



Borough President Ruben Diaz Jr.

OFFICE USE ONLY			
Receipt Number		EHN Number	
Address Issued			

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

Applicant Information

Developer/Owner*: _____ Tel () _____

Address: _____ City _____ State _____ 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: _____ City _____ State _____ Zip _____

Property Location

BLOCK # _____ FINAL LOT # _____ (submit RP-602 if lot dimension or 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. Agencies _____ Program(s) _____		
Construction Dates	Starting _____ Ending _____		

SITE DIAGRAM

PLEASE PROVIDE ALL OF THE FOLLOWING:

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

OFFICE USE ONLY	
Grade Section #:	Title Map Section #:
Sanborn Volume #:	Plate #:
Mapped Street?: YES <input type="checkbox"/> NO <input type="checkbox"/>	Street Width:
Vested Date: _____	Ceded Date: _____
	Dedicated Date: _____
	Private? <input type="checkbox"/>
Fee Paid Amount:	Receipt #:
Application Received:	Date Certified:
Information verified by:	Supervisory signoff:
Name: _____	Name: _____
Title: _____	Title: _____