



ZRD1: Zoning Resolution Determination Form

Must be typewritten.



1 Location Information Required for all requests on filed applications.

House No(s) 35 Street Name CATTARAUGUS STREET
Borough STATEN ISLAND Block 677 Lot 16 BIN 5016943 CB No. 501

2 Applicant Information Required for all requests on filed applications.

Last Name LEE First Name HE Middle Initial G
Business Name HE GIN LEE ARCHITECT Business Telephone 718-461-9100
Business Address 34-16 149TH STREET Business Fax 718-460-0843
City FLUSHING State NY Zip 11354 Mobile Telephone 917-642-7060
E-Mail HEGINLEE2@AOL.COM License Number 027249
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 BAYNE First Name KYE Middle Initial
Business Name HE GIN LEE ARCHITECT Business Telephone 718-461-9100
Business Address 34-16 149TH STREET Business Fax 718-460-0843
City FLUSHING State NY Zip 11354 Mobile Telephone 917-642-7060
E-Mail HEGINLEE2@AOL.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: 027249 Document Number: 1 Examiner: MAHENDRA PATEL

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):

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 #: 14657	Appointment date:	Appointment time:
Appointment Scheduled With:		
Comments:		
Reviewed By:		
Date		Time:

1/6 [Signature] 12/3/10

ZRD1

PAGE 2

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.

We respectfully request to file a single family declaration for 35 Cattaraugus St to have a 2 piece bathroom approved (3 piece if allowable sink, w.c and shower). A declaration was filed with the county clerks office and is on record.

NYC DEPT. OF BUILDINGS
STATEN ISLAND
RECEIVED
2010 NOV 30 P 12:05

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

ADMINISTRATIVE USE ONLY

Reviewed By:

Date:

Time:

2/6 

12/3/10

6/09

6	Description of Request (use this section if additional space is required for description)
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NYC DEPT. OF BUILDINGS
STATEN ISLAND
RECEIVED
2010 NOV 23 P 1:26

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

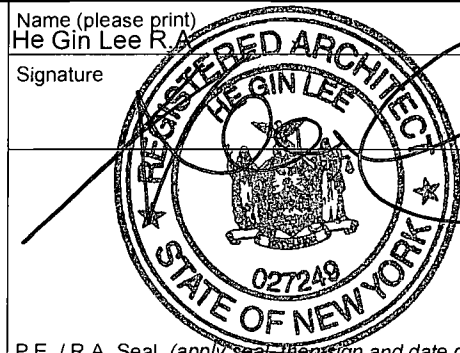
7	Statements and Signature Required for all requests
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I hereby state that all of the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, 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)
He Gin Lee R.A.

Signature

Date



P.E. / R.A. Seal (apply seal, then sign and date over seal – not required for Attorneys on unfilled applications)

ADMINISTRATIVE USE ONLY

Reviewed By:

Date

Time:

3/6 [Signature] 12/3/10

ZRD1/CCD1 Response Form

Location Information (To be completed by a Buildings Department official if applicable)

House No(s) 35

Street Name CATTARUGUS STREET

Borough Staten Island

Block 67716

Lot

BIN 5116943

Job No. 520032438

DETERMINATION (To be completed by a Buildings Department official)

Request has been: ☐ Approved ☐ Denied ☒ Approved with conditions

Follow-up appointment required? ☐ Yes ☒ No

Primary Zoning Resolution or Code Section(s): 12-10 Z.R.

Other secondary Zoning Resolution or Code Section(s):

Comments:

14657

O.K. to accept with the following conditions:

Bathrooms with two or three fixtures (no bathtubs) in connection with One or Two family residences may be allowed in cellars without consideration to Floor area if:

1. The cellar is open without partitioning except for the boiler room.
2. The cellar is connected with an open stair to the residence above except for a door at the top of the stair.
3. The stair may be located to the side or the rear of the dwelling.
4. A restrictive declaration is filed and recorded prohibiting the use of this level for living or sleeping or rental.
5. The cellar is provided with Smoke and Carbon Monoxide detectors.
6. No kitchen and bar shall be allowed in such cellar.
7. Other

Name of Authorized Reviewer (please print): Sai Wat

Title (please print): Borough Engineer

Authorized Signature:

Date: 12-03-10

Time: 11:43 am

Issuers: write signature, date, and time on each page of the request forms; and attach this form.

Note: Determination will expire if construction document approval is not obtained within 12 months of issuance.

