Department of City Planning
120 Broadway, 31st Floor
New York, NY 10271

SPARC Kips Bay
PROJECT NAME

2024M0158
PROJECT ID NUMBER

SUBMISSION DATE

Signature Form

Section 1. Package & Project Information

Land Use

Package Type (e.g. PAS, Land Use, EAS, WRP, EIS)

Package Version

LAND USE APPLICATIONS ONLY

Action Code	Action Type
PC	Site Selection & Acquisition

Action Code	Action Type

Section 2. Signature

ANY PERSON WHO SHALL KNOWINGLY MAKE A FALSE REPRESENTATION ON OR WHO SHALL KNOWINGLY FALSIFY OR CAUSE TO BE FALSIFIED ANY FORM, MAP, REPORT OR OTHER DOCUMENT SUBMITTED IN CONNECTION WITH THIS APPLICATION SHALL BE GUILTY OF AN OFFENSE PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH, PURSUANT TO SECTION 10-154 OF THE CITY OF NEW YORK ADMINISTRATIVE CODE. A PERSON WHO IS A SIGNATORY FOR A DOCUMENT SHALL BE CONSIDERED TO HAVE SUBMITTED SUCH DOCUMENT.

NYC Office of Chief Medical Examiner

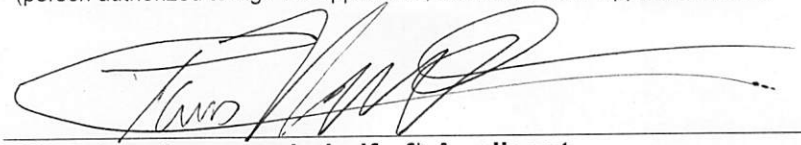
Printed Name of Applicant
(name, company/agency or organization)

Robert Van Pelt

Printed Name of Authorized Applicant Representative*
(person authorized to sign the application, if different from 'Applicant' above)

Chief of Staff

Title



Signature by or on behalf of* Applicant

5/22/2024

Date

*Note that signatures on behalf of an applicant may require the submission of materials that demonstrate the authority of the signer to sign on behalf of the company/agency/organization. Please contact the Lead Planner to determine if this is necessary.