



**Borough President Ruben Diaz Jr.**

OFFICE USE ONLY			
<b>Receipt Number</b>		<b>EHN Number</b>	
<b>Address issued</b>			

FULL PAYMENT MUST BE RECEIVED AND ALL QUESTIONS ANSWERED  
BEFORE APPLICATION IS PRECESSED.

**Applicant Information**

Developer/Owner\*: \_\_\_\_\_ Tel ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

*\*Note: DO NOT write the name of the LLC or HDFC. Please provide the primary company or the name of the primary principal.*

Architect: \_\_\_\_\_ Tel ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

**Property Location**

BLOCK # \_\_\_\_\_ FINAL LOT # \_\_\_\_\_ (submit RP-602 if lot number is changed)

Community District # \_\_\_\_\_ Zip \_\_\_\_\_

**Project Description**

Purpose of Application (check one)	<input type="checkbox"/> Alteration <input type="checkbox"/> New Building <input type="checkbox"/> a.k.a. Address <input type="checkbox"/> Verification for _____		
Land Use(s) (check all that applies) Total _____sq. ft.	<input type="checkbox"/> Residential _____sq. ft. <input type="checkbox"/> Commercial _____sq. ft. <input type="checkbox"/> Institutional _____sq. ft. <input type="checkbox"/> Vacant _____sq. ft.		
Proposed Use(s)		Building Classification	
Number of Dwelling Units (Residential Use)		Number of Floors	
Development Cost	\$ _____ (including all soft cost and hard cost)		
Received governmental funding? (check one)	<input type="checkbox"/> No <input type="checkbox"/> Yes. Agency _____ Program(s) _____		
Construction Dates	Starting _____ Ending _____		

**SITE DIAGRAM**

PLEASE PROVIDE ALL OF THE FOLLOWING:

1. ALL STREET NAMES
2. BLOCK & LOT(S) NUMBERS
3. LOCATION OF YOUR PROPERTY AND OUTLINE OF BUILDING(S)
4. DIMENSION OF YOUR LOT(S) AND BUILDING(S)
5. DISTANCE FROM CORNER TO YOUR LOT(S)
6. LOCATION OF MAIN ENTRANCES(S)

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Grade Section #:	Title Map Section #:
Sanborn Volume #:	Plate #:
Mapped Street?: YES ___ NO ___	Street Width:
Vested Date: _____ Ceded Date: _____	Dedicated Date: _____ Private? _____
Fee Paid Amount:	Receipt #:
Application Received:	Date Certified:
Information verified by:	Supervisory signoff:
Name: _____	Name: _____
Title: _____	Title: _____