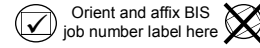




CCD1: Construction Code Determination Form

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
E-Mail	License Number	
License Type	DOB PENS ID # (if available)	
<input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> RLA <input type="checkbox"/> Elevator (Co) Director		

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

Relationship to the property:	Attorney	Filing Representative (Class 2)	<input type="checkbox"/> 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)		

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 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

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> <ul style="list-style-type: none"> <input type="checkbox"/> Interpretation or clarification <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)) <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><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 <i>Required for all requests (If Attorney, include 'Esquire' or 'Esq.' in signature)</i>						
<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>							
<table border="1" style="width: 100%;"> <tr> <td style="width: 85%;">Name (please print)</td> <td style="width: 15%;"></td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td colspan="2" style="height: 100px;"> <p style="text-align: center;">P.E. / R.A. Seal <i>(apply seal, then sign and date over seal – not required for Attorneys on unfilled applications)</i></p> </td> </tr> </table>		Name (please print)		Signature	Date	<p style="text-align: center;">P.E. / R.A. Seal <i>(apply seal, then sign and date over seal – not required for Attorneys on unfilled applications)</i></p>	
Name (please print)							
Signature	Date						
<p style="text-align: center;">P.E. / R.A. Seal <i>(apply seal, then sign and date over seal – not required for Attorneys on unfilled applications)</i></p>							

ADMINISTRATIVE USE ONLY	Control #:	
Reviewed By:	Date:	

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.E. / R.A. Seal <i>(apply seal, then sign and date over seal – not required for Attorneys on unfiled applications)</i>	

ADMINISTRATIVE USE ONLY	Control #:	
Reviewed By:		Date: