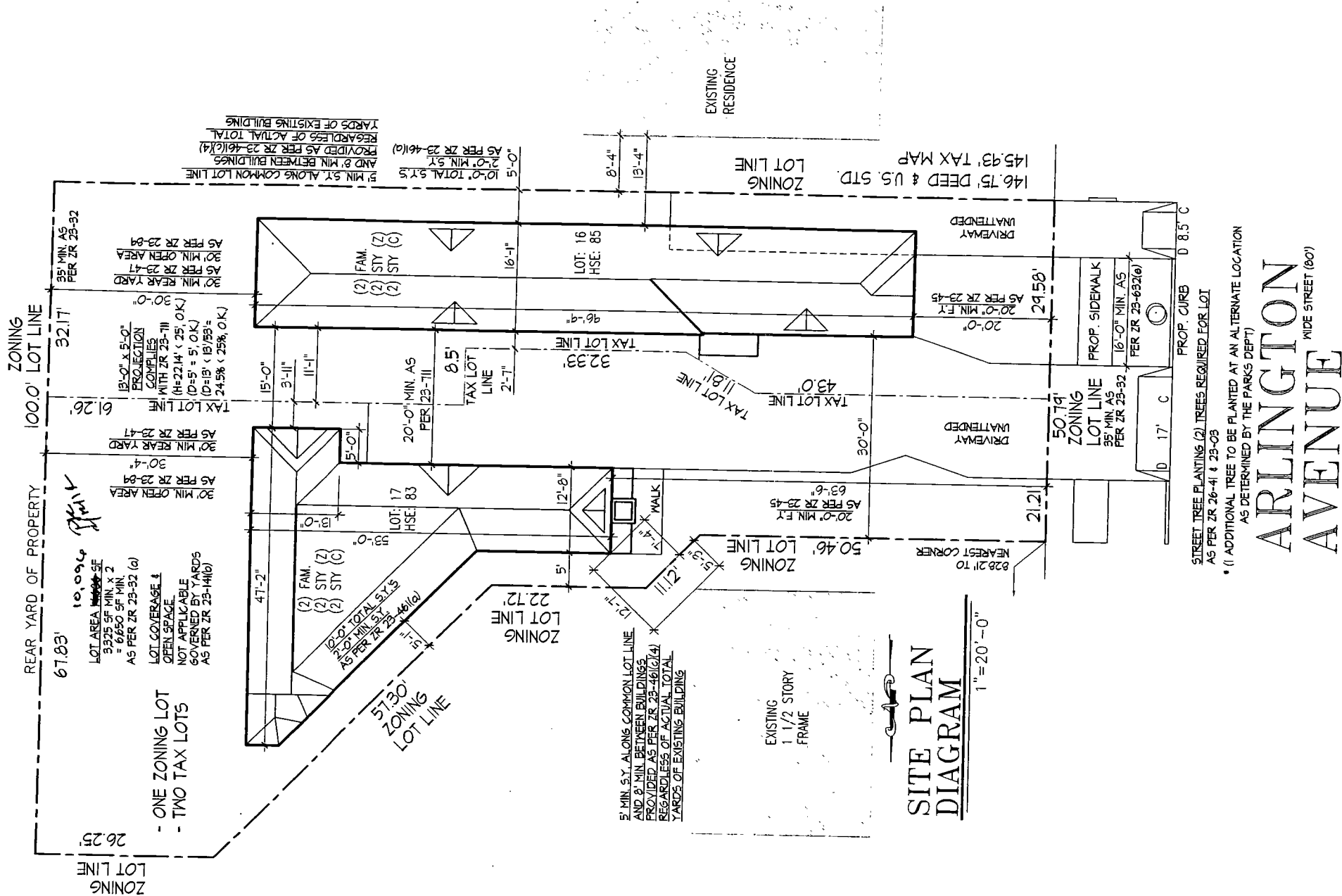


LEGEND

- R3-X
OUTSIDE FIRE DISTRICT
PROPOSED BUILDING
EXISTING BUILDING
PERMITTED OBSTRUCTION
ZONING LOT LINE
RIDGE LINE
NEW TREE TO BE PLANTED
EXISTING TREE TO REMAIN



ZD1 Zoning Diagram
Must be typewritten.



Submitted to resolve objections stated in a notice of intent to revoke issued pursuant to rule 101-15.
☐ Yes ☒ No

Location Information

House No(s) 85
Street Name ARLINGTON AVENUE
Borough STATEN ISLAND
Block 1263
Lot 16
BIN 5164388

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (please print)
PETER D. CALVANO, P.E.
Signature
Date
01-15-14

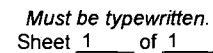


P.E. / R.A. Seal (apply seal, then sign and date over seal)

Internal Use Only

BIS Doc #

PLAN EXAMINER SIGN AND DATE



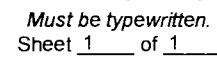
Last Name	CALVANICO	First Name	PETER	Middle Initial	J
Business Name	CALVANICO ASSOCIATES			Business Telephone	718 494-0444
Business Address	2535 VICTORY BOULEVARD			Business Fax	718 494-9884
City	STATEN ISLAND	State	NY	Zip	10314
E-Mail	PJC@CALVANICOARCHITECTURAL.COM			Mobile Telephone	
				License Number	070793

