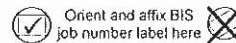




ZRD1: Zoning Resolution Determination Form

Must be typewritten.



22420A 10.19.12

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

House No(s) 21 Street Name West End Avenue
Borough Manhattan Block 1171 Lot 164 BIN 1088870 CB No. 107

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

Last Name Davidson First Name James Middle Initial _____
Business Name SLCE Architects, LLP Business Telephone (212) 979-8400
Business Address 841 Broadway Business Fax (212) 979-8387
City New York State NY Zip 10003 Mobile Telephone _____
E-Mail j davidson@slcearch.com License Number 014019
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 Gillen First Name Brian Middle Initial T
Business Name CODE, LLC. Business Telephone (212) 766-8100 ext 16
Business Address 40 Worth Street, Suite 800 Business Fax (212) 766-1386
City New York State NY Zip 10013 Mobile Telephone _____
E-Mail bgillen@codenyc.com License/Registration # (if P.E./R.A./Attorney) 026692
DOB PENS ID # (if available) A10147

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: 121324717 Document Number: 01 Examiner: Maria Fernandez
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): ZRD 36-73

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 #: _____ Appointment date: _____ Appointment time: _____
Appointment Scheduled With: _____
Comments: _____
Reviewed By: _____ Executive Zoning Specialist Date _____ Time: _____



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.

Respectfully request determination related to ZR 36-73 for required floor space.

As per ZR 36-73; "Fifteen square feet of area shall be provided for each bicycle. However, the area may be reduced by up to nine square feet per bicycle if the commissioner of buildings certifies that a layout has been submitted to adequately accommodate the specific number of bicycles.

Under the proposed design, we provide 8 square feet per bicycle and provide a stacking rack system for 2 bicycles. One on top of each other. (See attached - models DD12 and DD16) The racking system will provide proper clearance and will still afford floor level bike access for 1/2 of the bikes.

Based on the for going, we respectfully request acceptance for the racking system and to provide 8 square feet per bicycle under ZR 36-73.

Attached:

- Cellar floor plan.
- Enlarged plan of bike room fitted with racks.
- Spec sheet of bike rack models.



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

ADMINISTRATIVE USE ONLY

Reviewed By:

Date:

Time:

6	Description of Request (use this section if additional space is required for description)
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Intentionally left blank.



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

7	Statements and Signature <i>Required for all requests</i>
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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)
James Davidson

Signature

Date

[Signature] **OCT. 19, 2012**

REGISTERED ARCHITECT
JAMES S. DAVIDSON
014019-7
STATE OF NEW YORK

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

ADMINISTRATIVE USE ONLY	
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Reviewed By:	Date	Time:
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ZRD1/CCD1 Response Form

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

House No(s) 21

Street Name West End Avenue

Borough Manhattan

Block 1171

Lot 164

BIN 1088870

Job No. 121324717

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): ZR 36-73

Other secondary Zoning Resolution or Code Section(s):

Comments:

The request, for reduction of required area per bicycle parking pursuant to ZR 36-73, is hereby approved.

Based on the proposed conditions plans showing a bike storage room located on the cellar level (measuring 2495 sf) and the applicant's representation that Bikeparking.com "Double Decker Rack" bicycle storage system (models DD12 and DD16 will be installed - specifications attached) in this dedicated room, the applicant has demonstrated that the required 308 spaces can be accommodated within such room.

Note: If approved determination is not scanned or microfilmed, it will be deemed invalid.



Name of Authorized Reviewer (please print): Jed A. Weiss

Title (please print): Executive Zoning Specialist (on behalf of NYC Development Hub)

Authorized Signature:

Date: 12/5/12

Time:

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.



