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

APPLICATION NUMBER

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1. APPLICANT AND APPLICANT'S REPRESENTATIVES

SHAR-JO REST. INC. d/b/a Crab Shanty
APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *

361 City Island Avenue
STREET ADDRESS

Bronx **NY** **10464**
CITY STATE ZIP

646-522-0244
AREA CODE TELEPHONE # FAX#

Steven Sinacori & Frank St. Jacques
APPLICANT'S PRIMARY REPRESENTATIVE

Akerman LLP
REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

520 Madison Avenue, 20th Fl.
STREET ADDRESS

New York **NY** **10022**
CITY STATE ZIP

212-259-6474
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.")

361 City Island Avenue
STREET ADDRESS

361 City Island Avenue Rezoning
PROJECT NAME (IF ANY)

Southwest corner of intersection of City Island Avenue and Tier Street
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

R 3 A
EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

6C
ZONING SECTIONAL MAP NO(S).

Block 5633, p/o Lot 120, Lot 122, p/o Lot 124, p/o Lot 127, p/o Lot 137
TAX BLOCK AND LOT NUMBER

BRONX
BOROUGH

10
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	$
☐	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 (CEQR)	$ 1,350

TOTAL FEE (For all actions) $ 4,600

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 **Christine Camilleri/Bronx** (DCP Office/Representative) **3/6/2019** (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 **21DCP045X**

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: **9/02/2020**

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)

Michelle Debitetto | Michelle Debitetto | 10-28-20

NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE | **SIGNATURE OF APPLICANT** | **DATE**

SHAR-JO REST. INC. d/b/a Crab Shanty

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.