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

MSK Pavilion
PROJECT NAME

2022M0359
PROJECT ID NUMBER

SUBMISSION DATE

Signature Form

Section 1. Package & Project Information

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

Version 1
Package Version

LAND USE APPLICATIONS ONLY

Action Code	Action Type
ZM	
ZR	
ZA	
ZS	

Action Code	Action Type
ZS/Mod	
LD	
ZC	Curb Cuts Certification
GF	Revocable consent for a skybr

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.

Memorial Sloan Kettering Cancer Center
Printed Name of Applicant
(name, company/agency or organization)

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

Vice President
Title

Kimberly Wright
Signature by or on behalf of* Applicant

12/27/2023
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.