



ST1: Street Tree Checklist

Form must be typewritten.



Orient and affix
BIS job number label here



1. LOCATION INFORMATION *(required for all applications)*

House No(s): 169-02 Street Name: 109 ROAD BIS Job No.: 421839755
Borough: QUEENS Block: 10189 Lot: 1 BIN: 4216875 CB No.: 412

2. APPLICANT INFORMATION *(required for all applications; business fax, mobile telephone, and email are optional)*

Last Name: ARJUNE First Name: NISCHAL Middle Initial:
Business Name: ARJUNE DESIGN STUDIO Business Telephone No.: 917-771-0449
Business Address: 487 E. MAIN STREET SUITE#317 Business Fax No.:
City: MOUNT KISCO State: NY Zip Code: 10549 Mobile Telephone No.:
Email: ARJUNEDESIGN@YAHOO.COM License No.: 034339 Type: RA

3. CERTIFICATIONS *(required for all applications; if proposed work is exempt from tree requirements, proceed to Section 4)*

- ☐ I hereby certify this application complies with all street tree requirements specified in the NYC Zoning Resolution, as well as NYC Department of Transportation, NYC Department of Parks & Recreation (Parks) and all other applicable rules and regulations unless appropriate waivers are obtained. Below is summary information pertaining to these requirements and in addition I have included a complete zoning calculation supporting this summary within the drawing set submitted as part of this application.

TOTAL REQUIRED TREES

Street frontage is ► L in. ft.

Minus allowable deduction (for curb cuts serving use groups 16B, 16C & 16D) ► L in. ft.

Total applicable street frontage ► L in. ft.

Total above divided by 25 feet = Total Required Trees ►

Fractions equal to or greater than ½ resulting from this calculation shall be considered as one tree (ZR § 26-41)

TOTAL PROPOSED TREES

Number of existing trees to be removed (requires Parks Tree Removal permit prior to job approval) ►

Number of existing street trees to be preserved at the location (on-site) ►

Number of new street trees to be planted at the location (on-site) ►

Number of new trees to be planted at an alternate location (off-site) ►

Number of proposed trees where payment will be made to Parks for planting ►

Number of off-site trees planted and/or trees satisfied with fund payments under previous application(s) ►

Job No. (Parks documentation attached)

Equals total number of proposed trees (must equal Total Required Trees above) ►

4. EXEMPTIONS

I hereby certify this application is **exempt** from all street tree requirements specified in NYC Zoning Resolution because (choose one):

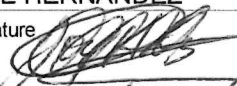
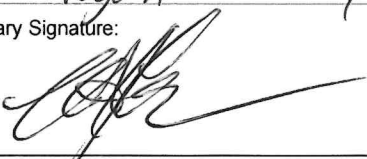
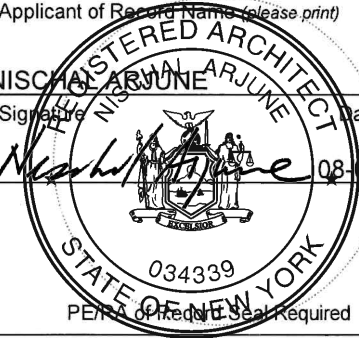
- ☐ The proposed dominant Use Group of the building is 17 or 18 and is exempt from street tree requirements as per NYC Zoning Resolution. I understand that any future changes to the dominant Use Group of the buildings must be submitted to the Department and may require full street tree compliance.
- ☐ This is an enlargement of a single- or two-family residence that is not located in one of the special districts specified in ZR § 23-03 and not an enlargement of 20% or more pursuant to the Quality Housing Program.
- ☒ Proposed work is EXEMPT because (select all that apply):
- ☒ This is **not** an Enlargement exceeding 20% of floor area (ZR §23-03, 24-05, 33-03).
 - ☒ This is **not** a Change of Use to Residential Use exceeding 20% of floor area (ZR §23-03, 24-05, 33-03).
 - ☒ This is **not** a detached garage that is 400 square feet or greater (ZR §23-03, 33-03).
 - ☒ This is **not** the establishment of a new open use (ZR §23-03, 24-05 and 33-03).

5. STATEMENTS & SIGNATURES: Applicant of Record and Owner (required for all applications)

Applicant of Record and Owner: Falsification of any statement is a misdemeanor under the NYC Administrative Code 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.

Applicant of Record: I understand that I must inform the Department of any changes to the information contained in this document and submit a revised form reflecting those changes. I understand the information provided on the Builders Pavement Plan application submitted in conjunction with this application must be consistent with the information provided on this form.

Owner: I hereby certify I am the owner of the above-mentioned premises. I understand that failure to comply with street tree regulations may prevent the issuance of permits, sign-offs or Certificates of Occupancy. I understand this form must be re-filed if a new applicant of record is named.

Owner Name (please print) JOSE HERNANDEZ	Notarization of Owner's Signature State of New York, County of:	Applicant of Record Name (please print) NISCHAL ARJUNE
Signature 	Sworn to or affirmed under penalty of perjury 12 th day of August 2024	Signature 
Date 8/12/2024	Notary Signature: 	Date 08-09-24
Notary Seal for Owner's Signature Required ROBERT J LAGARENNE NOTARY PUBLIC-STATE OF NEW YORK No. 02LA6357454 Qualified In Queens County My Commission Expires 04-17-2025	ROBERT J LAGARENNE NOTARY PUBLIC-STATE OF NEW YORK No. 02LA6357454 Qualified In Queens County My Commission Expires 04-17-2025	 PENALTY of Perjury Seal Required