CORPORATION, ORGANIZATION (if applicable)

6 Times Square NY, NY 10036

ADDRESS CITY, STATE, ZIP CODE

SIGNATURE

SIGNATURE OF OWNER DATE



استثمار هوتيلز
ISTITHMAR HOTELS