



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

F2

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]				
JPC DOCKET #	DATE RECD	DATE CERT. AS COMPLETE	BLDG. DEPT. # & DATE	STAFF
<input type="checkbox"/> INDIVIDUAL TYPE OF DESIGNATION	<input type="checkbox"/> SCENC	<input type="checkbox"/> INTERIOR	HISTORIC DISTRICT	
<input type="checkbox"/> PMW ACTION	<input type="checkbox"/> CNE	<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

136 Fifth Ave. First
ADDRESS FLOOR OR APARTMENT

Manhattan 820 45 C6-4M & C6-4A
BOROUGH BLOCK LOT ZONING

Install illuminated 2.37' x 17' sign on wall
READING: White House Black Market

COST OF PROJECT

\$2,500 **WARNING LETTER / NOV #** _____

TENANT/LESSEE/ CO-OP SHAREHOLDER

N/A
NAME, TITLE & FIRM (if applicable) PHONE (day)

ADDRESS APT # CITY, STATE, ZIP CODE

ARCHITECT/ ENGINEER

If applicable

N/A
NAME, TITLE & FIRM (if applicable) PHONE (day)

ADDRESS CITY, STATE, ZIP CODE

CONTRACTOR

If applicable

N/A
NAME, TITLE & FIRM (if applicable) PHONE (day)

ADDRESS CITY, STATE, ZIP CODE

PERSON FILING APPLICATION

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

Karen Torrone, Pres., Rapid Permits Inc. (917) 348-3167
NAME, TITLE & FIRM (if applicable) PHONE (day)

981 Bay St. - Suite 7, S.I., NY 10305
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.

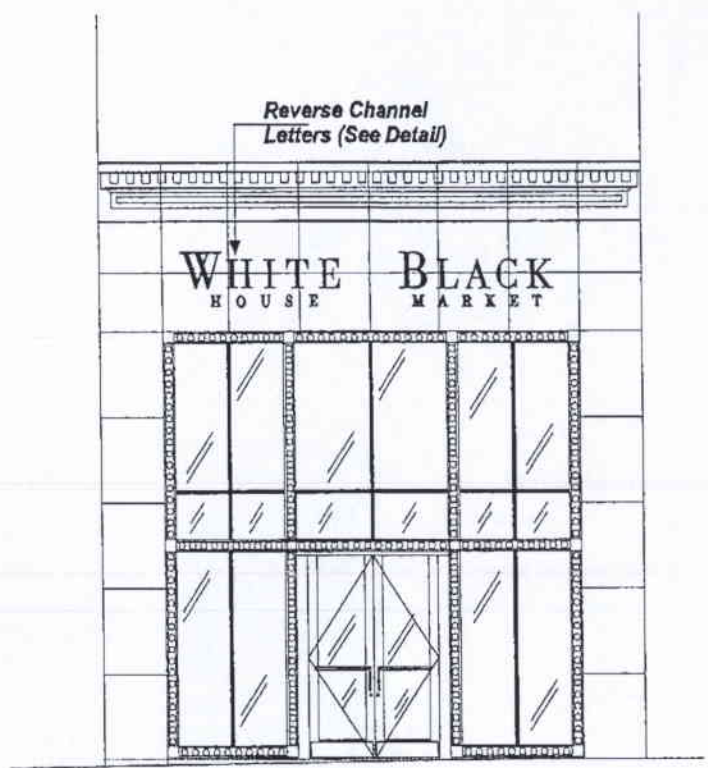
Anwar Zamel, Manager (212) 255-3664
OWNERS NAME and TITLE (please type or print) PHONE (day)

136 Fifth Avenue, LLC
COMPANY, CORPORATION, ORGANIZATION (if applicable)

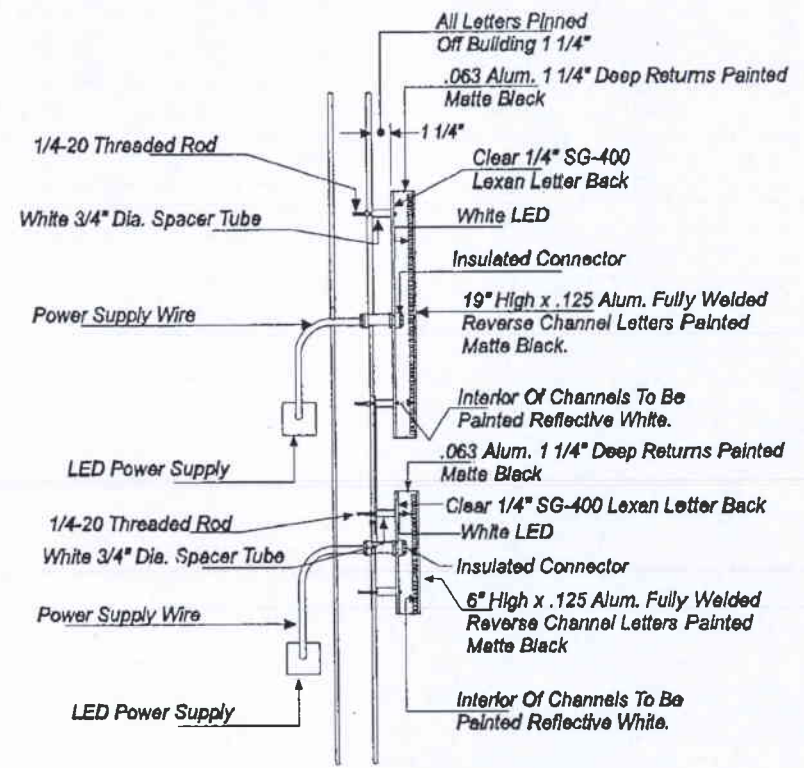
333 Park Avenue South New York, NY 10011
ADDRESS CITY, STATE, ZIP CODE

