



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	STAFF
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SCENIC	<input type="checkbox"/> INTERIOR		
TYPE OF DESIGNATION			HISTORIC DISTRICT	
<input type="checkbox"/> PMW ACTION	<input type="checkbox"/> CNE	<input type="checkbox"/> C OF A	<input type="checkbox"/> REPORT	<input type="checkbox"/> OTHER
			WORK TYPE	

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

68-70 Lexington Avenue

ADDRESS	FLOOR OR APARTMENT		
Manhattan	881	6	
BOROUGH	BLOCK	LOT	ZONING

1) Modify stairs and entrance to provide a code compliant exit from the annex for compliance with ADA regulations. 2) Increase accessibility for loading and offloading from the street to the drill hall and basement levels to be able to receive, store and distribute equipment and supplies in a more rapid and reliable fashion than the current freight elevator allows, thus improving response during emergency operations.

COST OF PROJECT

WARNING LETTER / NOV #

N/A

TENANT/LESSEE/ CO-OP SHAREHOLDER

NAME, TITLE & FIRM (if applicable)	PHONE (day)
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ADDRESS	APT #	CITY, STATE, ZIP CODE
Greenman-Pedersen, Inc. (Joesph Coffey, P.E)		(845) 368-4050

NAME, TITLE & FIRM (if applicable)	PHONE (day)
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400 Rella Boulevard, Suite 207	Montebello, NY 10901
ADDRESS	CITY, STATE, ZIP CODE

TBD	
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NAME, TITLE & FIRM (if applicable)	PHONE (day)
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ADDRESS	CITY, STATE, ZIP CODE
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John Arthur, Wireless EDGE	(914) 712-0000, x203
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NAME, TITLE & FIRM (if applicable)	PHONE (day)	E-MAIL
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270 North Ave., Suite 809	New Rochelle, NY 10801
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ADDRESS	CITY, STATE, ZIP CODE
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ARCHITECT/ ENGINEER
If applicable

CONTRACTOR
If applicable

PERSON FILING APPLICATION

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

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.

Michael S. Friess, Director - MNFE

OWNERS NAME and TITLE (please type or print)	PHONE (day)	E-MAIL
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NYS Division of Military & Naval Affairs	518 780 4048	michael.s.friess@us.army.mil
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COMPANY, CORPORATION, ORGANIZATION (if applicable)	
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330 Old Niskayuna Road	Latham, NY 12110 3514
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ADDRESS	CITY, STATE, ZIP CODE
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	11 DEC 2008
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SIGNATURE OF OWNER	DATE
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SIGNATURE