

ZR01 Zoning Resolution Determination Form

Must be typewritten.



1 Location Information Required for all requests on filed applications.

House No(s) 2275 Street Name 86th Street
Borough Brooklyn Block 6348 Lot 47 BIN 3165939 CB No. 311

2 Applicant Information Required for all requests on filed applications.

Last Name Vangelas First Name Lisa Middle Initial _____
Business Name Linea, LLP Business Telephone 212-608-1524
Business Address 299 Broadway, suite. 1500 Business Fax 212-608-1525
City New York State NY Zip 10007 Mobile Telephone _____
E-Mail _____ License Number 025289
License Type ☐ P.E. ☒ 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: ☒ Filing Representative ☐ Attorney ☐ Other: _____
Last Name Solano First Name Glaumiris Middle Initial _____
Business Name Sol Building consulting Services, LLC Business Telephone 212-346-2210
Business Address 299 Broadway, suite. 1500 Business Fax 212-608-1525
City New York State NY Zip 10007 Mobile Telephone _____
E-Mail Glaumiris@Solbs.com License/Registration # (if P.E./R.A./Attorney) _____
DOB PENS ID # (if available) S81870

4 Nature of Request Required for all requests. Only one request may be submitted per form.

Note: Use this form only to request Zoning Resolution determination (for all other requests, use CCD1 form)
Determination request issued to: ☒ Borough Commissioner's Office ☐ Technical Affairs
Job associated with this request? ☐ Yes (provide job#/doc#/examiner name below) ☐ No
Job Number: 320033067 Document Number: 01 Examiner: Jake Udeh
Has this request been previously denied? ☐ Yes (attach all denied request form(s) and attachment(s)) ☒ No
Indicate total number of pages submitted with this request, including attachments: (attachment may not be larger than 11" x 17")
Indicate relevant Zoning Resolution section(s): ZR23-47

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: _____

ADMINISTRATIVE USE ONLY		
Reference #:	Appointment date:	Appointment time:
Appointment Scheduled With:		
Comments:		
Reviewed By:	Date	Time:

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5	Description of Request (additional space is available on page 3)
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).	

Please itemize all attachments, including plans/sketches, submitted with this form. If request is based on a plan examiner objection, type in the applicable objection text exactly as it appears on the objection sheet.

Respectfully request waiver of objection #3 which reads as follows:

" 30' Rear yard is required".

This application is a legalization of an existing installation completed in 1977. This property is located in a R5 Residential District with a C1-3 Commercial overlay and the building is within one hundred (100') feet of a corner. As indicated in section 23-541 prior to the 2008 revision, buildings located within one hundred feet of a corner do not require any rear yard.

Another applicant filed the installation in 1997 under DOB application #3006796683 but the filing process was never finalized. However, the owner did complete the installation.

We would like to request permission to apply section 23-541 of the New York City Zoning Resolution prior to the recent revisions due to the fact that the units were installed prior to the revision date.

We would like to also request waiver for objections #1 & #2:

Objection #1: "Show proof that this unit is existing prior to May 20, 1966"

Objection #2: "8' minimum required distance is required from any lot line to the refrigeration unit"

This two objections will only be applicable if we were required to provide a rear yard.

Thank you in advance for your consideration in this matter.

Note: Buildings Department Determination will be issued on the ZRD1 Response Form

ADMINISTRATIVE USE ONLY		
Reviewed By:	Date:	Time:

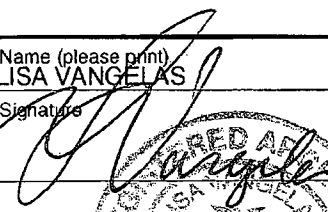
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6	Description of Request (use this section if additional space is required for description)
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Note: Buildings Department Determination will be issued on the ZRD1 Response Form

7	Statements and Signature Required for all requests
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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) LISA VANGELAS	Date
Signature 	7/14/09



P.E. / R.A. Seal (apply seal, then sign and date over seal - not required for Attorneys or unified applications)

ADMINISTRATIVE USE ONLY		
Reviewed By:	Date	Time:

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