



**Board of Standards
and Appeals**

250 Broadway, 29th Floor
New York, NY 10007
212-386-0009 - Phone
646-500-6271 - Fax
www.nyc.gov/bsa

ZONING (BZ) CALENDAR
Application Form

BSA APPLICATION NO. _____

CEQR 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**

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

ZIP CODE _____

DESCRIPTION OF PROPERTY BY BOUNDING OR CROSS STREETS _____

BLOCK _____

LOT(S) _____

BOROUGH _____

COMMUNITY DISTRICT _____

LANDMARK/HISTORIC DISTRICT _____

CITY COUNCIL MEMBER _____

ZONING DISTRICT _____
(include special district, if any)

ZONING MAP NUMBER _____

Section C

**Dept of Building
Decision**

BSA AUTHORIZING SECTION(S) _____ for VARIANCE SPECIAL PERMIT (Including 11-41)

Section(s) of the Zoning Resolution to be varied _____

DOB Decision (Objection/ Denial) date: _____ 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

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

PRIOR BSA APPLICATION NO(S): _____

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

3. Is the property the subject of any court action?.....

Section F

Signature

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

Signature of Applicant, Corporate Officer or Other Authorized Representative _____ SWORN TO ME THIS _____ DAY OF _____ 20____

Print Name _____

Title _____

NOTARY PUBLIC _____