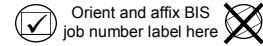




# ZRD1: Zoning Resolution Determination Form

Must be typewritten.



Use this form only to request Zoning Resolution determination (use CCD1 for all other requests)

## 1 Location Information Required for all requests on filed applications.

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

Business Telephone

Business Address

Business Fax

City

State

Zip

Mobile Telephone

E-Mail

License Number

License Type ☐ P.E. ☐ R.A.

DOB PENS ID # (if available)

## 3 Attendee Information Required if different from Applicant in Section 2 or no Applicant.

Relationship to the property: ☐ Attorney ☐ Filing Representative (Class 2) ☐ Other

Last Name

First Name

Middle Initial

Business Name

Business Telephone

Business Address

Business Fax

City

State

Zip

Mobile Telephone

E-Mail

License/Registration # (if P.E./R.A./R.L.A./Attorney)

## 4 Nature of Request Required for all requests. Only one request may be submitted 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)) ☐ No

Enter short description of Technical Topic (5 words or less): \_\_\_\_\_

Enter All Control #(s) for related CCD1/ZRD1 requests: \_\_\_\_\_

Request for 1-3 family dwelling? ☐ Yes ☐ No For HPD Affordable Housing? ☐ Yes ☐ No Fee Exempt per 28-112.1? ☐ Yes ☐ No

Zoning District(s): \_\_\_\_\_ MDL: \_\_\_\_\_

Zoning Overlay(s): \_\_\_\_\_ BBs: \_\_\_\_\_

Special District(s): \_\_\_\_\_ Other: \_\_\_\_\_

ZR Section: \_\_\_\_\_ Code Section: \_\_\_\_\_ Rule #: \_\_\_\_\_ TPPN, Memo: \_\_\_\_\_

Indicate all Buildings Department officials that you have previously reviewed this issue with (if any): ☐ Borough Commissioner ☐ Code & Zoning Specialist ☐ General Counsel's Office  
☐ Deputy Borough Commissioner ☐ Chief Plan Examiner ☐ Other

## ADMINISTRATIVE USE ONLY

Control #: \_\_\_\_\_ Appointment date: \_\_\_\_\_

Appointment Scheduled With: \_\_\_\_\_

Comments: \_\_\_\_\_

Review Team Members: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

# ZRD1: Zoning Resolution Determination Form

PAGE 2

<b>5</b>	<b>Description of Request</b> (additional space is available on page 3)
<p><i>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).</i></p>	

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**

<b>6</b>	<b>Statements and Signature</b> Required for all requests (If Attorney, include 'Esquire' or 'Esq.' in signature)	
<p>I hereby state that all of the above information is correct and complete to the best of my knowledge. 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.</p>		Name (please print)
		Signature <span style="float: right;">Date</span>
		<p>P.E./R.A. Seal (apply seal, then sign and date over seal – not required for Attorneys on unfiled applications)</p>

<b>ADMINISTRATIVE USE ONLY</b>	Control #:	
Reviewed By:		Date:

**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 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 correct and complete to the best of my knowledge. 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.

Name (please print)

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**