



ZRD1: Zoning Resolution Determination Form

Must be typewritten.

Orient and affix BIS job number label here

Use this form only to request Zoning Resolution determination (use CCD1 for all other requests)

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 <input type="checkbox"/> P.E. <input type="checkbox"/> R.A.	DOB PENS ID # (if available)	

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

Relationship to the property: <input type="checkbox"/> Attorney <input type="checkbox"/> 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
E-Mail	License/Registration # (if P.E./R.A./R.L.A./Attorney)	

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)

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): _____

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 Other

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Control #:	Appointment date:
Appointment Scheduled With:	
Comments:	
Review Team Members:	
Reviewed By:	Date

5	Description of Request (additional space is available on page 3)
<p><i>NOTE: Buildings Department officials will only interpret or clarify the Zoning Resolution. Any request for variations of the Zoning Resolution must be filed with the Board of Standards and Appeals (BSA) or the Department of City Planning (DCP).</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 ZRD1 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>	Name (please print)	
	Signature	Date
	<p>P.E./R.A. Seal <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:

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