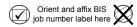


ZRD1: Zoning Resolution Determination Form

Must be typewritten.



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Use t	this form only to request Zoning Resolu	ition determination (use CC	D1 for all oth	er requests) •		•	
1	Location Information Required	or all requests on filed appl	ications.				
	House No(s)	Street Name					
	Borough	Block	Lot	BIN	CB No.		
2	Applicant Information Required for all requests on filed applications.						
	Last Name	First Name			Middle Initial		
	Business Name			E	Business Telephone		
	Business Address				Business Fax		
	City	State		Zip	Mobile Telephone		
	E-Mail				License Number		
	License Type 🔄 P.E.	R.A.		DOB PEN	S ID # (if available)		
3	Attendee Information Required if different from Applicant in Section 2 or no Applicant.						
	Relationship to the property: Attor		. ,	Other			
	Last Name	F	irst Name		Middle Initial		
	Business Name			E	Business Telephone		
	Business Address				Business Fax		
	City	State		Zip	Mobile Telephone		
	E-Mail		Lic	ense/Registration	# (if P.E./R.A./R.L.A./Attorney)		
4	Nature of Request Required for a	all requests. Only one requ	est may be si	ubmitted per form.			
	Determination request is for: Determination Predetermination						
	Determination request issued to: Borough Commissioner's Office (Initial) Technical Affairs (Appeal) Job associated with this request? Yes (provide job # / doc # / obj # / examiner name below) No						
Job #: Document: Objection #: Examiner:							
	Has this request or a similar one been previously Denied? Yes (attach all denied request form(s) and attachment(s)) INO Enter short description of Technical Topic (5 words or less):						
	Enter All Control #(s) for related CCI					·····	
	Request for 1-3 family dwelling?	Yes No For HPD Affo	ordable Housi	ng? 🗌 Yes 🔲 N	Io Fee Exempt per 28-112.1	? 🗌 Yes 🗌 No	
	Zoning District(s):				MDL:		
	Zoning Overlay(s):				BBs:		
	Special District(s):				Other:	· · · · · · · · · · · · · · · · · · ·	
	ZR Section:	Code Section:	Ru	e #:	TPPN, Memo:		
	Indicate all Buildings Department officials that you have previously reviewed this issue with (if any):	Borough CommissioneDeputy Borough Comm		Code & Zoning S Chief Plan Exam	·	sel's Office	
	ADMINISTRATIVE USE ONLY						
	Control #: Appointment date: Appointment Scheduled With: Comments: Review Team Members: Comments:						
	Reviewed By:			Date			

5 Description of Request (additional space is available on page 3)

NOTE: Buildings Department officials will only interpret or clarify the Zoning Resolution. Any request for variations of the Zoning Resolution must be filed with the Board of Standards and Appeals (BSA) or the Department of City Planning (DCP).

Please itemize all attachments, including plans/sketches, submitted with this form. (*attachment may not be larger than 11" x 17"*) If request is based on a plan examiner objection, type in the applicable objection text exactly as it appears on the Objection sheet and include a copy of the Objection sheet in the submitted Pdf.

NOTE: Department of Buildings Determination will be issued on the ZRD1 Response Form

6	Statements and Signature Required for all requests (If Attorney, include 'Esquire' or 'Esq.' in signature)				
	I hereby state that all of the above information is my knowledge. Falsification of any statement is a		Name (please print)		
	by a fine or imprisonment, or both. It is unlawful City employee to accept, any benefit, monetary of properly performing the job or in exchange for sp punishable by imprisonment or fine, or both.	or otherwise, either as a gratuity for	Signature Date		
			P.E./R.A. Seal (apply seal, then sign and date over seal – not required for Attorneys on unfiled applications)		
	ADMINISTRATIVE USE ONLY	Control #:			
	Reviewed By:	Date:			

PAGE 2

7 Description of Request (use this section if additional space is required for description)

NOTE: Department of Buildings Determination will be issued on the ZRD1 Response Form

8	8 Statements and Signature Required for all requests (If Attorney, include 'Esquire' or 'Esq.' in signature)					
	I hereby state that all of the above information is my knowledge. Falsification of any statement is by a fine or imprisonment, or both. It is unlawful	a misdemeanor and is punishable	Name (please print)			
	City employee to accept, any benefit, monetary of properly performing the job or in exchange for sp punishable by imprisonment or fine, or both.	or otherwise, either as a gratuity for	Signature Date			
			P.E. / R.A. Seal (apply seal, then sign and date over seal – not required for Attorneys on unfiled applications)			
	ADMINISTRATIVE USE ONLY	Control #:				
	Reviewed By:	Date				