

## BZ APPLICATION FORM

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

Name of Applicant's Representative Firm	Applicant (Owner of Record or Operator)
Contact Person	Address
Address	Email
City State Zip	Lessee/Contract Vendee
Phone Number	Address
Email	Email

**Section B (Site Data)**

Street Address BIN #	Community Board Council District Zip Code
Borough Block Lot(s)	NYC Council Member
Zoning District (Including Special Purpose District)	Landmark Designation/Historic District

**Section C (Department of Buildings Decision)**

BSA Authorizing Section(s)	DOB Decision (Objection/Denial) Date Legalization
Section of ZR to Be Varied	Acting on (NB/Alt.) Application No.

**Section D (Project Description)**

--

**Section E (Affidavit of Applicant)**

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

\_\_\_\_\_ Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature of Applicant, Corporate Officer or Other Authorized Agent

Print Name Title Notary Public