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

New York Blood Center
PROJECT NAME

2019M0430
PROJECT ID NUMBER

March 23, 2021
SUBMISSION DATE

# Signature Form

## Section 1. Package & Project Information

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

Filed Land Use
**Package Name**
(Indicated on applicant portal or ask Lead Planner)

| Action Code | Action Type |
|---|---|
| ZMM | Zoning Map Amendment |
| ZRM | Zoning Text Amendment |
| ZSM | Zoning Special Permit |
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## 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.

New York Blood Center, Inc.
**Printed Name of Applicant**
(name, company/agency or organization)

Christopher D. Hillyer, M.D.
**Printed Name of Applicant Attester**
(person authorized to sign the application, if different from 'Applicant' above)

President & CEO
**Title**

Christopher Hillyer (Mar 22, 2021 12:15 EDT)
**Signature by or on behalf of* Applicant**

03/22/2021
**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.