

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE JOB SITE



## Electrical Work Permit Department of Buildings

Application Number: *M313864*

Issued: *04/25/2011*

Address: *562 FIRST AV, NYU LANGONE MEDICAL CENTER, NEW YORK, NY 10016*

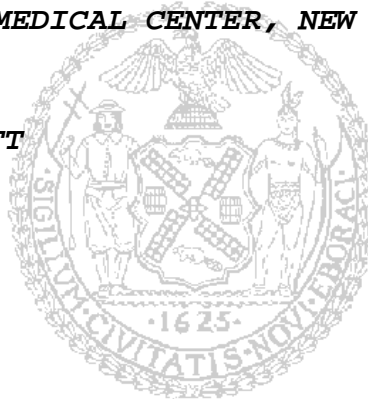
Description of Work:

*3 - ELEVATOR/ESCALATOR/MATERIAL LIFT*

Contractor Address:

*DOBS ELEVATOR COMPANY*

*1 PENN PLAZ 250 W. 34TH STREET STE410  
NEW YORK, NY 10119*



For detailed information regarding this permit, please log on to BISWeb at [www.nyc.gov/buildings](http://www.nyc.gov/buildings)

Emergency Telephone Day or Night: 311

Borough Commissioner:

A stylized, handwritten signature of the Borough Commissioner.

Commissioner of Buildings:

A stylized, handwritten signature of the Commissioner of Buildings.

*This permit copy created on 01/22/2026 reflects the Commissioner(s) as of such date.*

Tampering with or knowingly making a false entry in or falsely altering this permit is a crime that is punishable by a fine, imprisonment or both.