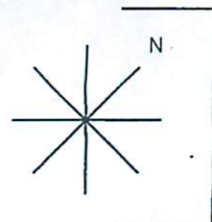
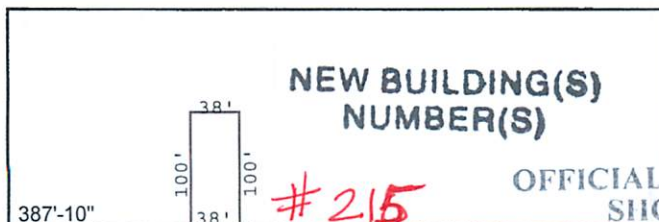


(Filled out by Applicant)	APPLICATION for STREET NUMBER(S)**	Sanborn Atlas Information
BLOCK 3376	OFFICE OF THE PRESIDENT OF THE BOROUGH OF BROOKLYN TOPOGRAPHICAL BUREAU - STREET NUMBER DIVISION ROOM 340, BOROUGH HALL, BROOKLYN, NY 11201 TEL: (718) 802-3816 FAX: (718) 802-3735	VOL. 9
LOT 48		PAGE 18

Topo Site/Plot Plan



CENTRAL AVE



CORNELIA ST

OFFICIAL HOUSE NUMBERS SHOWN IN RED

THE HOUSE NUMBER(S) ASSIGNED MUST BE DISPLAYED
CHAP. 5 SECT. 3-505 ADMIN. CODE; CITY OF NY

APPLICANTS NAME: SURESH MANCHANDA COMPANY: L & C ASSOCIATES ADDRESS: 36-54 MAIN ST 2FL, FLUSHING, NY 11354 PHONE NO.: 718-690-3660	FILLED OUT BY TOPO STAFF ASSIGNED BY: ko REVIEWED BY: 6/6/18	DATE JUN 06 2018 (Dated by Topo Dept.)
--	--	--

PURPOSE OF APPLICATION (check where appropriate)

☒

New construction - existing lot
(Must be accompanied by PW-1 & PD-1 application signed by PE or RA)

☐

New construction - new subdivision/consolidation/reconfiguration
(Must be accompanied by PW-1 & PD-1 application signed by PE or RA -- PLUS a copy of a signed Tentative Lot form from Dept. of Finance)

☐

Demolition
(Must be accompanied by PW-1 & PD-1 application signed by PE or RA)

☐

Renovation of existing structure
(Must be accompanied by PW-1 & PD -1 application signed by PE or RA)

☐

Existing structure - application for ☐ new, ☐ additional or ☐ verification of address
(For application w/out PW-1 Form, only the owner of the property with a copy of the deed & Schedule A can make request. If applicant is not owner then notarized letter authorizing them as representative is needed)

INSTRUCTIONS TO APPLICANT

1. Check PURPOSE OF APPLICATION above.
2. Attach appropriate documentation as required.
3. NO RED INK/PENCIL ON TOPO OR DOB FORMS
4. Complete ground/1st floor plan including the following:
 - north arrow
 - all street names
 - dimensions of site
 - distance to nearest corner
 - location of entrance ▲

APPLICANT COMMENT/REQUEST

NOTE: THIS FORM MAY BE USED FOR SITES WITH A LOT SIZE OF 5,000 SQUARE FEET IN AREA OR LESS. APPLICATIONS FOR SITES WITH A LOT SIZE GREATER THAN 5,000 SQUARE FEET MUST INCLUDE GROUND/FIRST FLOOR PLANS (No bigger than 11x17). PLANS WILL ALSO BE REQUIRED FOR ANY LOT IN WHICH ADDITIONAL ADDRESSES ARE REQUESTED. PLANS MUST HAVE ORIGINAL STAMP AND SIGNATURE OF A NEW YORK STATE PROFESSIONAL ENGINEER (P.E.) OR REGISTERED ARCHITECT (R.A.)

** \$100 fee per house number. (Bank Certified Checks or Money Orders payable to Brooklyn Borough President's Office. Cash accepted)

APPLICANT'S NAME	DATE OF APPLICATION
ADDRESS	DATE OF RECEIPT
PHONE	DATE OF REVIEW
PAGE	DATE OF APPROVAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT HAS BEEN GRANTED A PERMIT TO CONSTRUCT THE FOLLOWING:

NEW BUILDING(S) NUMBER(S)	DATE OF PERMIT
OFFICIAL TITLE NUMBER	DATE OF REVIEW
SHOWN IN RED	DATE OF APPROVAL

THIS PERMIT IS VALID FOR A PERIOD OF TWO YEARS FROM THE DATE OF ISSUANCE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAINTAIN THE PERMIT IN FORCE AND TO COMPLY WITH ALL CITY ORDINANCES AND REGULATIONS.

DATE OF REVIEW	DATE OF APPROVAL	DATE OF RECEIPT	DATE OF REVIEW
11/10/2018	11/10/2018	11/10/2018	11/10/2018

APPLICANT'S CERTIFICATION

I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am the owner or authorized agent of the owner of the property described herein.

I further certify that the proposed construction complies with all applicable city ordinances and regulations, and that I have obtained all necessary permits and approvals from the appropriate city departments.

I understand that this permit is subject to the terms and conditions set forth in the City of Los Angeles Building Department's rules and regulations, and I agree to abide by these rules and regulations.

Signature: _____ Date: _____

APPLICANT'S REQUEST

I request that the City of Los Angeles Building Department issue a permit for the construction of the above described building(s) in accordance with the plans and specifications submitted herewith.

I understand that this request is subject to the review and approval of the City of Los Angeles Building Department, and I agree to provide any additional information or documentation as may be required.

Signature: _____ Date: _____

THIS PERMIT IS VALID FOR A PERIOD OF TWO YEARS FROM THE DATE OF ISSUANCE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAINTAIN THE PERMIT IN FORCE AND TO COMPLY WITH ALL CITY ORDINANCES AND REGULATIONS.

THE CITY OF LOS ANGELES BUILDING DEPARTMENT IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION FURNISHED HEREIN, NOR FOR THE RESULTS OF ANY CONSTRUCTION WORK DONE IN ACCORDANCE WITH THIS PERMIT.

FOR MORE INFORMATION, CONTACT THE CITY OF LOS ANGELES BUILDING DEPARTMENT AT (213) 475-3000.