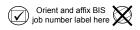


## CCD1: Construction Code Determination Form



Must be typewritten.

| Location Information Required for all requests on filed applications.  |     | Do <u>not</u> use this form for Zoning Resolution determination requests - use ZRD1 form • |                                       |                               |                       |                 |                          |                    |      |
|--|-----|--|---------------------------------------|-------------------------------|-----------------------|-----------------|--------------------------|--------------------|------|
| Borough   Block   Lot   BIN   CB No.   | 1 ' | Location Information   | on Required for all r                 | requests on filed $arepsilon$ | applications.         |                 |                          |                    |      |
| Applicant Information Required for all reguests on filed applications.    Last Name  | _   | House No(s)  |                                       | St                            | treet Name            |                 |                          |                    |      |
| Last Name  | -   | Borough  |                                       | Block                         | Lot                   | B               | 3IN CB                   | 3 No.              |      |
| Last Name  | 2   | Applicant Informat   | tion Required for all                 | I requests on filed           | applications.         |                 |                          |                    |      |
| Business Address   Business Fax  |     |  |                                       |                               |                       |                 | Mid                      | ddle Initial       |      |
| City   | _   | Business Name  |                                       |                               |                       |                 | Business T               | ſelephone          |      |
| E-Mail   License Type   P.E.   RA.   RLA   Elevator (Co) Director   DOB PENS ID # (If available)   | _   | Business Address   |                                       |                               |                       |                 |                          |                    |      |
| License Type   P.E.   RA.   RLA   Elevator (Co) Director   DOB PENS ID # (if available)  | _   | City   |                                       | State Zip Mobile Telephone    |                       |                 |                          |                    |      |
| 3 Attendee Information Required if different from Applicant in Section 2 or no Applicant.  Relationship to the property: Attorney Filing Representative (Class 2)  | =   | E-Mail   |                                       |                               |                       |                 | License                  | e Number           |      |
| Relationship to the property: Attorney Filing Representative (Class 2)  Other  Last Name   |     | License Type   | P.E. R.A                              | RLA                           | Elevator (Co) Di      | irector         | DOB PENS ID # (if a      | ıvailable)         |      |
| Last Name  |     |  | •                                     | ent from Applicant            | it in Section 2 or n  |                 |                          |                    |      |
| Business Name 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)  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 #:   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):  Construction Code (if applicable):   2014 Code   2008 Code   1968 Code   Prior to 1968 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    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):   Deputy Borough Commissioner   Code & Zoning Specialist   General Counsel's Office of the sissue with (if any):   Deputy Borough Commissioner   Chief Plan Examiner   Elevators   Other    ADMINISTRATIVE USE ONLY  Control #:   Appointment date:   Appointment Scheduled With:   Comments:  | R   |  | perty: Attorney                       | Filing Represer               |                       | Othe            |                          |                    |      |
| Business Address  City State    Zip   Mobile Telephone   | _   |  |                                       |                               | First Name            |                 |                          |                    |      |
| City   | _   |  |                                       |                               |                       |                 |                          | •                  |      |
| E-Mail License/Registration # (if P.E./R.A./R.L.A./Attorney/Lic.(Co)Director)  4 Nature of Request Required for all requests. Only one request may be submitted per form.  Determination request is for:   | _   | Business Address   |                                       |                               |                       |                 | Busir                    | iness Fax          |      |
| A Nature of Request Required for all requests. Only one request may be submitted per form.  Determination request is for:  | _   | City   |                                       | State                         |                       | Zip             | Mobile Te                | elephone           |      |
| Determination request is for:  | -   | E-Mail   |                                       | Licen                         | nse/Registration #    | if P.E./F       | R.A./R.L.A./Attorney/Lic | c.(Co)Director)    |      |
| Job associated with this request?  |     |  |                                       |                               |                       |                 |                          |                    |      |
| Job #:   | ī   | Determination reques   | st issued to: Bor                     | rough Commissior              | ner's Office (Initia  | ıΙ) <u>Π</u> Τε | echnical Affairs (Appea  | al) Elevators      |      |
| Has this request or a similar one been previously denied?  | ,   | Job associated with thi  | is request?                           | Yes (provide job #            | # / doc # / obj # / e | examiner        | name below)              | □ No               |      |
| Enter short description of Technical Topic (5 words or less):  Construction Code (if applicable):  |     | Job #:   | Dr                                    | ocument #                     | Objection             | ,#:             | Examiner:                |                    |      |
| Construction Code (if applicable):   |     | •  | •                                     | •                             |                       | all denie       | ed request form(s) and   | d attachment(s))   | ☐ No |
| Enter All Control #(s) for related CCD1/ZRD1 requests:  Request for 1-3 family dwelling?  Yes  No For HPD Affordable Housing?  No Fee Exempt per 28-112.1?  Yes    Zoning District(s):   |     |  |                                       |                               |                       |                 |                          |                    |      |
| Request for 1-3 family dwelling?   |     |  | · · · · · · · · · · · · · · · · · · · | _                             | 2008 Code             |                 | 1968 Code                | ☐ Prior to 1968 Co | ode  |
| Zoning District(s):  |     | ` '  |                                       |                               |                       |                 |                          |                    |      |
| 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):  Deputy Borough Commissioner Chief Plan Examiner Elevators Other  ADMINISTRATIVE USE ONLY  Control #: Appointment Scheduled With:  Comments:  |     |  |                                       |                               |                       |                 |                          |                    |      |
| Special District(s):  ZR Section:  Indicate all Buildings Department officials that you have previously reviewed this issue with (if any):  Deputy Borough Commissioner  Code & Zoning Specialist  General Counsel's Office of Plan Examiner  Chief Plan Examiner  Elevators  Other  Appointment Scheduled With:  Comments:  |     |  |                                       |                               |                       |                 |                          |                    |      |
| ZR Section: Rule #: TPPN, Memo: Indicate all Buildings Department officials that you have previously reviewed this issue with (if any): Deputy Borough Commissioner Chief Plan Examiner Elevators Other ADMINISTRATIVE USE ONLY Appointment date: Appointment Scheduled With: Comments:  |     |  |                                       |                               |                       |                 | <del></del>              |                    |      |
| Indicate all Buildings Department officials that you have previously reviewed this issue with (if any):    ADMINISTRATIVE USE ONLY   Control #:   Appointment Scheduled With:   Comments:   Appointment Scheduled With:   Comments:   Appointment Scheduled With:   Comments:   TFPN, Mento.   TFPN |     |  |                                       |                               |                       |                 | Other:                   |                    |      |
| officials that you have previously reviewed this issue with (if any):  Deputy Borough Commissioner  Chief Plan Examiner  Elevators  Other  Control #:  Appointment Scheduled With:  Comments:  |     | •  |                                       | e Section:                    |                       | Rule            |                          | <del></del>        |      |
| ADMINISTRATIVE USE ONLY  Control #: Appointment date:  Appointment Scheduled With:  Comments:  | 0   | officials that you have  | re previously                         | •                             |                       |                 | 0 1                      |                    |      |
| Appointment Scheduled With:  Comments:   | 777 |  | 3,                                    |                               |                       |                 |                          |                    |      |
| Comments:  | 1   | Control #:   |                                       | Appo                          | ointment date:        |                 |                          | (HILLIAN)          |      |
|  |     | Appointment Schedule   | ed With:                              |                               |                       |                 |                          |                    |      |
| Review Team Members:   | 7   | Comments:  |                                       |                               |                       |                 |                          |                    |      |
|  | 7   | Review Team Member   | rs:                                   |                               | -                     |                 |                          |                    |      |
| Reviewed By: Date  | T   | Paviewed By:   |                                       |                               |                       |                 | Date                     |                    |      |

