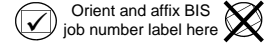




ZRD1: Zoning Resolution Determination Form

Must be typewritten.



1 Location Information *Required for all requests on filed applications.*

House No(s)	Street Name			
Borough	Block	Lot	BIN	CB No.

2 Applicant Information *Required for all requests on filed applications.*

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	Mobile Telephone	
License Type <input type="checkbox"/> P.E. <input type="checkbox"/> R.A.	License Number	
DOB PENS ID # (if available)		

3 Attendee Information *Required if different from Applicant in section 2 or no Applicant.*

Relationship to the property: Filing Representative Attorney Other:

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	Mobile Telephone	
License/Registration # (if P.E./R.A./Attorney)		
DOB PENS ID # (if available)		

4 Nature of Request *Required for all requests. Only one request may be submitted per form.*

Note: Use this form only to request Zoning Resolution determination (for all other requests, use CCD1 form)

Determination request issued to: Borough Commissioner's Office Technical Affairs

Job associated with this request? Yes (provide job#/doc#/examiner name below) No

Job Number: _____ Document Number: _____ Examiner: _____

Has this request been previously denied? Yes (**attach all denied request form(s) and attachment(s)**) No

Indicate total number of pages submitted with this request, including attachments: **(attachment may not be larger than 11" x 17")**

Indicate relevant Zoning Resolution section(s): _____

Indicate all Buildings Department officials that you have previously reviewed this issue with (if any):

- Borough Commissioner
- Code & Zoning Specialist
- General Counsel's Office
- Deputy Borough Commissioner
- Chief Plan Examiner
- Other:

ADMINISTRATIVE USE ONLY		
Reference #:	Appointment date:	Appointment time:
Appointment Scheduled With:		
Comments:		
Reviewed By:	Date	Time:

5	Description of Request (additional space is available on page 3)
Note: Buildings Department officials will only interpret or clarify the Zoning Resolution. Any request for variations of the Zoning Resolution must be filed with the Board of Standards and Appeals (BSA) or the Department of City Planning (DCP).	

Please itemize all attachments, including plans/sketches, submitted with this form. If request is based on a plan examiner objection, type in the applicable objection text exactly as it appears on the objection sheet.

Note: Buildings Department Determination will be issued on the ZRD1 Response Form

ADMINISTRATIVE USE ONLY			
Reviewed By:	Date:	Time:	

6	Description of Request (use this section if additional space is required for description)
----------	--

Note: Buildings Department Determination will be issued on the ZRD1 Response Form

7	Statements and Signature <i>Required for all requests</i>
----------	--

I hereby state that all of the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine, or both.

Name (please print)	
Signature	Date
P.E. / R.A. Seal <i>(apply seal, then sign and date over seal – not required for Attorneys on unfiled applications)</i>	

ADMINISTRATIVE USE ONLY	
--------------------------------	--

Reviewed By:	Date	Time:
---------------------	-------------	--------------