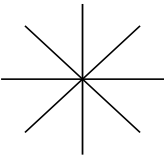


(Filled out by Applicant) BLOCK _____ LOT _____	APPLICATION for STREET NUMBER(S)** OFFICE OF THE PRESIDENT OF THE BOROUGH OF BROOKLYN TOPOGRAPHICAL BUREAU - STREET NUMBER DIVISION 209 JORALEMON STREET BROOKLYN, NY 11201 T: (718) 802-3919 E: Topoappts@brooklynbp.nyc.gov	<i>Sanborn Atlas Information</i> VOL. _____ PAGE _____
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Topo Site/Plot Plan		
		
	THE HOUSE NUMBER(S) ASSIGNED MUST BE DISPLAYED CHAP. 5 SECT. 3-505 ADMIN. CODE; CITY OF NY	

APPLICANTS NAME: _____ COMPANY: _____ ADDRESS: _____ PHONE NO.: _____	<i>FILLED OUT BY TOPO STAFF</i> ASSIGNED BY: _____ REVIEWED BY: _____	DATE _____ (Dated by Topo Dept.)
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<i>FILLED OUT BY TOPO STAFF</i>		
Application submitted by: <input type="checkbox"/> DROP OFF <input type="checkbox"/> MAIL IN	Taken by: _____	

- New Building - Existing Lot**
(Must be accompanied by Topo TF-2 & DOB: PD-1 applications signed by PE or RA)
- New Subdivision/Consolidation/Reconfiguration**
(Must be accompanied by Topo TF-2 & DOB: PD-1 applications signed by PE or RA) --
PLUS a copy of a signed Tentative Lot/RP602 form from DOF)
- Demolition**
(Must be accompanied by Topo TF-2 & DOB: PD-1 applications signed by PE or RA)
- Alteration of Existing Structure or Certificate of Occupancy**
(Must be accompanied by Topo TF-2 & DOB: PD-1 applications signed by PE or RA)
- Existing Structure - Application for new, additional or verification of address**
(If no DOB work, copy of the deed and Schedule A can replace PD1 requirement)

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 tax lot
 - distance to nearest corner
 - footprint of building and location of entrance ▲

APPLICANT COMMENT/ REQUEST

NOTE: APPLICATIONS FOR SITES WITH A LOT SIZE GREATER THAN 5,000 SQUARE FEET MUST INCLUDE GROUND OR FIRST FLOOR PLANS (No bigger than 11x17). PLANS ARE ALSO REQUIRED FOR ANY LOT IN WHICH ADDITIONAL ADDRESSES ARE REQUESTED OR AN ENTRANCE DISCREPANCY. 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/per application set**
 (Bank Certified Checks/Money Orders payable to Brooklyn Borough President's Office, Credit/Debit Cards)

TOPOGRAPHICAL BUREAU - STREET NUMBER DIVISION

APPLICATION for STREET NUMBER(S)
OFFICE OF THE PRESIDENT OF THE BOROUGH OF BROOKLYN
TOPOGRAPHICAL BUREAU - ROOM 340
209 JORALEMON STREET BROOKLYN, NY 11201
T: (718) 802-3919 E: Topoappts@brooklynbp.nyc.gov

1 | Contact Information for Pick Up – MUST BE FILLED OUT COMPLETELY

Name of Representative dropping off application(s) (please print):

Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Telephone: _____ Cell Number: _____
EMAIL (for Pick Up notification): _____

2 | Location Information

House Number: _____ Street Name: _____
Borough: _____ Block: _____ Lot: _____ CBNo.: _____
BIN: _____ DOB Job Number: _____
-
Apt/Condo No(s): _____ Work on Floor(s): _____

3 | Applicant Information: Required for all applications filing with DOB

Last Name: _____ First Name: _____
Choose one: P.E. R.A. License Number: _____
Business Name: _____
Email Address: _____
Business Telephone: _____ Cell Number: _____
Business Address: _____
City: _____ State: _____ Zip: _____

