



**Board of Standards
and Appeals**

250 Broadway, 29th Floor
New York, NY 10007
212-386-0009 - Phone
646-500-6271 - Fax
www.nyc.gov/bsa

APPEALS (A) CALENDAR

Application Form

BSA APPLICATION NO. _____

Section A

**Applicant/
Owner**

NAME OF APPLICANT _____			OWNER OF RECORD _____		
ADDRESS _____			ADDRESS _____		
CITY _____	STATE _____	ZIP _____	CITY _____	STATE _____	ZIP _____
AREA CODE _____		TELEPHONE _____		LESSEE / CONTRACT VENDEE _____	
AREA CODE _____		FAX _____		ADDRESS _____	
EMAIL _____			CITY _____ STATE _____ ZIP _____		

Section B

Site Data

STREET ADDRESS (INCLUDE ANY A/K/A) _____ ZIP CODE _____

DESCRIPTION OF PROPERTY BY BOUNDING OR CROSS STREETS _____

BLOCK _____	LOT (S) _____	BOROUGH _____	COMMUNITY BOARD NO. _____	LANDMARK/ HISTORIC DISTRICT _____
CITY COUNCILMEMBER _____ (include _____)		EXISTING ZONING DISTRICT _____ special zoning district, if any)		ZONING MAP NUMBER _____

Section C

**Application
Type**

Dept. of Building or other Agency Appeals	Variance to Building, MDL or Other Code
Certificate of Occupancy Modification	Waivers to GCL 35/36 Vested Rights
Date of Final Determination _____	Acting on Application No. _____

Section D

Description

Legalization Yes No In part

Section E

**BSA History
and Related
Actions**

If "YES" to any of the below questions, please explain in the STATEMENT OF FACTS YES NO

1. Has the premises been the subject of any previous BSA application(s).....
If yes, Prior BSA No _____

2. Are there any applications concerning the premises pending before any other government agency?.....

3. Is the property the subject of any court action?.....

Section G

Signature

I HEREBY AFFIRM THAT BASED ON INFORMATION AND BELIEF, THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN THE PAPERS ARE TRUE.

Signature of Applicant, Corporate Officer or Other Authorized Representative _____ / ASWORN TO ME THIS _____ DAY OF _____ 20____

Print Name _____ Title _____ NOTARY PUBLIC