

PROOF OF SERVICE OF INITIAL FILING

BSA Calendar Number: _____

STATE OF NEW YORK - COUNTY OF _____

Date of Filing: _____

Date of Referral: _____

_____, being duly sworn deposes and says that he/she resides at

_____, that he/she is the applicant in the above application filed with the New York City Board of Standards and Appeals (the "Board") and provided a copy of all the application materials to all the applicable parties listed below in accordance to the Board's Rules of Practice and Procedures as filed with the application:

- Affected Community Board
- Affected Councilmember
- Affected Borough President
- Administrative Official who issued the determination
- City Planning Commission Borough Office

That he/she notified the above entities on _____, within three (3) business days after filing the application with the Board, by personal service, or by certified mail or regular mail with a certificate of mailing to each of them, in accordance with § 1-10.6 of the Board's Rules of Practice and Procedure (the "Board's Rules").*

* The applicant must demonstrate proof of service of an application referral, in accordance with § 1-10.6 of the Board's Rules, by submitting to the Board: a US Postal Service receipt if by regular mail, a signed US Postal Service receipt if by certified mail, a receipt if by express delivery service, or an affidavit of service if by personal delivery. The applicant must submit proof of service of the application referral to the Board within ten (10) days of the initial filing. Failure to comply with the Board's requirements may result in delay of review and ultimately the scheduling of the application for public hearing. A copy of this completed and signed form along with the required proofs must be sent via email to submit@bsa.nyc.gov as well as an original copy mailed to the Board office.

Signature

I hereby affirm that, under penalty of perjury, all the above information and the statements contained in this application are true and correct to the best of my knowledge, information and belief.

_____ Sworn to me this _____ day

of _____ 20____.

Signature of Applicant, Corporate Officer or Other Authorized Agent

Print Name

Title

Notary Public