



COMPENSATION INSURANCE has been secured in accordance with the requirements of the Workmen's

Compensation Law as follows: State Ins. Fund W 393 335-5 Exp. 1-1-72

Owner East Side Health Services, Inc. No. 753 East 5th St.,  
Name and Relationship to Premises Address  
Name and Relationship to Premises Address

(If a corporation, give full name and address of at least two officers.)

Wrecker Cross Bay Wrecking Corp. Address 248 - 55th St., B'klyn, N.Y.

Anthony D'Agositno

states that he resides at

248 - 55th St., B'klyn, N.Y. and has been fully authorized to file this demolition notice by

H.D.A. 2 Lafayette Skt., N.Y.C. who is the  
(Name) (Address)

Owner of the building to be demolished as herein prescribed and said owner  
(Owner, Etc.)

consent to the demolition has been obtained by me and that all statements contained in this application are true and correct.

Dated Sign here, with full name Anthony D'Agositno  
(Applicant)

CROSS BAY WRECKING CORP.

(If a corporation, name and title of officer signing)

248 @ 55th Skt., N'klyn, N.Y. 11220  
(Address)

Falsification of any statement is an offense under Section 982-9.0 of the Administrative Code and is punishable by a fine of not more than five hundred dollars (\$500.00) or imprisonment of not more than sixty (60) days or both.

Referred to U. B. Clerk 255/67 on JAN 12 1971 19

for report, stating all pending unsafe building cases against the property covered by this notice, and all unpaid bills for emergency work or survey and search fees, if any. Form 117 issued 11/25/70 Survey Fee due \$65

(Dated) JAN 12 1971 (Signed) R. Conway

Referred to Inspector on 19

for supervision, and FINAL REPORT when work has been completed.

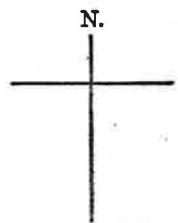
DEMOLITION COMMENCED 19

DEMOLITION COMPLETED 19

(Dated) (Signed)

Inspector District

### PLOT DIAGRAM



The north point of the diagram must agree with the arrow.