# Land Use Review Application

**Department of City Planning** **120 Broadway, 31st Floor, New York, NY 10271**

City Planning will assign and stamp reference numbers here

200178 ZMQ

APPLICATION NUMBER

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## 1. APPLICANT AND APPLICANT'S REPRESENTATIVES

**63-68 RWKOP LLC**

APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *

**102-10 Metropolitan Avenue, Suite 200**

STREET ADDRESS

**Forest Hills** **NY** **11375**

CITY STATE ZIP

**718-268-1200** **n/a**

AREA CODE TELEPHONE # FAX#

**Steven Sinacori & Frank St. Jacques**

APPLICANT'S PRIMARY REPRESENTATIVE

**Akerman LLP**

REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

**666 Fifth Avenue, 20th Fl.**

STREET ADDRESS

**New York** **NY** **10103**

CITY STATE ZIP

**212-259-6474** **n/a**

AREA CODE TELEPHONE # FAX#

* **List additional applicants below:**

CO-APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION )

CO-APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION )

**ADDITIONAL APPLICANT REPRESENTATIVE:**

NAME AND PROFESSIONAL AFFILIATION (ATTORNEY/ARCHITECT/ENGINEER ETC.) TELEPHONE # FAX #

## 2. SITE DATA

(If the site contains more than one property complete the "LR Item 2. Site Data Attachment Sheet.")

**91-32 63rd Drive**

STREET ADDRESS

**91-32 63rd Drive Rezoning**

PROJECT NAME (IF ANY)

**Austin Street, 63rd Drive, north side of LIRR ROW, and a line 100'from/parallel to 63rd Drive**

DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

**R4/C2-2**

EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

**14A**

ZONING SECTIONAL MAP NO(S).

**Block 3104, Lot 16, p/o Lot 14** **Queens** **6**

TAX BLOCK AND LOT NUMBER BOROUGH COMM. DIST.

URBAN RENEWAL AREA, HISTORIC DISTRICT OR OTHER DESIGNATED AREA (IF ANY)

IS SITE A NEW YORK CITY OR OTHER LANDMARK? NO ☒ YES ☐ IF YES, IDENTIFY

## 3. DESCRIPTION OF PROPOSAL

(If the entire project description does not fit in this space, enter "see attached description" below and submit description on a separate sheet, identified as "LR item 3. Description of Proposal")

**See attached description**

## 4. ACTIONS REQUESTED AND FEES

(Check appropriate action(s) and attach supplemental form)

* No supplemental form required

| | | | |
|---|---|---|---|
| ☐ | CHANGE IN CITY MAP.....MM | $ | |
| ☒ | ZONING MAP AMENDMENT.....ZM | $ | 3,250 |
| ☒ | ZONING TEXT AMENDMENT..... ZR | $ | 5,445 |
| ☐ | ZONING SPECIAL PERMIT.....ZS | $ | |
| ☐ | ZONING AUTHORIZATION.....ZA | $ | |
| ☐ | ZONING CERTIFICATION.....ZC | $ | |
| ☐ | PUBLIC FACILITY, SEL../ACQ.....PF | $ | |
| ☐ | DISPOSITION OF REAL PROP.....PP | $ | |
| ☐ | URBAN DEVELOP=T ACTION.....HA | $ | |
| ☐ | URBAN RENEWAL PROJECT.....* | $ | |
| ☐ | HOUSING PLAN & PROJECT.....* | $ | |
| ☐ | FRANCHISE.....* | $ | |
| ☐ | REVOCABLE CONSENT.....* | $ | |
| ☐ | CONCESSION.....* | $ | |
| ☐ | LANDFILL.....* | $ | |
| ☐ | OTHER (Describe) | $ | |

☐ MODIFICATION $

☐ FOLLOW-UP APPLICATION NO. $

☐ RENEWAL APPLICATION NO. $

☐ OTHER SPECIFY $

**TOTAL FEE (For all actions)** $ **8,695**

Make Check or Money Order payable to Department of City Planning.

