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

Land Use Application

Project ID number
2019M0430

Package Submission Date
4/16/2021

Section 1. Project Summary

Project Name:	New York Blood Center

Contact Person for this Application:		
Name	Phone	Email
Paul Selver, Esq.	**2127159199**	**pselver@kramerlevin.com**

Applicant(s)		
Organization	First Name	Last Name
New York Blood Center, Inc.	**Christoper**	**Hillyer**

Site Data	
Street Address: **303 - 319 East 66th Street, 304 - 326 East 67th Street**	City Council District(s): **5**
Community District(s): **8**	Zoning Sectional Map Number(s): **8c**
Existing Zoning District(s): **R8B, C1-9**	Special District(s): **n/a**

LIST ALL ACTIONS BY THEIR ACTION CODE

For applications seeking more than one type of action, each action must be listed separately.

Action code*	If Follow-up action, indicate previous approval Action code	Is applicant solely a public agency?	Application number	Data to differentiate multiple actions of same type
ZM		**No**	**210351ZMM**	
ZR		**No**	**210352ZRM**	**ZR Section 74-48 (as well as AppendixF)**
ZS		**No**	**210353ZSM**	

**See instructions for list of all action types and their appropriate codes.*

Does this project require a legal instrument to be recorded against the subject property? **Yes**

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.

Section 2. Applicants

APPLICANTS						
Organization	**First Name**	**Last Name**	**Address**	**City**	**State**	**Zip Code**
New York Blood Center, Inc.	Christoper	Hillyer	310 East 67th Street	New York	NY	10065

APPLICANT REPRESENTATIVE(S)						
First Name	**Last Name**	**Organization**	**Address**	**City**	**State**	**Zip Code**

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Section 3. Environmental Review

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

1. Who is the LEAD AGENCY *(responsible for the CEQR)*? **DCP**
2. CEQR NUMBER **21DCP080M**
3. Indicate CEQR Process type: **Type I**

   Type II Category: _____ Date of Determination: _____

Section 4. Project Area and Development Site Data & Geography

PROPOSED PROJECT AREA

*The **proposed Project Area** is the entirety of all land parcels that are affected by all actions being sought.*

Do **ALL** actions being sought apply to:

- the whole City? **No**
- the entirety of one or more Borough(s)? **No**
  - Borough(s):
- the entirety of one or more Community District(s)? **No**
  - Community District(s)
- Land or land underwater that is not associated with a tax bock or lot? **No**

Description of the geographic boundaries (especially for non-tax lots or irregular sites) by cross streets, bounding streets, dimensions, etc.

East 67th Street, East 68th Street, and Second Avenue

Section 4. (continued)

Existing zoning districts/special district: **C1-9, R8B**

Select all that apply to any portion of the **proposed Project Area:**

Located within the State Designated Coastal Zone Management (CZM) Area **No**

Located within a Historic District **No**

Historic District Name:

DEVELOPMENT SITE

*The **Development Site** is the specific parcel(s) that the applicant is seeking to develop. The Project Area and Development Site can be the same parcels of land or different, depending on the actions being sought. For instance, a special district may be mapped over a portion of a neighborhood (project area), but only certain parcels within it may be proposed for immediate development by the applicant (development site).*

Does the application result in the development of 500,000+ zoning square feet of floor area? **No**

If yes, development size:

Is the **Development Site** a *(New York City or Other)* Landmark or within a Historic District? **No**

Indicate Landmark or Historic District Name:

Section 4. (continued)

Fill in the table below for all tax lots that are within the **proposed Project Area.**

Validated Borough	Validated Block	Validated Lot	Partial Lot?	Development Site?	BBL Validated	BBL Validated Date
Manhattan	**01421**	**0021**	**Yes**	**No**	**Yes**	**3/23/2021**
Manhattan	**01441**	**7501**	**No**	**No**	**Yes**	**3/23/2021**
Manhattan	**01441**	**0040**	**No**	**Yes**	**Yes**	**3/23/2021**

** Leave column blank if all actions apply to all sites. See Instructions for list of action codes.*

Section 4. (continued)

Fill in the table below for all addresses that are within the **proposed Project Area.**

