



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*)

<i>Name of CB officer completing this form</i>	<i>Title</i>	<i>Date</i>

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