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

Lenox Hill Hospital
PROJECT NAME

P2017M0299
PROJECT ID NUMBER

December 23, 2024
SUBMISSION DATE

Signature Form

Section 1. Package & Project Information

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

FLUA1
Package Version

LAND USE APPLICATIONS ONLY

Action Code	Action Type
ZM	Zoning Map Amendment
ZR	Zoning Text Amendment
ZS	Special Permit (74-904)
ZA	Authorization (66-511)

Action Code	Action Type
ZC	Certification (66-21(c))

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.

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

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

President
Title

Daniel Baker, MD
Digitally signed by Daniel Baker, MD
Date: 2024.12.19 14:09:46 -05'00'
Signature by or on behalf of* Applicant

12/19/24
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.