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

IKOS Senior Living
PROJECT NAME

2024Q0177
PROJECT ID NUMBER

01/31/25
SUBMISSION DATE

Signature Form

Section 1. Package & Project Information

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

1
Package Version

LAND USE APPLICATIONS ONLY

Action Code	Action Type
ZM	Zoning Map Amendment
ZR	Zoning Text Amendment
HA	Urban Devt. Area Action

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 Department of Housing Preservation and Development
Printed Name of Applicant
(name, company/agency or organization)

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

Executive Director, Land Use and Policy
Title

Arielle Goldberg
Digitally signed by Arielle Goldberg
Date: 2025.01.30 15:51:07 -05'00'
Signature by or on behalf of* Applicant

1/30/25
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.