



**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.

016-1321	8/15/05	Staff Use Only			
IPC BLOCKET #	DATE RECEIVED	DATE CERT. AS COMPLETE	BLDG. DEPT. # & DATE	STAFF	
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> SCENIC	<input type="checkbox"/> INTERIOR	HISTORIC DISTRICT		
TYPE OF DESIGNATION					
<input type="checkbox"/> PMW ACTION	<input type="checkbox"/> CNE	<input checked="" type="checkbox"/> C.O.F.A.	<input type="checkbox"/> REPORT	<input type="checkbox"/> OTHER	NB WORK TYPE

**DESIGNATED PROPERTY**

8 West 70th Street (in part) ADDRESS FLOOR OR APARTMENT N/A

Manhattan BOROUGH 1122 BLOCK 36, 37 LOT R10A/R8B ZONING

**DETAILED DESCRIPTION OF PROPOSED WORK**  
Use back of form if necessary

This is an application for a Certificate of Appropriateness for the construction of an 8-storey building with 2 additional penthouse floors, which are deeply recessed, on the zoning lot of the designated landmark. A variance pursuant to Section 72-21 of the Zoning Resolution will be required to permit the transfer of zoning floor area from an R10A district to an R8B district (and thereby transferring development rights off the designated landmark) and for associated waivers of streetwall and height and setback for the building and partial rear yard (floors 2 - 4) regulations.

**COST OF PROJECT**

WARNING LETTER / NOV # N/A

**TENANT/LESSEE/ CO-OP SHAREHOLDER**

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

ADDRESS APT # CITY, STATE, ZIP CODE

**ARCHITECT/ ENGINEER**  
If applicable

Platt Byard Dovell White NAME, TITLE & FIRM (if applicable) PHONE (day) 212-691-2440

20 West 22nd Street ADDRESS CITY, STATE, ZIP CODE New York, NY 10010

**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.

Shelly S. Friedman, Esq. c/o Friedman & Gotbaum, LLP NAME, TITLE & FIRM (if applicable) PHONE (day) 212-925-4545

568 Broadway - Suite 505 ADDRESS CITY, STATE, ZIP CODE New York, NY 10012

**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.

The Congregation Shearith Israel in the City of New York 212-873-0300 OWNERS NAME and TITLE (please type or print) PHONE (day)

8 West 70th Street ADDRESS CITY, STATE, ZIP CODE New York, NY 10023

**SIGNATURE**

Dr. Alan Singer, Executive Director SIGNATURE OF OWNER DATE August 11, 2005