Dwelling Units 2 Parking area 459 sq. ft. Parking Spaces: Total 3 *** Enclosed 0

- ☐ Variance Cal. No. _____ Authorizing Zoning Section 72-21
☐ Special Permit Cal. No. _____ Authorizing Zoning Section _____
☐ General City Law Waiver Cal. No. _____ General City Law Section _____
☐ Other Cal. No. _____

- | | | |
|---|-----------------|----------------------------------|
| <input type="checkbox"/> Special Permit | ULURP No. _____ | Authorizing Zoning Section _____ |
| <input type="checkbox"/> Authorization | App. No. _____ | Authorizing Zoning Section _____ |
| <input type="checkbox"/> Certification | App. No. _____ | Authorizing Zoning Section _____ |
| <input type="checkbox"/> Other | App. No. _____ | |

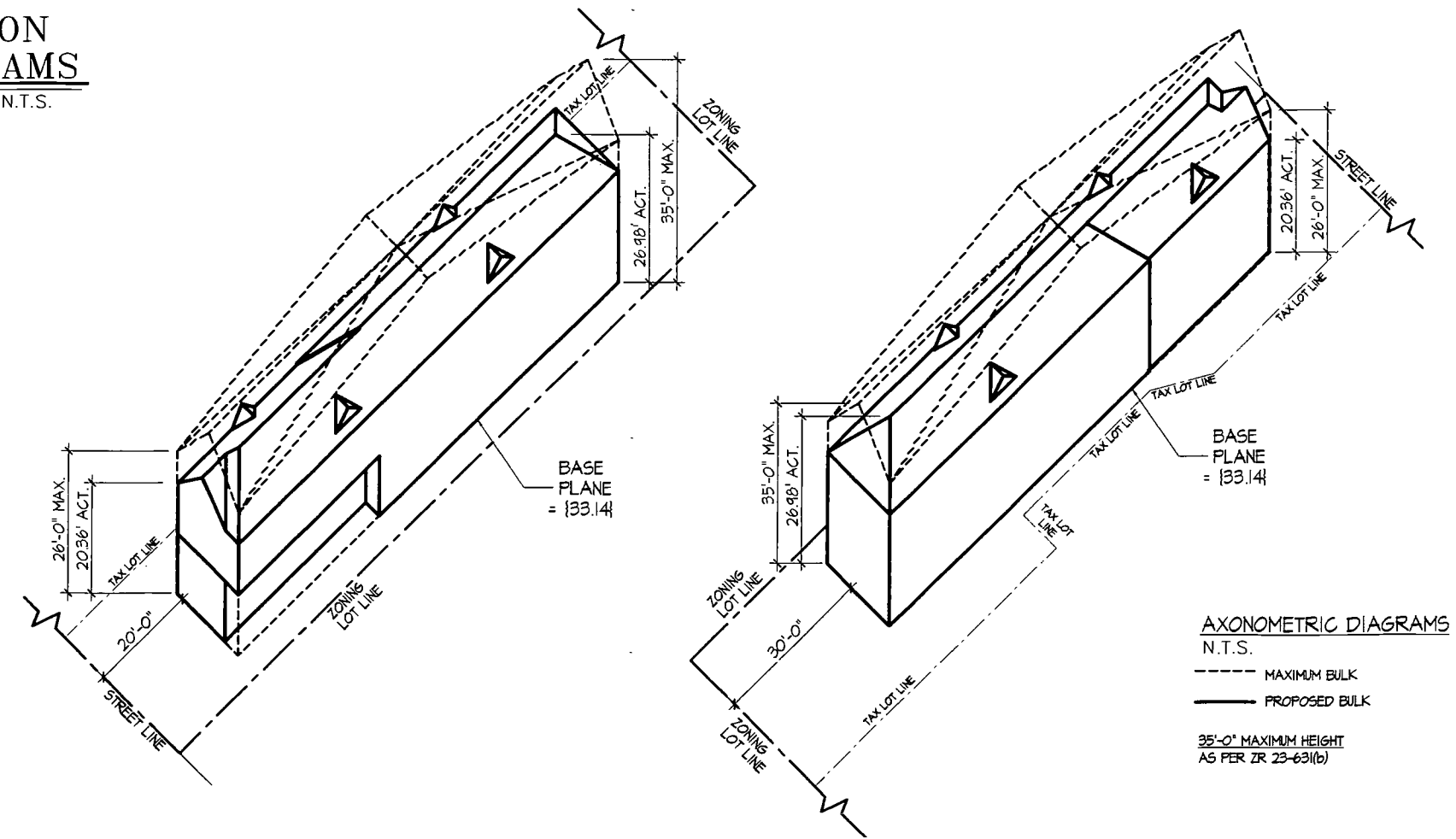
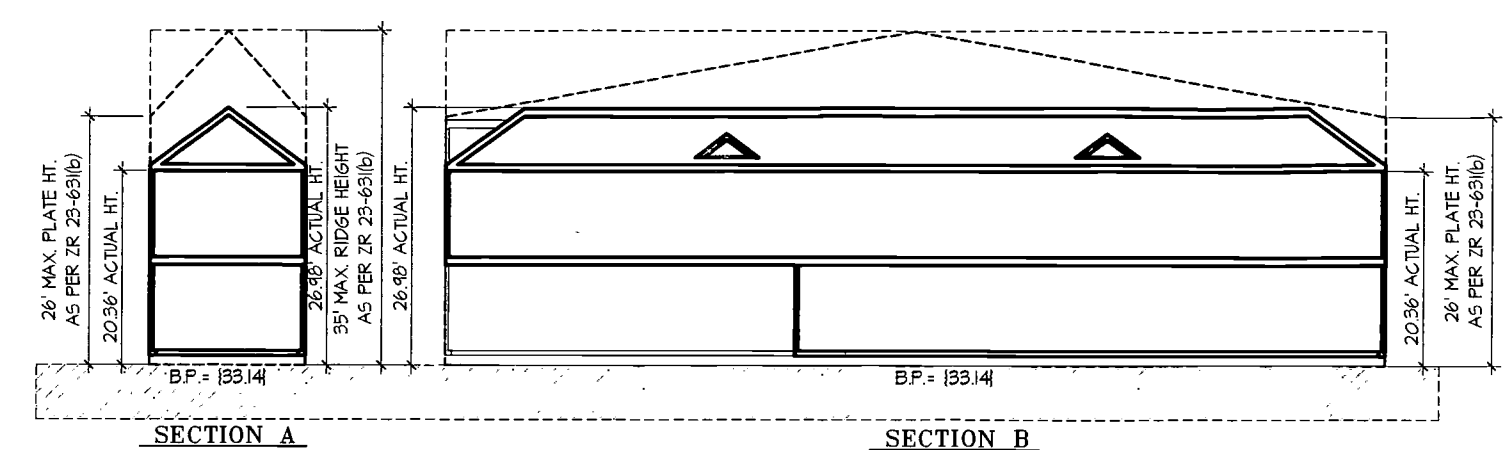
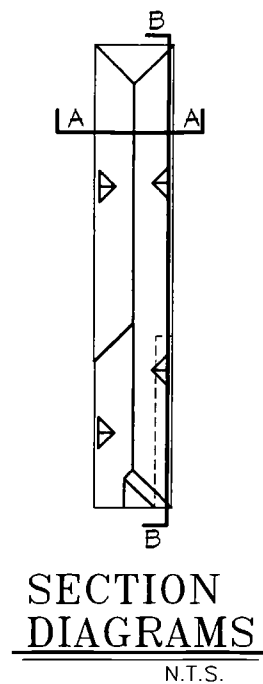
7/09