## CCD1: Construction Code Determination Form

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| 5 | Description of Request (utilize page 3/Section 7 if additional space is needed to properly describe this request)  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   | This is a request for:   | This is a request for:   |  |  |  |  |
|   | ☐ Interpretation or clarification  |  | '  |  |  |  |
|   | <ul> <li>□ Variation of Building Code or Rules per § 28-103.3 (please state in detail the practical difficulty that is specific to the and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2))</li> <li>□ Variation of Multiple Dwelling Law (MDL) § 277.16 for Article 7B Buildings (please state in detail the practical difficulty specific to this project and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2)</li> </ul> |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | NOTE: Variations of any other MDL provisions r   | must be filed with the Board of Standa   | ards and Appeals (BSA) per MDL § 310.  |  |  |  |
|   | 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 a include a copy of the Objection sheet in the submitted Pdf.   |  |  |  |  |  |
|   |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |
|   | NOTE: Department of Buildings Determination  | on will be issued on the CCD1 Res  | ponse Form   |  |  |  |
| 6 | Statements and Signature Required for all  | all requests (If Attorney, include 'Esq  | quire' or 'Esq.' in signature)   |  |  |  |
|   | I hereby state that all of the above information is my knowledge. Falsification of any statement is  | is correct and complete to the best of   | Name (please print)  |  |  |  |
|   | by a fine or imprisonment, or both. It is unlawful City employee to accept, any benefit, monetary or properly performing the job or in exchange for spunishable by imprisonment or fine, or both.  | Il to give to a City employee, or for a or otherwise, either as a gratuity for | Signature Date   |  |  |  |
|   | punishable by imprisonment or line, or both.   |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  | 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:  |  |  |  |

| CCD1  | Construction | Code | Determi  | nation | Form    |
|-------|--------------|------|----------|--------|---------|
| CCDI. | COHSHUCHOH   | Code | Detellii | HaliOH | I UIIII |

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

## NOTE: Department of Buildings Determination will be issued on the CCD1 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<br>my knowledge. Falsification of any statement is<br>by a fine or imprisonment, or both. It is unlawful | Name (please print)  Signature Date |  |  |
|   | City employee to accept, any benefit, monetary properly performing the job or in exchange for spunishable by imprisonment or fine, or both.                  | Signature                           |  |  |
|   |  |                                     |  |  |
|   |  |                                     |  |  |
|   |  |                                     | 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:  |  |