



City of New York
Board of Standards and Appeals
40 Rector Street, 9th Floor
New York, NY 10006-1705
 Phone: (212) 788-8500
 Fax: (212) 788-8769

Appeals (A) Calendar
Application Form

BSA APPLICATION NO. _____

Section A

**Applicant/
Owner**

NAME OF APPLICANT			OWNER OF RECORD		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
AREA CODE	TELEPHONE		LESSEE / CONTRACT VENDEE		
AREA CODE	FAX		ADDRESS		
EMAIL			CITY	STATE	ZIP

Section B

**Site
Data**

**All sections
must be
completed**

STREET ADDRESS (INCLUDE ANY A/K/A) _____

DESCRIPTION OF PROPERTY BY BOUNDING OR CROSS STREETS _____

BLOCK	LOT(S)	BOROUGH	COMMUNITY DISTRICT NO.	CERTIFICATE OF OCCUPANCY NO.
CITY COUNCILMEMBER	EXISTING ZONING DISTRICT (include special zoning district, if any)		ZONING MAP NUMBER	

Section C

Decision

Appeal Application is made from a decision of the: FIRE DEPARTMENT DEPARTMENT OF BUILDINGS OTHER

DATED _____ ACTING ON APPLICATION NO. _____

Section D

Description

(LEGALIZATION YES NO IN PART)

Section E

**BSA History
and
Related
Actions**

If "YES" to any of the below questions, please explain in the STATEMENT OF FACTS YES NO

Has the premises been the subject of any previous BSA application(s)?.....

PRIOR BSA APPLICATION NO(S): _____

Are there any applications concerning the premises pending before any other government agency?

Is the premises the subject of any court action?.....

I HEREBY AFFIRM THAT BASED ON INFORMATION AND BELIEF, THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN THE PAPERS ARE TRUE

SWORN TO ME THIS ____ DAY OF _____ 20__

Signature of Applicant, Corporate Officer or Other Authorized Representative _____

Print Name _____ Title _____

NOTARY PUBLIC