

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*

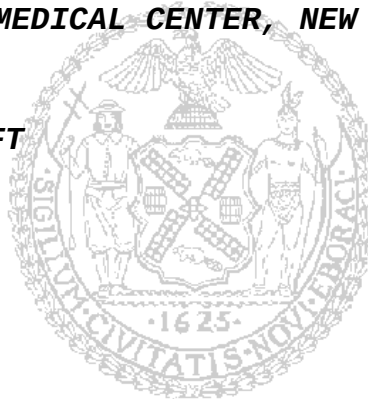
Description of Work:

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

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 01/23/2026 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.