



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

ZONING (BZ) CALENDAR

Application Form

BSA APPLICATION NO. _____

CEQR NO. _____

Section A

Applicant/ Owner

Form with fields: NAME OF APPLICANT, OWNER OF RECORD, ADDRESS, CITY, STATE, ZIP, AREA CODE, TELEPHONE, LESSEE / CONTRACT VENDEE, EMAIL.

Section B

Site Data

All sections must be completed

Form with fields: 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., EXISTING ZONING DISTRICT, ZONING MAP NUMBER, CITY COUNCILMEMBER.

Section C Department Of Buildings Decision

Form with fields: BSA AUTHORIZING SECTION(S):, FOR: VARIANCE SPECIAL PERMIT (Including 11-41), SECTION(S) OF ZONING RESOLUTION SOUGHT TO BE VARIED:, DOB DECISION (OBJECTION / DENIAL) DATED:, ACTING ON APPLICATION NO:.

Section D Description

Form with field: (LEGALIZATION YES NO IN PART)

Section E BSA History and Related Actions

Form with text: 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?.....

Form with text: 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