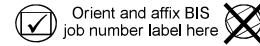




CCD1: Construction Code Determination Form

Must be typewritten.



Do not use this form for Zoning Resolution determination requests - use ZRD1 form

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. ☐ RLA ☐ Elevator (Co) Director ☐ Master Electrician 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/Lic.(Co)Director/Master Electrician)

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) ☐ Elevators

Job associated with this request? ☐ Yes (provide job # / doc # / obj # / examiner name below) ☐ No

Job/Application #: _____ Document #: _____ Objection #: _____ Examiner/Inspector: _____

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): _____

Construction Code (if applicable): ☐ 2022 Code ☐ 2014 Code ☐ 2008 Code ☐ 1968 Code ☐ Prior to 1968 Code

Electrical Code (if applicable): ☐ 2011 Code ☐ 2007 Code ☐ 2004 Code ☐ Prior to 2004 Code

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 ☐ Elevators ☐ Other

ADMINISTRATIVE USE ONLY

Control #: _____ Appointment date: _____

Appointment Scheduled With: _____

Comments: _____

Review Team Members: _____

Reviewed By: _____ Date: _____

CCD1: Construction Code Determination Form

PAGE 2

5	Description of Request (utilize page 3/Section 7 if additional space is needed to properly describe this request)
<p>This is a request for:</p> <p><input type="checkbox"/> Interpretation or clarification</p> <p><input type="checkbox"/> Variation of Building Code or Rules per § 28-103.3 (please state in detail the practical difficulty that is specific to this project, and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2))</p> <p><input type="checkbox"/> Variation of Multiple Dwelling Law (MDL) § 277.16 for Article 7B Buildings (please state in detail the practical difficulty that is specific to this project and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2))</p> <p><input type="checkbox"/> Variation of Electrical Code or Rules per NYC Electrical Code § 90.4 (please state in detail the practical difficulty _____ and provide safe alternative method _____ for establishing and maintaining effective safety.</p> <p><i>NOTE: Variations of any other MDL provisions must be filed with the Board of Standards and Appeals (BSA) per MDL § 310.</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 CCD1 Response Form

6	Statements and Signature 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	Date
		P.E. / R.A. / Master Electrician Seal (apply seal, then sign and date over seal –not required for Attorneys on unfilled applications)	
ADMINISTRATIVE USE ONLY		Control #:	
Reviewed By:		Date:	

CCD1: Construction Code Determination Form

PAGE 3

7	Description of Request (use this section if additional space is required for description)
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NOTE: Department of Buildings Determination will be issued on the CCD1 Response Form

8	Statements and Signature <i>Required for all requests (If Attorney, include 'Esquire' or 'Esq.' in signature)</i>
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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>P.E. / R.A. Seal / Master Electrician (<i>apply seal, then sign and date over seal –not required for Attorneys on unfiled applications</i>)</p>	

ADMINISTRATIVE USE ONLY	Control #:	
Reviewed By:		Date: