

NOTICE OF CERTIFICATION

Pursuant to the Uniform Land Use Review Procedure

Application #:

Project Name:

CEQR Number:

Borough(s):

Community District Number(s):

Please use the above application number on all correspondence concerning this application

Docket Description:

Related Applications:				
Applicant(s):			Applicant's Representative:	
Contact: Address questions about this application to the following DCP office: DEPARTMENT OF CITY PLANNING				
Address:				
Phone: Fax:				
Public Review Timeline:				
On Additional and the above listed application was certified as complete by the Department of City Planning. The] ^¦ā́ aʿ/for community board review begins on Add must be completed by				

