



250 Broadway, 29th Floor
New York, NY 10007
Phone: (212) 386-0009
Web: www.nyc.gov/bsa

BSA APPLICATION NO.: _____

COMMUNITY BOARD NO.: _____

BOROUGH: _____

Community Board Recommendation Report

I. Identification (*Information from the application*)

Applicant(s) Information:

Property Information:

Address:

Block: Lot(s):

II. Project Description

III. Recommendation of Community Board

Date of Recommendation:

Recommendation submitted by: Community Board

Recommendation

Vote

Approve

_____ In Favor

Approve with Modifications/Conditions

_____ Against

Disapprove

_____ Abstaining

Recommendation Waived

_____ Number of Community Board Members

IV. Conditions/Comments

Summarize the reasons for the Community Board Recommendation or attach a copy of the full report, if necessary

Is there a minority report? NO YES (*If yes, summarize on attached copy*)

Name of CB officer completing this form

Title

Date

Return completed form to the Board of Standards and Appeals and any attachments by either:

E-mail (recommended) form along with attachments to: submit@bsa.nyc.gov or via mail to the Chairperson of the NYC Board of Standards and Appeals