Reference No. ***250151 ZMM, 250152 ZRM, 250153 ZSM, 250154 ZAM, 250155 ZCM***

NOTE: Please use the reference number(s) on all correspondence concerning this application.

DEPARTMENT OF CITY PLANNING
120 Broadway – 31st Floor
New York, New York 10271

NOTICE OF RECEIPT OF STANDARD APPLICATION FORM

The attached application(s) was submitted to the Department of City Planning for processing under the Uniform Land Use Review Procedure and has been assigned the above referenced number(s). It is being forwarded to you for information purposes only.

IMPORTANT NOTICE

This is not a Notice of Certification. Do not schedule a public hearing or take other formal action on this application until you receive the Notice of Certification. Retain the attached application until you receive the certification notice and certified application.

After this application has been certified as complete by the Department of City Planning or the City Planning Commission, it will be referred for official action.

TYPE OF APPLICATION:

( )	Change in the City Map	(MM)
(X)	Zoning Map Amendment	(ZM)
(X)	Zoning Special Permit	(ZS)
( )	Revocable Consent	(GF)
( )	Public Facility	(PS, PQ, PC)
( )	Disposition of Real Property	(PP, PN, DL, DM)
(X)	Other	(ZC, ZA, ZR, PC, HA)

Project Name: **Lenox Hill Hospital**

Project Address: **100 East 77th Street, New York NY, 10075**

Community District**:** **08**

Date**:** **January 6, 2025**

Borough**:** **Manhattan**

QUESTIONS ABOUT THIS APPLICATION SHOULD BE ADDRESSED TO **Azka Mohyuddin** in the Manhattan Borough Office by e-mail at AMohyuddin@planning.nyc.gov