



# Community/Borough Board Recommendation

Pursuant to the Uniform Land Use Review Procedure

Application #:	Project Name:
CEQR Number:	Borough(s):
	Community District Number(s):

Please use the above application number on all correspondence concerning this application

## SUBMISSION INSTRUCTIONS

- Complete this form and return to the Department of City Planning by one of the following options:
  - EMAIL (recommended):** Send email to [CalendarOffice@planning.nyc.gov](mailto:CalendarOffice@planning.nyc.gov) and include the following subject line: (CB or BP) Recommendation + (6-digit application number), e.g., "CB Recommendation #C100000ZSQ" ~~XXXXXXXXXX~~
  - MAIL:** Calendar Information Office, City Planning Commission, Room 2E, 22 Reade Street, New York, NY 10007
  - FAX:** (212) 720-3356 and note "Attention of the Calendar Office"
- Send one copy of the completed form with any attachments to the applicant's representative at the address listed below, one copy to the Borough President, and one copy to the Borough Board, when applicable.

Docket Description:

Applicant(s):		Applicant's Representative:	
Recommendation submitted by:			
Date of public hearing:		Location:	
Was a quorum present? YES <input type="checkbox"/> NO <input type="checkbox"/>		<i>A public hearing requires a quorum of 20% of the appointed members of the board, but in no event fewer than seven such members.</i>	
Date of Vote:		Location:	
<b>RECOMMENDATION</b>			
<input type="checkbox"/> Approve		<input type="checkbox"/> Approve With Modifications/Conditions	
<input type="checkbox"/> Disapprove		<input type="checkbox"/> Disapprove With Modifications/Conditions	
<b>Please attach any further explanation of the recommendation on additional sheets, as necessary.</b>			
<b>Voting</b>			
# In Favor:	# Against:	# Abstaining:	Total members appointed to the board:
Name of CB/BB officer completing this form		Title	Date