SIGNATURE

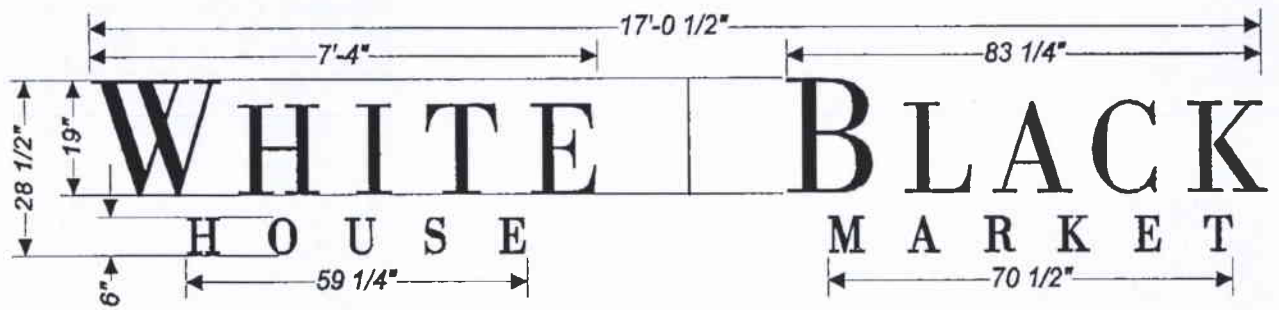
SIGNATURE OF OWNER DATE



Storefront Elevation Scale - 1/8" = 1'-0"



(Detail) Reverse Channel Letters Section



Reverse Channel Letters Elevation (See Detail)