BIKEPARKING.COMTM

Tel: 415.333.6428 Tel: 888.764.2453 Fax: 415.333.2032
Palmer Group, LLC : 1072 Folsom Street #328, San Francisco, CA 94103

REVIEWED BY

Jed Weiss

Executive Zoning Specialist

APPROVED

Control No. **25894**

Date **12/5/12**

Page **5 of 7**

DoubleDeckerTM Rack

DDxx-LL/LA/NL-G/P

Product Data

Model	Bicycles	W	D	H	Weight (-LL / -LA / -NL)
DD06	6	48"	54"	86"	232# / 274# / 220#
DD08	8	62.5"	54"	86"	262# / 311# / 240#
DD10	10	77"	54"	86"	306# / 371# / 283#
DD12	12	91.5"	54"	86"	368# / 440# / 334#
DD14	14	106"	54"	86"	402# / 484# / 362#
DD16	16	120.5"	54"	86"	440# / 528# / 396#

SELECTED

Locking Options, per bike position [* = recommended]

-LL	Locking Loop	Fixed loop for locking rear wheel *
-LA	Locking Arm	Hinged loop for locking rear triangle
-NL	None	No locking provisions

Finish Options [* = recommended]

-G	Hot Dipped Galvanized *	
-P	Powder Coated	Color frames, galvanized bike trays

Mounting Options

Due to their weight especially when loaded, these racks can be used freestanding. *

Optional, order only if racks are to be mounted to concrete

FPZ-DD	Concrete fastener pack (zinc)
FPS-DD	Concrete fastener pack (stainless steel)

Optional, order only if racks are to be regularly moved a significant distance

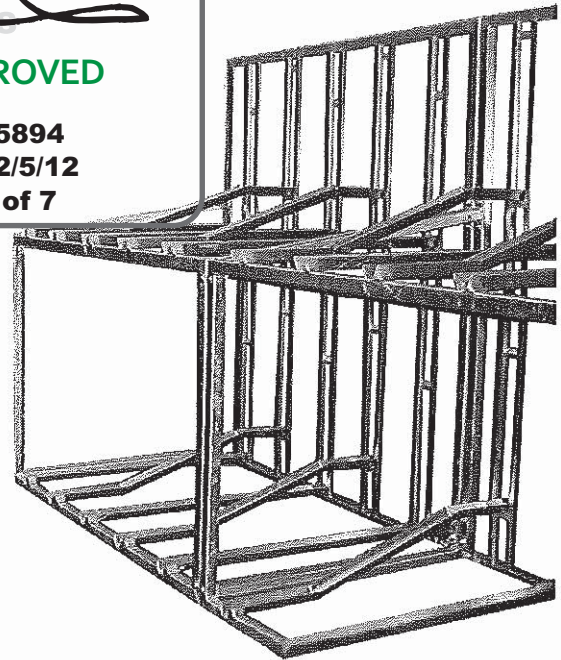
CAS-DD	Caster pack (4 casters), 4" solid rubber
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Construction

Frames and crossbars	.120 carbon steel tubing (1" x 1", 1" x 2", 2" x 2")
Rear tray supports	1"x1"x1/8" angle iron
Crossbar tabs	1/4" steel
Minor pieces	1" x 2" x .120" wall steel
Bicycle trays	.120" mild steel sheet
Welding	MIG
Mounting holes	11/16", one per corner (4 total)

Assembly (racks are shipped knocked down)

Time	30-45 minutes /rack (2 persons)
Tools	Cordless driver recommended. 3/4" socket and open-end wrenches. Philips-head screwdriver or driver bit.



Locking Arm (-LA) option shown

Executive Zoning Specialist

[Signature]

APPROVED

Control No. **25894**

Date **12/5/12**

Page **6 of 7**

[illegible]

Professional seal of James S. Davidson, Registered Architect, State of New York, No. 074019-1. The seal is circular with the text "REGISTERED ARCHITECT" at the top and "STATE OF NEW YORK" at the bottom. In the center is a coat of arms featuring a shield with a sun, a star, and a banner, flanked by two figures. Below the shield is a scroll with the word "ARCHITECT". The name "JAMES S. DAVIDSON" is written in a circle around the central emblem. The number "074019-1" is at the bottom of the seal.

Journal of Management Education 33(1)

THE COURT OF APPEALS

