

BSA APPLICATION BILLING AND PAYMENT INFORMATION

Section A (Applicant's Representative and Owner of Record or Operator)

<p>_____ Name of Applicant's Representative Firm</p> <p>_____ Contact Person</p> <p>_____ Phone Number</p> <p>_____ Email</p>	<p>_____ Payee's Name</p> <p>_____ Phone Number</p> <p>_____ Email</p>
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Section B (Site Data)

<p>_____ Street Address</p> <p>_____ Borough Block Lot(s)</p>	<p>_____ BIN #</p> <p>_____ BSA Calendar Number</p> <p>_____ Date Filed</p> <p>_____ Project Name</p>
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Section C (Payment Info)

<p>_____ Line of Service/Unit</p> <p>_____ Budget Code Revenue Source Sub-Revenue Source</p>	<p>_____ BSA Receipt Number</p>
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Section D (Payment Summary)

Variance/SP	\$	Admin. Appeal	\$	Copies	\$
CEQR	\$	GCL Waivers	\$	Transcripts	\$
Extension of Term	\$	MDL Waivers	\$	Media	\$
Amendment	\$	BZY Vested Rights	\$	Other	\$
Waiver	\$	Common Law	\$		
Extension of Time	\$	Code Waiver	\$		
LSC Request	\$	Other	\$		
Archive Request	\$				

Section E (BSA Administrative)

Records Unit Specialist Date Total Amount Due