If fee exemption is claimed check box below and explain ☐

Has pre-application meeting been held? ☐ NO ☒ YES

If yes **Nolan Gray** DCP Office/Representative **7/23/18** Date of meeting

**5. ENVIRONMENTAL REVIEW**

CITY ENVIRONMENTAL QUALITY REVIEW (CEQR) (Discuss with CEQR lead agency before completing)

LEAD AGENCY **NYC Department of City Planning** CEQR NUMBER **T B D**

TYPE OF CEQR ACTION:

☐ TYPE II Type II category: Date determination was made:

☐ TYPE I Has EAS been filed? Yes ☐ No ☒

☒ UNLISTED } If yes, Date EAS filed:

Has CEQR determination been made? Yes ☐ No ☒

If yes, what was determination? Negative Declaration ☐

CND ..... ☐ } Date determination made: (Attach Copy)

Positive Declaration ☐

If Positive Declaration, has PDEIS been filed?

Has Notice of Completion (NOC) for DEIS been issued? If yes, attach copy.

If PDEIS has not been filed, has final scope been issued? If yes, date issued:

**6. COASTAL ZONE MANAGEMENT**

IS SITE IN STATE DESIGNATED COASTAL ZONE MANAGEMENT (CZM)? AREA? No ☒ Yes ☐

**7. RELATED ACTIONS BY CITY PLANNING**

LIST ALL CURRENT OR PRIOR CITY PLANNING COMMISSION ACTIONS RELATED TO SITE:

APPLICATION NO. DESCRIPTION/ DISPOSITION/STATUS CAL. NO. DATE

**8. RELATED ACTIONS BY OTHER AGENCIES**

LIST ALL OTHER CURRENT OR PRIOR CITY, STATE OR FEDERAL ACTIONS RELATED TO APPLICATION:

REFERENCE NO. DESCRIPTION/ DISPOSITION/STATUS CAL. NO. DATE

**9. FUTURE ACTIONS REQUIRED**

LIST ALL FUTURE CITY, STATE OR FEDERAL ACTIONS REQUIRED TO IMPLEMENT THE PROPOSED ACTION:

**10. APPLICANT** (Attach authorizing resolution(s), if applicable)

David Koptiev, Member — NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF APPLICANT 9-17-19 DATE

63-68 RWKOP LLC — APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION (IF ANY)

**11. CO-APPLICANTS** (Attach authorizing resolution(s), if applicable)

NAME AND TITLE OF CO-APPLICANT OR AUTHORIZED REPRESENTATIVE — SIGNATURE OF CO-APPLICANT — DATE

CO-APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION

STREET ADDRESS CITY STATE ZIP TEL.NO. FAX

NAME AND TITLE OF CO-APPLICANT OR AUTHORIZED REPRESENTATIVE — SIGNATURE OF CO-APPLICANT — DATE

CO-APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION

STREET ADDRESS CITY STATE ZIP TEL.NO. FAX

**ADMINISTRATIVE CODE**

ANY PERSON WHO SHALL KNOWINGLY MAKE A FALSE REPRESENTATION ON OR WHO SHALL KNOWINGLY FALSIFY OR CAUSE TO BE FALSIFIED ANY FORM, MAP, REPORT OR OTHER DOCUMENT SUBMITTED IN CONNECTION WITH THIS APPLICATION SHALL BE GUILTY OF AN OFFENSE PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH, PURSUANT TO SECTION 10-154 OF THE CITY OF NEW YORK ADMINISTRATIVE CODE.

**NOTICE**

THIS APPLICATION WILL BE DEEMED PRELIMINARY UNTIL IT IS CERTIFIED AS COMPLETE BY THE DEPARTMENT OF CITY PLANNING OR THE CITY PLANNING COMMISSION. ADDITIONAL INFORMATION MAY BE REQUESTED OF THE APPLICANT BY THE DEPARTMENT OF CITY PLANNING.