

**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: 388 Present Lot(s): 19, 51, 42

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

☐ Merger ☒ Apportionment Number of
Lots Requested 4

Lot Number: _____

☐ Air ☐ Subterranean

Lot(s) Usage:
(check one)

☐ Residential
Building Gross
Sq/Ft: _____

☐ Commercial
Building Gross
Sq/Ft: _____

☒ Mix (Residential & Commercial)
Building Gross
Sq/Ft: 46682

Property
1. Owner's Name (as per Deed): _____
OR
Company Name: Bergen Street Equity

LAST NAME

FIRST NAME

Property
2. Address: 268 Bergen Street Brooklyn NY 11217
NUMBER AND STREET CITY STATE ZIP CODE

3. Filing Representative (if applicable): _____

SECTION B: CERTIFICATION

1. Architect/Engineer/Applicant's Name: Whitefield Hamish
LAST NAME FIRST NAME

2. Address: 1218 Central Avenue Albany NY 12205
NUMBER AND STREET CITY STATE ZIP CODE

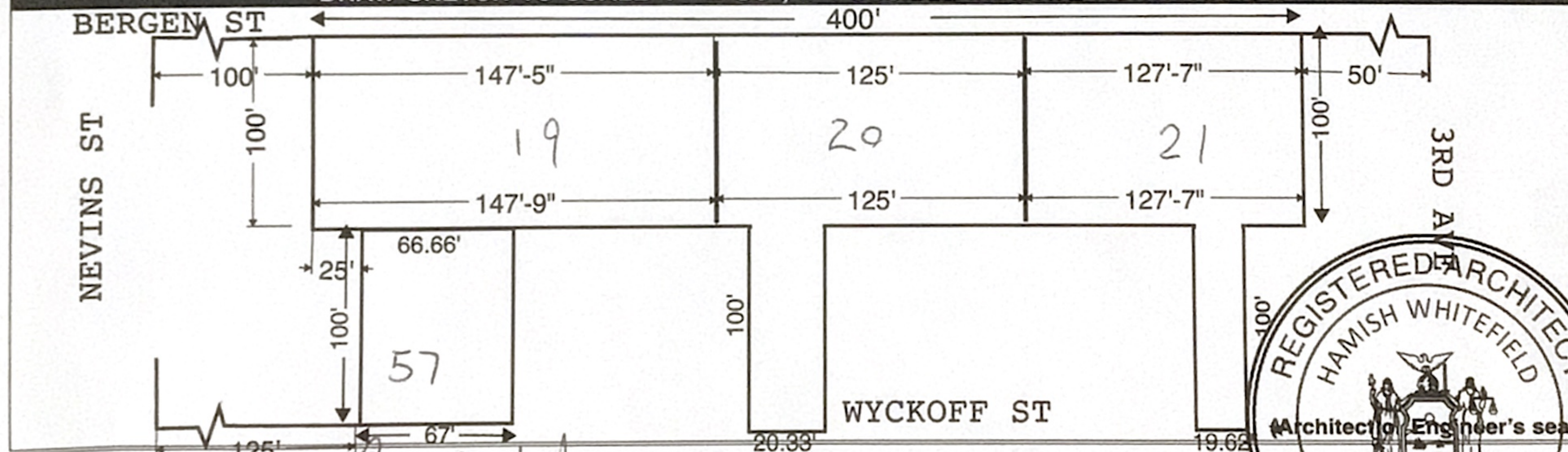
3. Telephone Number: 5149928720 4. Email Address: Hamish@frwarchitects.com

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: Hamish Whitefield Date: ____/____/____

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



Tentative Lot(s) issued: _____ Customer Service Representative: Jamel White Date: 1/29/25 New Lot(s): 20, 21 Lot(s) Affected: _____ 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: ____/____/____

