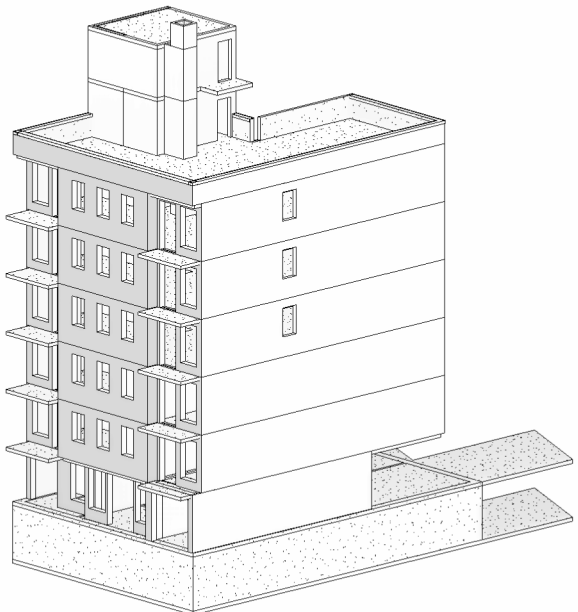
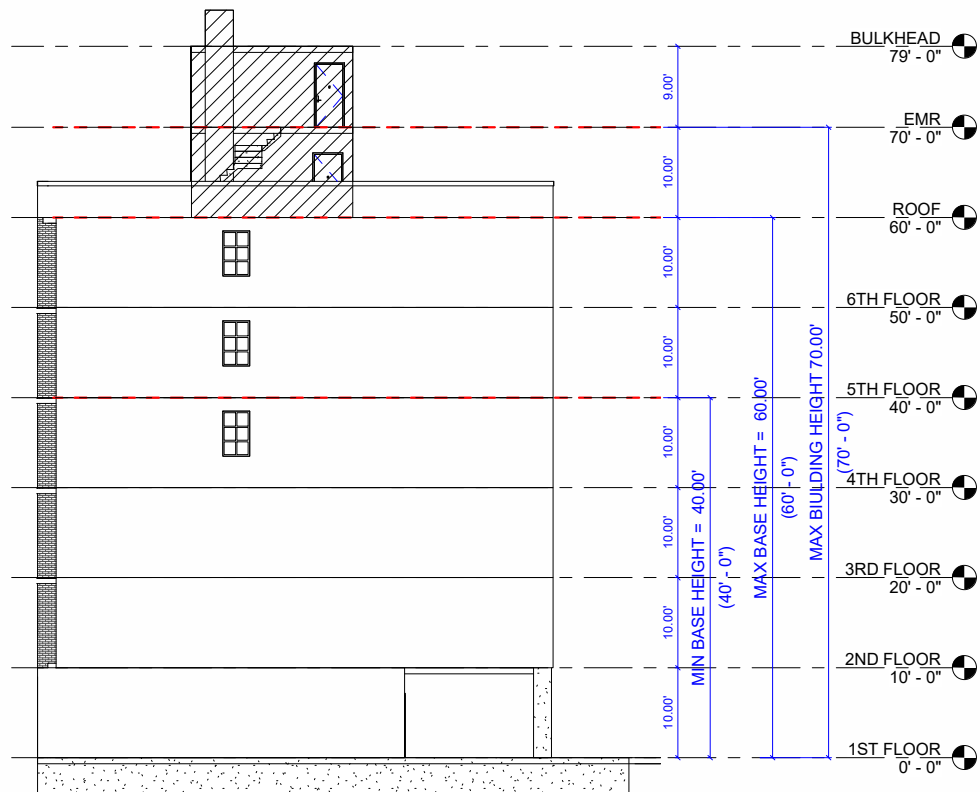


① ZD1 Plot Plan  
1/8" = 1'-0"



② ZONING DIAGRAM - AXON



③ ZONING DIAGRAM - EAST ELEVATION  
3/32" = 1'-0"

**ZONING DISTRICT:**  
C1-4/R6A

**QUALITY HOUSING PROGRAM ELECTED**

**LOT AREA COMPLIANCE:**  
ALLOWED MIN AREA = 1,700 SF AS PER ZR 23-32  
LOT AREA = 44'-2" x 85'-8" IRREG. = 3,488.50 SF

**LOT COVERAGE COMPLIANCE:**  
ADJUSTED LOT COVERAGE FOR LOTS WITH SHALLOW PORTIONS 67.05% OF 3,488.50 SF = 2,339.04 SF PROPOSED = 2,167.64 SF

**STREET TREE COMPLIANCE**  
1 TREE PER 25' FRONTAGE AS PER ZR 26-40  
44'-2" / 25' = 2 TREES  
1 TREE EXISTING  
PROPOSED 2 NEW TREES OFF SITE

**MAX BASE HEIGHT AND MAX HEIGHT**  
MAX BASE HEIGHT: 60'-0" AS PER ZR 23-662(a)  
PROPOSED BASE HEIGHT = 60'-0"  
MAX BLDG HEIGHT: 70'-0" AS PER ZR 23-662(a)  
PROPOSED BLDG HEIGHT = 60'-0"

**YARD REQUIREMENTS:**  
NO REAR YARD REQUIRED AS PER ZR 35-53  
NO SIDE YARDS REQUIRED AS PER ZR 35-51  
AREA BETWEEN STREET WALL & STREET LINE MUST BE PLANTED AS PER ZR 28-23



**ZD1 Zoning Diagram**  
*Must be typewritten.*

Orient and affix BIS job number label here

Submitted to resolve objections stated in a notice of intent to revoke issued pursuant to rule 101-15.  
 Yes  No

**Location Information**

House No(s) 753  
Street Name WASHINGTON AVENUE

Borough BROOKLYN  
Block 1174  
Lot 9  
BIN \_\_\_\_\_

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. I understand that if I am found after hearing to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (please print) JEFFREY KAMEN, RA Date 9/4/2024  
Signature Jeffrey Kamen



P.E. / R.A. Seal - (app. seal) and date over seal

**Internal Use Only**

BIS Doc # \_\_\_\_\_

PLAN EXAMINER SIGN AND DATE

