


**Fwd: Department of Buildings Electronic Filing Payment Confirmation Receipt**

1 message

**Eleni Demetriades** <eleni@livingny.com>  
To: Lan Ngo <lan@livingny.com>

Fri, May 16, 2025 at 11:51 AM

  
**Receipt for Elevators Compliance Filing**

Receipt			
<b>Date Paid:</b>	05/16/2025	<b>Total Number of Elevator Inspection/Test Reports:</b>	1
<b>Invoice #:</b>	1010586386	<b>Total Amount Paid:</b>	\$ 30.00
List of Elevators - Paid			
Tracking #	Address	Amount Paid	
ELV3-1P45340-1265630	534 WEST 42 STREET MANHATTAN		\$ 30.00
		<b>Service Fee:</b>	<b>\$0.00</b>
		<b>Total Amount Paid:</b>	<b>\$ 30.00</b>

----- Forwarded message -----

From: &lt;noreply@finance.nyc.gov&gt;

Date: Fri, May 16, 2025 at 11:50 AM

Subject: Department of Buildings Electronic Filing Payment Confirmation Receipt

To: &lt;eleni@livingny.com&gt;

**Thank you for your payment.****Payment Amount:**

\$30.00

**Receipt Number:** CPY045215133  
**Transaction Date:** 05/16/2025 11:50:16 AM  
**Payment Type:** CHECK \*\*\*\*\*9300

Thank you for your payment.

Please note that all times reflect Eastern Time (ET). Please use [this link](#) for any questions.

Please keep this page for your records.

CATEGORY 1 ELEVATOR INSPECTION REPORT	\$30.00
DOB NOW Safety	
Payment for Elevators Safety compliance report	
Filing Fee	

**Payment Amount: \$30.00**

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Best regards,  
Eleni Demetriades  
Director of Operations

**LIVING**  
NEW YORK

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