

BSA Calendar No. _____

CEQR No.

APPEAL (A CALENDAR) APPLICATION

Instructions

- **Step 1:** Initial Application Filing. To file an appeal or other A-Calendar application, the applicant must complete this form and email the completed form and all other required application materials to <u>bsafilings@bsa.nyc.gov</u>. Please review the <u>Appeal (A Calendar) Checklist</u>, which describes the materials that the applicant must file with this form; you must also fill out and file the Checklist with your application. After you file your appeal, BSA staff will respond by email and state if BSA accepts the filing, rejects the filing, or requires more information.
- Step 2: Fee Payment and Application Referral. If BSA staff accepts the initial appeal filing, staff will send the applicant an email with directions describing how to pay the application fees. The applicant must also refer the initial application to required governmental entities as described in Rules of Practice and Procedures § <u>1-06.4</u>.
- Step 3: Application Review and Post-Filing Submissions. After the applicant pays the fees and provides BSA with proof of referral, a BSA project manager will be assigned to the application. The project manager will review the application; send a Notice of Comments to the applicant; inform the applicant when the application is scheduled for a public hearing; and serve as the primary liaison between the applicant, its representative, relevant governmental entities, and the Board. Please note that applicants will be required to submit some application materials after filing the initial application ("post-filing" items). Post-filing items are described in the Appeal (A Calendar) Checklist. BSA staff or the Board may also direct the applicant to revise previously submitted materials or submit supplemental items. The applicant must email post-filing, revised, and supplemental materials to submit@bsa.nyc.gov.

If you need assistance with this form or have questions about the required materials or procedure, please contact BSA staff at (212) 386-0009. Note: failure to submit the required items and respond to BSA comments within the submission deadlines may result in dismissal of the application.

Section A	Site Data							
Street Address	s (include any a	alternate addres	ses)					
Borough		Block		Lot(s)	Building Identification Number(s)		er(s)	
Zoning District(s)		Zoning Map Number(s)		Community District	City Council Member			
Special Purpose District				Landmark/Historic District				
Section B	Applicant T	eam Informat	ion					
Applicant Firm		Applicant Firm Address		City	S	State	Zip	
Applicant Contact Name			Email			Phone		
Owner of Record Name			Applicant / Owner Address		City	<u>_</u>	State	Zip
Lessee / Contract Vendee Name			Lessee / Contract Vendee Address		City	<u>s</u>	State	Zip

Appeal (A) Application

NYCBSA

Section C Appeal Information

Agency	Agency Decisio (i.e. Job/Applic	on Number(s) ation, Permit, or CO	Date of Agency Decision	
Appeal Type (S	elect all that apply):			
Appeal of	an Agency Decision or Determinat	tion		
Cite Sectior	(s) of Law to be Reviewed: (i.e. NYC Adm	nin. Code, RCNY, Mu	Itiple Dwelling Law (MDL),	or General City Law (GCL))
Appeal by	DOB to Revoke or Modify a Certifi	icate of Occupan	cy (or Other Appeal b	y a City Agency)
Cite Section	(s) of Law to be Reviewed: (i.e. NYC Adm	nin. Code, RCNY, ME	DL, or GCL)	
Waiver of	NYS GCL §35			
	g Resolution (ZR) § 72-01(g) waive explain in Section D below and in the St		Yes No d Findings; cite relevant 2	R sections.
Waiver of	NYS GCL §36			
Waiver of				
	Cite MDL Authorizing and	Waiver Section(s)		
Common	aw Vested Right Appeal	Permit Lapse	Date of ZR Text Amer	ndment
Variance of	of NYC Building Code, Appendix G			
		Cite Section(s) fo	r Waiver(s) Sought	
Amendme	nt of a Previously Granted Appeal	BSA Calendar No		
Section D P	roject Description			

Briefly describe the existing site, agency decision, and proposed interpretation, waiver, or other action.

Section E Affidavit Of Applicant

I hereby affirm that, under penalty of perjury, all the above information and the statements contained in this certification are true and correct to the best of my knowledge, information, and belief.

Subscribed and sworn to before me this

Other at the Of Annulle and	0	Or Other Authorized Agent
Nonati ire (it Anniicant	Corporate Officer	Or Other Authorized Adent
orginature or Applicant,		

_____ day of _____, 20____

Print Name

Notary Public