



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.

Staff Use Only table with columns: LPC DOCKET #, DATE REC'D, DATE CERT. AS COMPLETE, BLDG. DEPT. # & DATE, STAFF. Includes checkboxes for Individual, Scenic, Interior, Historic District, PMW, CNE, C of A, Report, Other.

DESIGNATED PROPERTY

25 East 21st Street

ADDRESS: Manhattan, FLOOR OR APARTMENT: 850/7501, M1-5. Includes fields for BOROUGH, BLOCK, LOT, ZONING.

DETAILED DESCRIPTION OF PROPOSED WORK

Use back of form if necessary

Restore ground floor storefront, in connection with 74-711 zoning change application

COST OF PROJECT

\$ 150,000.00

N/A

WARNING LETTER / NOV #

TENANT/LESSEE/ CO-OP SHAREHOLDER

NAME, TITLE & FIRM (if applicable)

ARCHITECT/ ENGINEER If applicable

ADDRESS: Matthew Gottsegen, Franke Gottsegen Cox Architects, 443 Greenwich Street, NY, NY 10013. Includes APT #, CITY, STATE, ZIP CODE.

CONTRACTOR If applicable

NAME, TITLE & FIRM (if applicable)

PERSON FILING APPLICATION

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

ADDRESS: Mary B. Dierickx Architectural Preservation Consultants, 125 Cedar Street, NY, NY 10006. Includes CITY, STATE, ZIP CODE, ADDRESS, MDierickx@mbdierickx.com.

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.

OWNER'S NAME and TITLE (if applicable): Marsha Block, Gramercy Condo. PHONE (day): 212 634 8900

COMPANY, CORPORATION, ORGANIZATION (if applicable): c/o Cooper Square Realty, 6 E 43rd St., NY, NY 10017

SIGNATURE

ADDRESS: Marsha Block (handwritten signature), CITY, STATE, ZIP CODE

SIGNATURE OF OWNER DATE



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Staff Use Only				
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	<input type="checkbox"/> HISTORIC DISTRICT	
TYPE OF DESIGNATION				
<input type="checkbox"/> PMW	<input type="checkbox"/> CNE	<input type="checkbox"/> C OF A	<input type="checkbox"/> REPORT	<input type="checkbox"/> OTHER
ACTION			WORK TYPE	

### DESIGNATED PROPERTY

25 East 21<sup>st</sup> Street

ADDRESS: Manhattan FLOOR OR APARTMENT: 850/7501 M1-5  
 BOROUGH: BLOCK: LOT: ZONING:

### DETAILED DESCRIPTION OF PROPOSED WORK

Use back of form if necessary

Replace non historic ground floor doors and light fixtures, clean, repair, repoint, and restore masonry and trim as necessary on all facades, restore sash at front façade where missing, restore selected masonry window openings at side façade, adopt rear and side window master plan. Please see drawings, photos, and Description for details.

### COST OF PROJECT

\$ 656,700.00 WARNING LETTER / NOV # N/A

### TENANT/LESSEE/ CO-OP SHAREHOLDER

NAME, TITLE & FIRM (if applicable)

ADDRESS: APT # CITY, STATE, ZIP CODE  
 Matthew Gottsegen, Franke Gottsegen Cox Architects

### ARCHITECT/ ENGINEER

If applicable

NAME, TITLE & FIRM (if applicable)  
 443 Greenwich Street, NY, NY 10013 212-334-1191  
 ADDRESS: CITY, STATE, ZIP CODE

### CONTRACTOR

If applicable

NAME, TITLE & FIRM (if applicable)

ADDRESS: CITY, STATE, ZIP CODE

Mary B. Dierickx Architectural Preservation Consultants

NAME, TITLE & FIRM (if applicable)  
 125 Cedar Street, NY, NY 10006 212-227-1271

### PERSON FILING APPLICATION

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

ADDRESS: MDierickx@mbdierickx.com CITY, STATE, ZIP

### ARE YOU APPLYING TO ANY OF THE FOLLOWING?

Buildings Department  City Planning Commission  Board of Standards & Appeals

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Marsha Block 212 634 8900  
 OWNER'S NAME and TITLE (if applicable) PHONE (day)

Gramercy Condo  
 COMPANY, CORPORATION, ORGANIZATION (if applicable)

c/o Cooper Square Realty, 6 E 43<sup>rd</sup> St., NY, NY 10017  
 ADDRESS: CITY, STATE, ZIP CODE

### SIGNATURE

*Marsha Block*  
 SIGNATURE OF OWNER DATE