4 Filing Representative: Those filing with TOPO on behalf of applicant/owner

Last Name: _____ First Name: _____

Business Name: _____

Registration Number: _____

Email Address: _____

Business Telephone: _____ Cell Number: _____

Business Address: _____

City: _____ State: _____ Zip: _____

5 Job/Project Type: Required for all applications. Choose one.

Check off the type of work that is being completed below:

___ New Building ___ Alteration filing ___ Subdivision/Merger (Tentative RP602 form required)

___ Demolition ___ Superseding Applicant ___ Other (explain): _____

The following must be included in your application based on the kind of work being done:

Topo application Form (TF-1)

Topo job information form (TF-2)

DOB PD-1 form

Deed & Schedule A (as described in TF-1)

Notarized letter from owner (Required for apps. w/o DOB filings)

Note: Only the Owner can apply for addresses, if owner cannot attend and there are no DOB filings involved, a notarized letter giving permission to apply on their behalf must be submitted.

1st floor plans (as described in #4 on TF-1)

Pictures of each street side of location (for existing buildings w/o plans)

Survey (if applicable or requested by Topo Staff)

DOF - RP602 form (Required for lots in a merger/subdivision)

A Street Number application for all new or affected lots listed on RP602.

Note: Every tax lot listed in the "new lot(s)" or "affected lot(s)" area at the bottom, must apply for address assignment or verification. We must have all applications to move forward with any application. If your team is not working on that lot, please coordinate with the owner to have those other applications submitted.

\$100 per entrance/per application set

6 | Job Description

7 | Tax Lot Characteristics

Original Tax Lots being merged or reapportioned (if applicable)

Tentative Tax Lot Numbers (new tax lots only)

8 | Comments

9 | Property Owner Information

Owner Type: Tenant/Shareholder Individual Partnership/ Corporation Condo/Co-Op
 NYCHA/HHC/SCA NYC Agency Other Government Agency

Name (please print): _____

Relationship to owner: _____

Business Name/Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

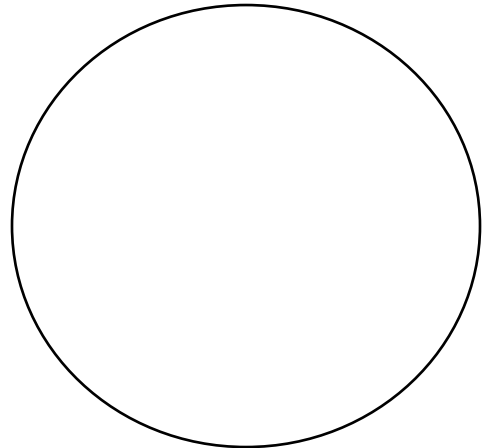


10 Applicant's Statement and Signature

I hereby certify that I prepared or supervised the preparation of the documents submitted herewith and that the information indicated in this document is true and accurate to the best of my knowledge. I acknowledge that all street numbers are assigned based on the building's entrance location and that the Topographical Bureau will assign addresses to new buildings or buildings with new entrances as appropriately as possible. I understand that if I am found after to have falsified any information provided or forged/erased any assignment the Topographical Bureau has given, I will be barred from filing with the Bureau in the future.

Name (print): _____

Sign/Date: _____



[P.E./ R.A. applicants apply seal then sign & date]

11 INSTRUCTIONS TO APPLICANT

ADDITIONAL ADDRESSES:

All residential, commercial, retail, community facility, office and ambulatory facility entrances must apply for their own address at time of submittal.

PLAN REQUIRMENTS:

Applications with a frontage on a street greater than 50 ft OR with a lot size greater than 5,000 sq. ft. must include a 1-page 1st floor plan with a site/plot plan overlay, no bigger than 11 x17

PLANS WILL ALSO BE REQUIRED FOR ANY LOT IN WHICH ADDITIONAL ADDRESSES ARE REQUESTED OR IF THERE IS A DESCREPENCY OF WHERE AN ENTRANCE IS LOCATED.

Plans must include the following:

- No red ink
- north arrow
- all street names
- depiction of full tax lot (not just building)
- dimensions of tax lot(s)
- distance to nearest corner
- distance to the main entrance
- footprint of building
- location of entrances/doors
- Seal of Registered Architect or Engineer