

APPLICATION FOR APPORTIONMENTS OR MERGERS

Instructions: Please complete this application and submit in person to: **Department of Finance, Property Division - Tax Map Office, 66 John Street, 2nd floor, New York, NY 10038.** Please read the instructions for further details before completing this form. Print clearly.

SECTION A: PROPERTY INFORMATION

Borough: BROOKLYN Block: 4549 Present Lot(s): 15

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

☐ Merger ☒ Apportionment Number of Lots Requested 3

Lot Number: 15, 16, 50

☐ Air ☐ Subterranean

Lot(s) Usage: (check one) ☒ Residential Building Gross Sq/Ft: _____

☐ Commercial Building Gross Sq/Ft: _____

☐ Mix (Residential & Commercial) Building Gross Sq/Ft: _____

1. Property Owner's Name (as per Deed): _____
OR
Company Name: _____
BROWN SHARON
LAST NAME FIRST NAME

2. Address: _____
1010 AUTUMN AVENUE BROOKLYN NY 11208
NUMBER AND STREET CITY STATE ZIP CODE

3. Filing Representative (if applicable): SHERIEF ELHANAFI - WJ PROFESSIONAL EXPEDITING CO. INC.

SECTION B: CERTIFICATION

1. Architect/Engineer/Applicant's Name: _____
MASTROPIETRO JORGE
LAST NAME FIRST NAME

2. Address: _____
36 NEWARK STREET, SUITE 202 HOBOKEN NY 07030
NUMBER AND STREET CITY STATE ZIP CODE

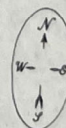
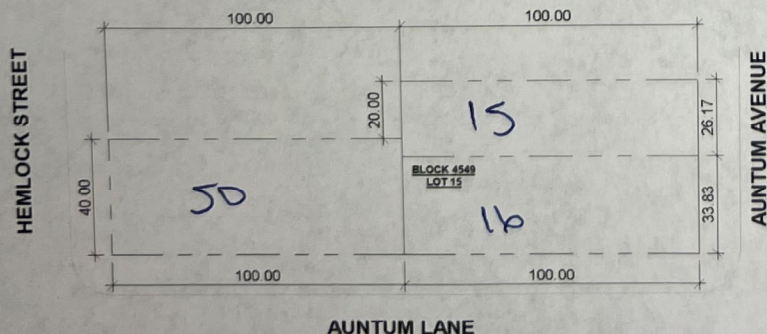
3. Telephone Number: (646) 248-6664 4. Email Address: jm@jmapc.com

The applicant hereby certifies that, in making this application for merger/apportionment, s/he is the owner, or acting under the direction of the owner.

Signature of Architect/ Engineer/Applicant: _____ Date: 01 / 26 / 2023

TAX MAP CHANGE WILL NOT BE MADE UNTIL PRESENTATION OF REQUIRED DOCUMENTS (see reverse for the required documents)

DRAW SKETCH TO SCALE 1" = 50', IF POSSIBLE INDICATE NORTH ARROW



(Architect or Engineer's seal)

Tentative Lot(s) issued: _____ Date: 2/7/23 New Lot(s): 16, 50 Lot(s) Affected: 15 Lot(s) Dropped: _____

Please note: Map changes will not be made until presentation of all required documents is reviewed and approved by the Specialist. Lots are tentative until final approval is received from the Tax Map Office.

Map Updated: _____ Tax Map Specialist: _____ Date: _____