



ZRD1: Zoning Resolution Determination Form

Must be typewritten.



1 Location Information *Required for all requests on filed applications.*

House No(s) 69-02 DITMARS BLVD Street Name
Borough QUEENS Block 1001 Lot 01 BIN CB No.

2 Applicant Information *Required for all requests on filed applications.*

Last Name SOROKKO First Name ROMAN Middle Initial
Business Name SILVIA BOSCOLO LLC Business Telephone
Business Address 37-02 ASTORIA BLVD Business Fax
City ASTORIA State NY Zip 11103 Mobile Telephone
E-Mail License Number 072800
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 SILVIA First Name BOSCOLO Middle Initial
Business Name SILVIA BOSCOLO Business Telephone
Business Address 37-02 ASTORIA BLVD Business Fax
City ASTORIA State NY Zip 11103 Mobile Telephone 631-495 1180
E-Mail ARCH_SILVIA@YAHOO.COM License/Registration # (if P.E./R.A./Attorney)
DOB PENS ID # (if available)

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: 420165056 Document Number: Examiner: M. MANNAN
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): JOB WAS APPROVED BEFORE JULY 10 2010, ALL PERMITS ISSUED.
PL. IS SIGN OFF, ELETRICAL SIGN OFF, CONSTRUCTION SIGN OFF.

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 #: 20025	Appointment date:	Appointment time:
Appointment Scheduled With: IM GLUCKMAN CMO GZC		
Comments: APPROVED + SEE COMMENTS ON PG #4 OF 6		
Reviewed By: [Signature]	Ira M. Gluckman, RA BOROUGH COMMISSIONER	Date NOV 23 2011 Time:

CONTROL # 20025