



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

For 6/14
MS

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.

Signature				
LPC DOCKET #	DATE REC'D	DATE CERT AS COMPLETE	BLDG DEPT # & DATE	STAFF
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SCENIC	<input type="checkbox"/> INTERIOR	HISTORIC DISTRICT	
<input type="checkbox"/> PMW	<input type="checkbox"/> ONE	<input type="checkbox"/> COFA	<input type="checkbox"/> REPORT	<input type="checkbox"/> OTHER
ACTION			WORK TYPE	

DESIGNATED PROPERTY
DETAILED DESCRIPTION OF PROPOSED WORK
Use back of form if necessary

200 West 57th Street
 ADDRESS

Manhattan	1028	33	C6-6
BOROUGH	BLOCK	LOT	ZONING

Reconfigure existing 15th floor penthouse and add new 16th floor per enclosed drawings by H. Thomas O'Hara Architect

COST OF PROJECT

WARNING LETTER / NOV #

TENANT/LESSEE/CO-OP SHAREHOLDER

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

ARCHITECT/ENGINEER
If applicable

H. Thomas O'Hara Architect PLLC	PHONE (day)
135 West 36th Street	New York, NY 10018
ADDRESS	CITY, STATE, ZIP CODE
	212 695-3117 212 685-3118 fax

CONTRACTOR
If applicable

NAME, TITLE & FIRM (if applicable)	PHONE (day)
William Higgins	
ADDRESS	CITY, STATE, ZIP CODE
Higgins Quasebarth & Partners, LLC	(212) 274 9380
NAME, TITLE & FIRM (if applicable)	PHONE (day)

PERSON FILING APPLICATION
e.g. Expeditor, Attorney, Managing Agent, etc.

NAME, TITLE & FIRM (if applicable)	PHONE (day)
11 Hanover Square 16th Floor New York, NY 10005	
ADDRESS	CITY, STATE, ZIP CODE

ARE YOU APPLYING TO ANY OF THE FOLLOWING?

Buildings Department City Planning Commission Board of Standards and 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 Town or 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.

RCGLV 200 West 57th Street, LLC	212-279-7600	212 563-6657 fax
OWNER'S NAME and TITLE (please type or print)	PHONE (day)	
c/o Jeffery Management, as agent		
COMPANY CORPORATION, ORGANIZATION (if applicable)		
7 Penn Plaza	New York, NY 10001	
Andrew S. Rafter, Executive Vice President	CITY, STATE, ZIP CODE	

SIGNATURE

Note: Section 25-317 of the Administrative Code of the City of New York makes it a punishable offense to willfully make false statements on this application. Rev. 9/99