WHITE | BLACK
HOUSE MARKET

136 5th Avenue
New York, NY



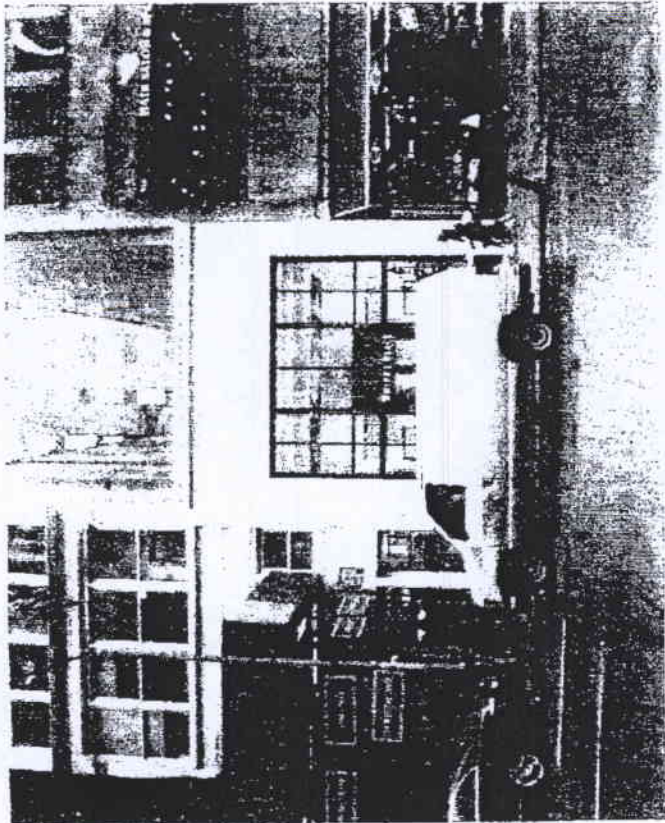
MIDTOWN NEON SIGN
CORPORATION

550 WEST 30th ST., NY, NY 10001

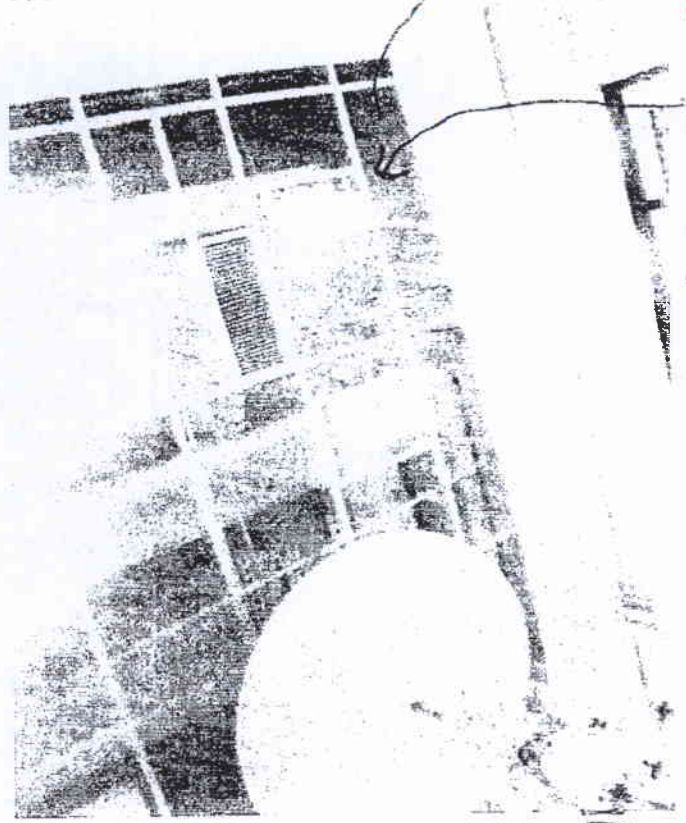
DRAWING: 1 of 1 *Drawn by: JWS*

Date: April 20, 2007

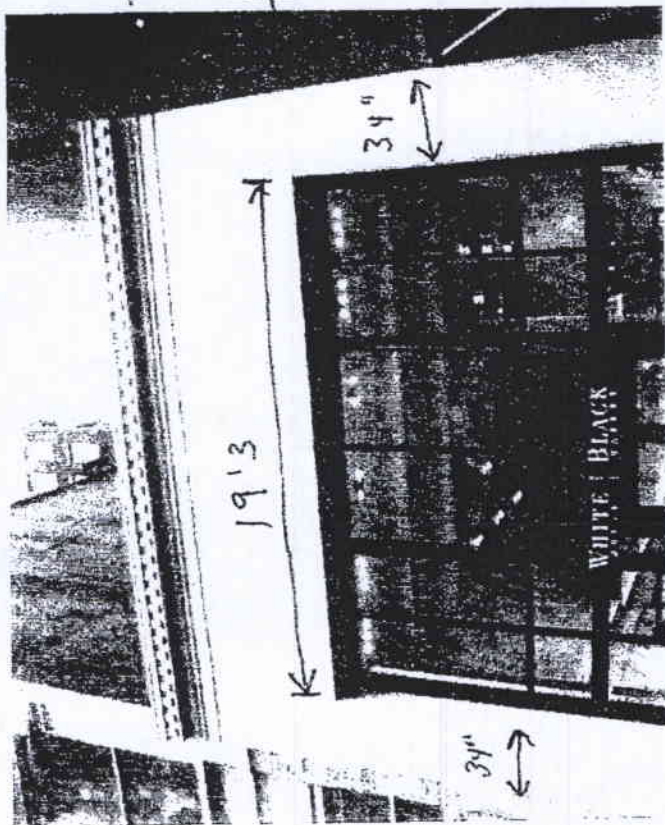
Revised:



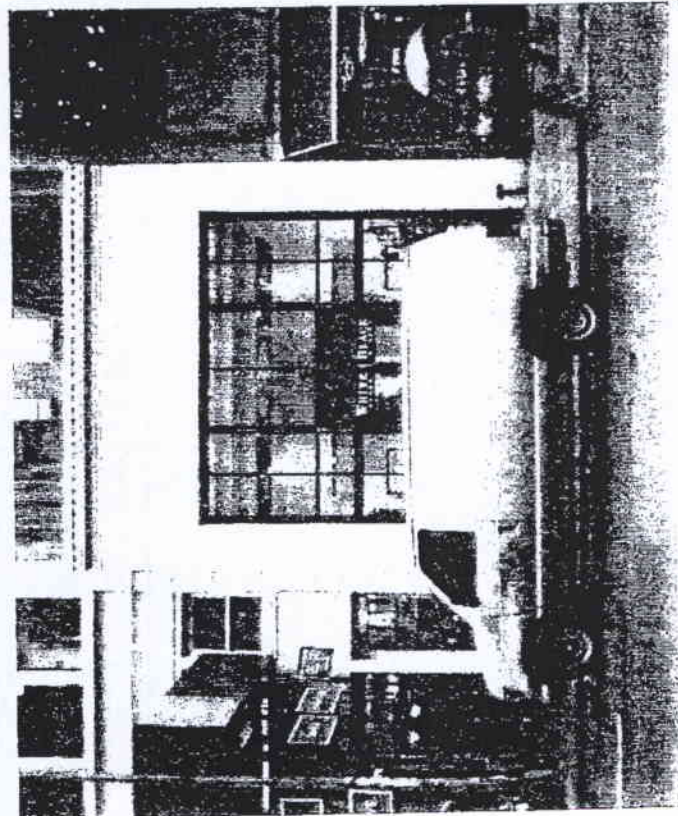
APPROX
4'-5"



AREA OF CONCERN



MARBLE or GRANITE



AREA OF CONCERN