



# 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				
LPC DOCKET #	DATE REC'D	DATE CERT. AS COMPLETE	BLDG. DEPT. # & DATE	STAF
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SCENIC	<input type="checkbox"/> INTERIOR	HISTORIC DISTRICT	
TYPE OF DESIGNATION			HISTORIC DISTRICT	
<input type="checkbox"/> PMW	<input type="checkbox"/> CNE	<input type="checkbox"/> C.O.F.A.	<input type="checkbox"/> REPORT	<input type="checkbox"/>
ACTION	OTHER		WORK TYPE	

### DESIGNATED PROPERTY

200 Fifth Avenue  
 ADDRESS FLOOR OR APARTMENT

Manhattan 825 31  
 BOROUGH BLOCK LOT ZONING

### DETAILED DESCRIPTION OF PROPOSED WORK Check of form if necessary

Work involves modifications to the ground-floor building entrance alterations to the non-visible east elevation of the courtyard and rooftop construction as per cover letter by Higgins Quasebarth & Partners and architectural drawings prepared by Studios Architecture.

### TYPE OF PROJECT

WARNING LETTER / NOV #

### OWNER/LESSEE/PROPERTY SHAREHOLDER

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

ADDRESS APT# CITY, STATE, ZIP CODE

### ARCHITECT/ENGINEER

If applicable

Studios Architecture; attn. Tom Krizmanic (212) 204-3372  
 NAME, TITLE & FIRM (if applicable) PHONE (day)

588 Broadway NY, NY 10012  
 ADDRESS CITY, STATE, ZIP CODE

### CONTRACTOR

If applicable

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

ADDRESS CITY, STATE, ZIP CODE

### PERSON FILING APPLICATION

Expeditor, Attorney, Managing Agent, etc.

Higgins Quasebarth & Partners, LLC; Cas Stachelberg (212) 274-9  
 NAME, TITLE & FIRM (if applicable) PHONE (day)

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

Applications for work on or in a multiple dwelling, cooperative or condominium building, or "merger" is the Co-op Board or Condominium Association. An officer of the Co-op Board or Condominium Association must sign this application. Consult the Instructions for Filing for additional information.

David Levinson (212) 920-3370  
 OWNER'S NAME and TITLE (please type or print) PHONE (day)

c/o L&L Holding Company, LLC  
 COMPANY, CORPORATION, ORGANIZATION (if applicable)

142 West 57th Street, 16th Floor NY, NY 10019  
 ADDRESS CITY, STATE, ZIP CODE

### SIGNATURE

SIGNATURE OF OWNER DATE