Address Number	Street or Place Name	Concatenated Address (Validated)	Validated Community District	Validated City Council District	Validated Zoning Map Number	Address Validated	Validated Date
303	**EAST 66 STREET**	**303 EAST 66 STREET**	**M08**	**5**	**8C**	**Yes**	**3/23/2021**
1260	**2 AVENUE**	**1260 2 AVENUE**	**M08**	**5**	**8C**	**Yes**	**3/23/2021**
1261	**2 AVENUE**	**1261 2 AVENUE**	**M08**	**4**	**8C**	**Yes**	**3/23/2021**

Section 5. Related Actions

1. List all **prior** site-specific actions by the **City, State or Federal Government** within the project area and describe in more detail in the attached Project Description.

Reference/ Application Number*	Description	Disposition or Status**	Calendar Number*	Date*

**If applicable*

2. List all **future** site-specific actions by the City, State, or Federal Government within the project area, and describe in more detail in the attached Project Description:

Reference/ Application Number*	Description	Status	Calendar Number*	Date*

**If applicable*

Section 6. HOUSING PLANS; URBAN RENEWAL AREAS; URBAN DEVELOPMENT ACTION AREAS PROGRAM (UDAAP)

APPLIES TO: HA; HC; HD; HG; HN; HO; HP; HU

1. Select all that apply:
DESIGNATION: **No** PROJECT: **No** DISPOSITION: **No** *If disposition is sought, fill in Section 7.*

2. Fill in the table below for all the subject sites

Borough	Block	Lot	UR Site Number	Owner	Existing Number of Buildings	Existing Stories in each Building	Existing Uses	Existing Zoning	Community/Institutional facilities			Dwelling units	
									Number Occupied	Number Vacant	Number of Workers	Number Occupied	Number Vacant

3. Fill in the table below for all the subject sites (proposed conditions)

Borough	Block	Lot	UR Site Number	Address	Owner	PROPOSED	
						Uses	Is site to be disposed? (yes/no)

Section 7. DISPOSITION RELATED TO URBAN DEVELOPMENT ACTION AREAS PROGRAM (UDAAP) OR URBAN RENEWAL

APPLIES TO: HA, HD

1. Type of disposition:

HA (Urban Development Action Area – UDAAP)

HD (Disposition of Urban Renewal Site)

2. Manner of disposition:

If Direct Disposition, indicate:

From: *(Indicate city agency)*

To:

Indicate Sponsor/ Developer/ Purchaser/ Lessee or Local Public Development Corporation)

If recipient has not been selected or disposition is not limited to a particular recipient, indicate "To be determined by agency"

3. Restrictions and conditions:

Section 8.
OFFICE SPACE LEASE, PUBLIC FACILITY SITE SELECTION OR ACQUISITION
APPLIES TO: PC, PQ, PS, PX

1. Action(s) requested:

   OFFICE SPACE LEASE _____

   ACQUISITION _____

   SITE SELECTION _____

2. Type of facility: _____

3. The Proposed facility is a(n):

   EXISTING FACILITY PROPOSED TO REMAIN _____

   How long has existing facility been at this location? _____

   EXISTING FACILITY TO REMAIN AND EXPAND/ENLARGE _____

   How long has existing facility been at this location? _____

   EXISTING FACILITY REPLACEMENT IN NEW LOCATION _____

   Where is the current facility located? _____

   NEW FACILITY _____

4. Is project listed in Citywide Statement of Needs? _____

   Indicate Fiscal Year(s) _____

   Indicate Page Number(s) _____

5. Did the Borough President propose an alternate site pursuant to charter section 204(f) or (g)? _____

   Identify Alternate Site _____

6. Capital budget line: _____

   For Fiscal Years: _____

Section 8. (continued)

Fill in the table below to describe proposed site(s).

PROPOSED SITE CHARACTERISTICS AND CONDITIONS

Borough	Block	Lot	Ownership	Uses on Site	Is the site Improved, Unimproved or Partly Improved?	Number of Dwelling Units*	Community Facility, Commercial or Industrial Uses		Describe any displacement or relocation*	If vacant for less than two years, describe previous uses*	Building(s) or site total square footage	Square footage to be acquired*	Number of floors in building*	Location on site/ in building
							Number of firms*	Number of employees*						

**If applicable*

Section 9. DISPOSITION

Applies to: PP

1. Type of disposition: _____

From which City Agency? _____

To Whom? _____

Sponsor/ Developer/ Purchaser/ Lessee or Local Public Development Corporation.

