



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.

APC DOCKET #		DATE REC'D	DATE CERT. AS COMPLETE	BLOG. DEPT. # & DATE	STAFF
INDIVIDUAL TYPE OF DESIGNATION		<input type="checkbox"/> SCENIC	<input type="checkbox"/> INTERIOR	HISTORIC DISTRICT	
L.P.M.W. ACTION		<input type="checkbox"/> C.S.N.E.	<input type="checkbox"/> S.O.F.A.	<input type="checkbox"/> REPORT	<input type="checkbox"/> OTHER
				WORK TYPE	

DESIGNATED PROPERTY

1182 Broadway
ADDRESS
Manhattan 830 BLOCK OR APARTMENT
Borough BLOCK LOT ZONING
M1-6

DETAILED DESCRIPTION OF PROPOSED WORK

Use back of form if necessary

Application is filed for:

- a report pursuant to Z.R. 74-711 for a modification of use
- certificate of appropriateness for storefront design
- certificate of no effect for restoration work.

COST OF PROJECT

WARNING LETTER / NOV #

TENANT/LESSEE/ CO-OP SHAREHOLDER

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

ARCHITECT/ ENGINEER

If applicable

GARY H. SILVER
ADDRESS
GARY H. SILVER Architects, P.C.
NAME, TITLE & FIRM (if applicable) 830 ART # CITY, STATE, ZIP CODE
212 966 0094
PHONE (day)

PRESERVATION CONSULTANT

Ward Dennis
ADDRESS
Higgins & Quasbarth
NAME, TITLE & FIRM (if applicable) 270 Lafayette Street, Suite 1701, New York, NY 10007 CITY, STATE, ZIP CODE
212 274 9468
PHONE (day)

PERSON FILING APPLICATION

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

Barbara Reid, Esq.
ADDRESS
Cozen O'Connor /
NAME, TITLE & FIRM (if applicable) 909 Third Avenue, New York, NY 10022 CITY, STATE, ZIP CODE
212 453 3785
PHONE (day)

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.

Mocal Enterprises, Inc.
OWNER'S NAME and TITLE (please type or print) PHONE (day)

1182 Broadway, New York, NY 10001
ADDRESS
NAME, CORPORATION, ORGANIZATION (if applicable) CITY, STATE, ZIP CODE

SIGNATURE

Calvin C. Haddad
SIGNATURE OF OWNER DATE 4/10/07

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. 1999