

Borough President Rubén Díaz, Jr.

OFFICE USE ONLY			
Application Receipt Number:	3228	Application EHN Number:	2011-196
Addresses Issued:	432.7A Boyd Avenue		

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

Applicant Identification

Architect: MICHAEL DEPASQUALE Telephone (914) 662-4570

Address 1 N. MACQUESTEN PKWY MU, NY Zip Code 10550

Owner/Developer* HARDAT PERSUAD Telephone (914) 237-4381

Address 415 KIMBALL AVE., TONKERS NY Zip Code 10704

* 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 # 212 Postal Zip Code: 10466

Block # 5049 Final Lot # 62 (Submit RP-604 if lot number is being changed)

Project Description

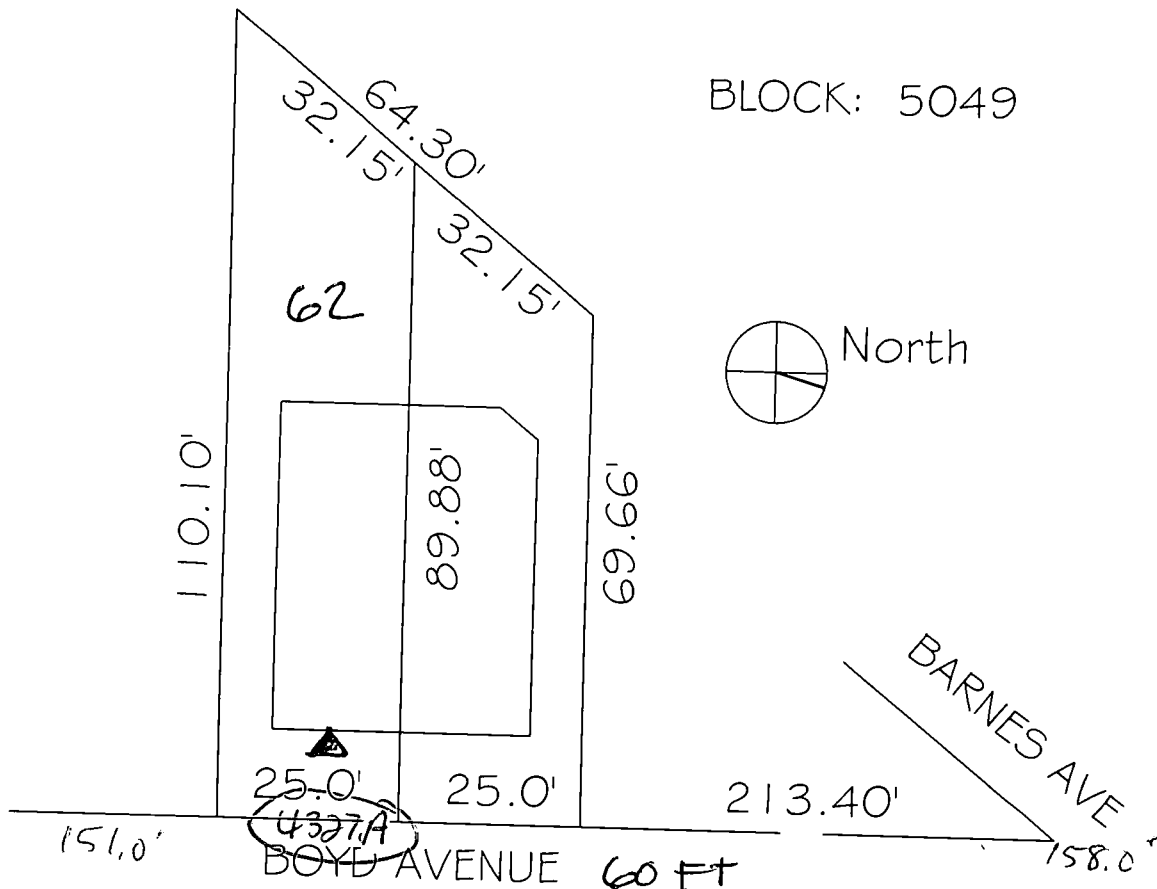
Land Use Type (check one)	☒ Residential	☐ Commercial	☐ Institutional
How many new buildings?	1	Building Use: <u>2-Family</u>	Building Classification Code: <u>B2</u>
If residential, how many dwelling units?	2		
How many stories high?	2		
Total Floor Area (sq. ft)	Each structure: <u>2337.33</u>	Site total: <u>4057.58</u>	<u>4</u>
Total Development Cost	Each structure: <u>180,000</u>	Site total: <u>360,000</u>	
If no construction cost, please explain:			
Is there any government funding? Yes No <u>X</u>	Agency name:	Program(s):	
Construction dates	Starting: <u>8/11</u>	Ending: <u>2/12</u>	

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



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Grade Section #: 33	Title Map Section #: 34
Sanborn Volume #: 22	Plate #: 29
Mapped Street?: YES ☒ NO ☐	Street Width: 60'
Vested date _____, Ceded date 6/24/25	Dedicated date _____, Private? _____
Fee Paid amount: \$ 200.00	Receipt #: 3228
Application Received: 6/9/11	Date Certified: 6/13/11
Information verified by: Name: [Signature] Title: [Signature]	Supervisory signoff: Name: [Signature] Title: Director, Capital Programs