Last Name	CALVANICO		First Name	PETER	Middle Initial	J
Business Name	CALVANICO ASSOCIATES				Business Telephone	718 494-0444
Business Address	2535 VICTORY BOULEVARD				Business Fax	718 494-9884
City	STATEN ISLAND	State	NY	Zip	10314	Mobile Telephone
E-Mail	PJC@CALVANICOARCHITECTURAL.COM				License Number	070793

Dwelling Units	4	Parking area	918	sq. ft.	Parking Spaces: Total	6	Enclosed	0
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- | | | |
|---|-----------------|----------------------------------|
| <input type="checkbox"/> Special Permit | ULURP No. _____ | Authorizing Zoning Section _____ |
| <input type="checkbox"/> Authorization | App. No. _____ | Authorizing Zoning Section _____ |
| <input type="checkbox"/> Certification | App. No. _____ | Authorizing Zoning Section _____ |
| <input type="checkbox"/> Other | App. No. _____ | |



ZD1 Zoning Diagram
Must be typewritten.

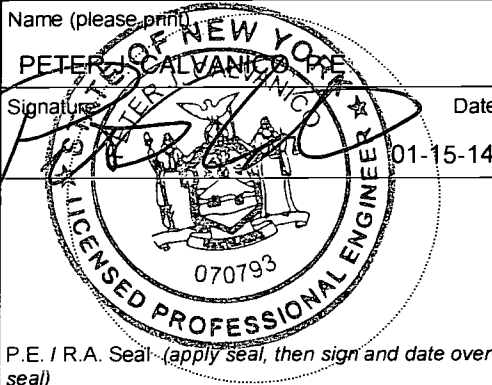
☒ Orient and affix BIS job number label here ☐

Submitted to resolve objections stated in a notice of intent to revoke issued pursuant to rule 101-15.
☐ Yes ☒ No

Location Information	
House No(s)	85
Street Name	ARLINGTON AVENUE
Borough	STATEN ISLAND
Block	1263
Lot	16
BIN	5164388

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Name (please print)
PETER CALVANO
Signature _____ Date **01-15-14**



P.E. / R.A. Seal (apply seal, then sign and date over seal)

Internal Use Only

BIS Doc # _____

PLAN EXAMINER SIGN AND DATE _____