



**Borough President Ruben Diaz Jr.**

OFFICE USE ONLY			
<b>Application Receipt Number:</b>		<b>Application EHN Number:</b>	
<b>Address Issued:</b>			

**ALL FEES MUST BE PAID AND QUESTIONS COMPLETED BEFORE APPLICATION WILL BE PROCESSED**

**Applicant Information**

Architect: \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_

*\*Note: If the owner is an LLC, please provide the name of the primary principal. DO NOT write the name of the LLC.*

**Address Location:**

**Community District # \_\_\_\_\_ Postal Zip Code: \_\_\_\_\_**

**Block # \_\_\_\_\_ Final Lot # \_\_\_\_\_ (submit RP-602 if lot number is being changed)**

**Project Description:**

Land Use Type (check one)	Residential	Commercial	Institutional
<b>How many new buildings?</b>	<b>Building Use:</b>	<b>Building Classification Code</b>	
<b>If residential, how many dwelling units?</b>			
<b>How many stories high?</b>			
<b>Total Floor Area (sq. ft)</b>	<b>Residential floor area:</b>	<b>Commercial floor area:</b>	<b>Institutional Floor area:</b>
<b>Total Development Cost</b>	<b>Each structure:</b>		<b>Site total:</b>
<b>If no construction cost, please explain:</b>			
<b>Is there any government funding? Yes ___ No ___</b>	<b>Agency Name:</b>		<b>Program(s):</b>
<b>Construction dates</b>	<b>Starting:</b>		<b>Ending:</b>

*Please provide a site diagram on other side*

**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)
5. DISTANCE FROM CORNER TO YOUR LOT(S)
6. LOCATION OF MAIN ENTRANCES(S)
7. NORTH ARROW

<b>OFFICE USE ONLY</b>	
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: _____