4/6
12/3/10

PAYMENT DETAIL FOR DOCUMENT

TRANSACTION: 276769
DOCUMENT ID: 366642 DECLARATION

Make Checks Payable to:

=====

Richmond County Clerk:	\$	38.00	Recording Fees

Total Payments For This Document:	\$	38.00	
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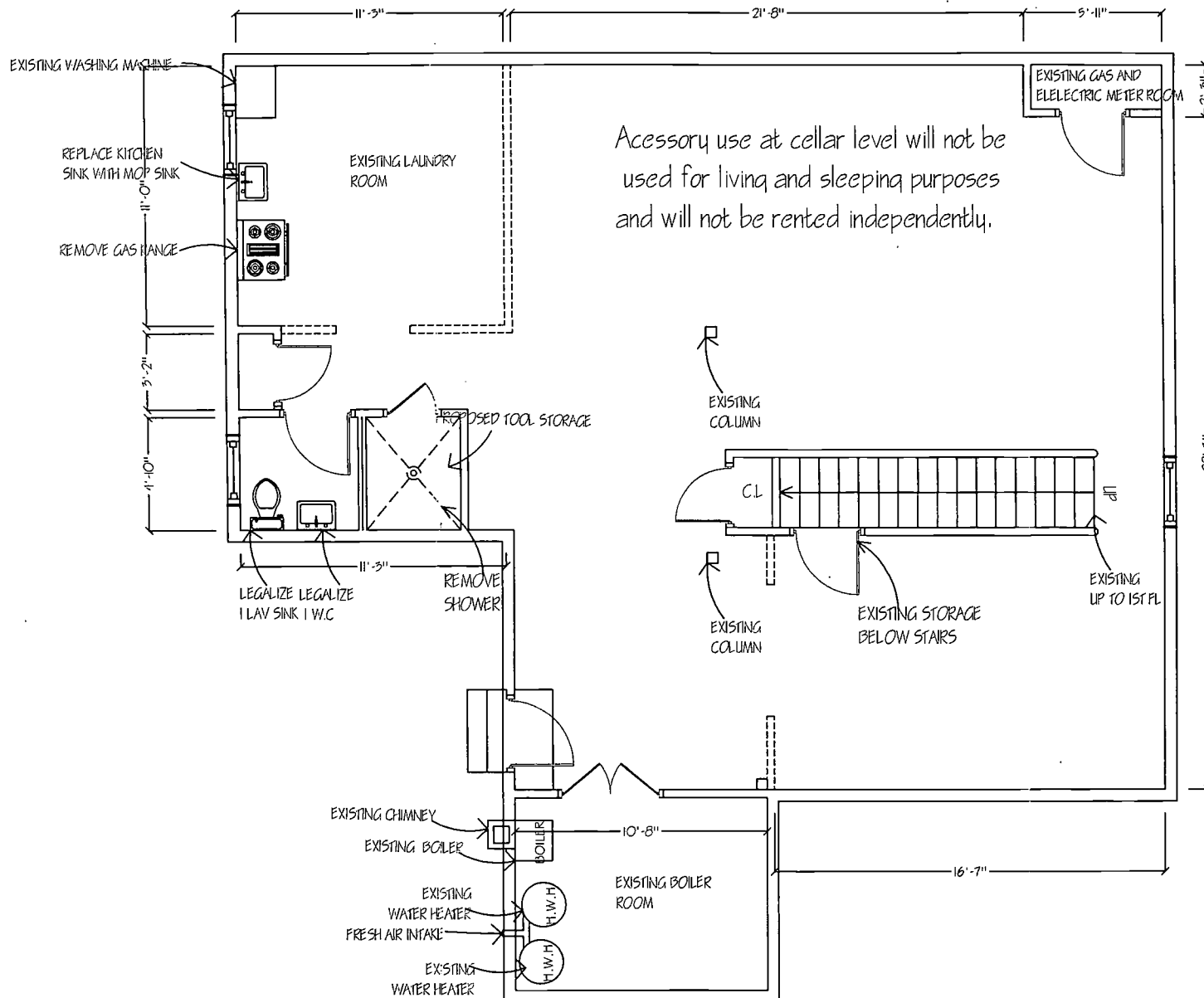
Customer Copy Only

THIS PAGE IS NOT FOR RECORDING (REFERENCE ONLY)

*copy of DECLARATION
received
JHE
12/21/10*

5/6 JHE

12/3/10



6/6 JBR

12/3/12

35 CATTARAUGUS ST