If recipient has not been selected or disposition is not limited to a particular recipient, indicate: "To be determined by agency"

2. Restrictions and conditions:

Section 10. CHANGE IN CITY MAP

Applies to: MM, MY, ME

1. *Please select all requested map changes that apply:*

Establish/Delineate New:		**Eliminate/Remove Existing:**		**Change Existing:**	
STREET		STREET		STREET (Width)	
PARK		PARK		STREET (Alignment)	
PUBLIC PLACE		PUBLIC PLACE		STREET (Grade)	
GRADE		GRADE		EASEMENT	**No**
EASEMENT	**No**	EASEMENT	**No**		

2. Is there a related Acquisition of Property?

3. Is there a related Disposition of Property? **No**

4. Is the only proposed City Map Change the elimination of a mapped but unimproved street?

If yes, is the mapped but unimproved street being eliminated from the property of an owner-occupied, one- or two- family residence? **No**

Section 11.
ZONING SPECIAL PERMITS, AUTHORIZATIONS AND CERTIFICATIONS

Applies to: ZS, ZA, ZC, CM, LD, RS, RA, RC

Use the following action codes to indicate action types in this section:

ZS new or modified zoning special permit

ZA new or modified zoning authorization

ZC new or modified zoning certification

CM renewal of a zoning special permit or authorization

LD Action pursuant to or modification of a legal document

South Richmond District

RS new or modified zoning special permit

RA new or modified zoning authorization

RC new or modified zoning certification

.

1. Is the Applicant *(Select all that apply)*

Owner of subject property	**Yes**
Lessee of subject property	**No**
Other (explain in attached project description)	**No**
In a contract to lease or buy the subject property	**No**

2. Are there other owners or long-term lessees of the subject property? **No**

Section 11. (continued)

5. In the table below, list all Special Permit, Authorization or Certification actions being sought *(including renewals, modifications, or legal document actions listed above)* and applicable information for each. Be sure to indicate previously approved application number for any follow-up actions. Leave blank if not applicable.

ALL ZONING CERTIFICATIONS, AUTHORIZATIONS, SPECIAL PERMITS AND RENEWALS BEING SOUGHT

Action Code	Previously Approved Application Number(s)*	Zoning Resolution Section Action Is Pursuant To	Name of Zoning Resolution Section	Zoning Sections To Be Modified*	Number of Zoning Lots Affected**	Square Footage of Zoning Lot(s) Affected	Square Footage of the Proposed Development	Square Footage Associated with Transfer of Development Rights or Floor Area Bonus*	Proposed Number of Dwelling Units	Is the action to authorize or permit an open use?	Is the action to authorize commercial or community facility use?
ZS		74-48	Scientific Research and Development Facility	32-10, 33-122, 33-283, 33-432, 32-641, 32-642, 32-643, 32-655, 32-67	1	45187	451860		0	No	Yes

* *If applicable*

***For subdivision-related actions, please indicate the resulting number of lots **after** subdivision*

6. In the chart below, list all follow-up actions (**Modification/Renewal/Legal Document actions**) being sought and applicable information for each. Be sure to indicate previously approved application number to be renewed in chart below. Leave blank if not applicable.

FOLLOW-UP ACTIONS

Action Code	Previously Approved Application Number(s)	Date of Previous Approval	Lapse Date of Previous Approval*	Is this a modification subject to Section 197-c of the City Charter? (y/n)	Is action a modification to or an action pursuant to a legal instrument*	Type of legal Instrument*	CRFN number*	Recordation Date*

**If applicable*

Section 12. Applies to: ZR

ZONING TEXT AMENDMENT

Indicate below the affected Zoning Resolution Sections by title and number:

Zoning Section Name	Zoning Section Number
Scientific Research and Development Facility	**74-48**
Inclusionary Housing Designated Areas and Mandatory Inclusionary Housing Areas	**Appendix F**

Section 13. Applies to: ZM

ZONING MAP AMENDMENT

1. What is the total area of all zoning lots in the area to the be rezoned?

   70,000 to 99,999 square feet

2. Please indicate all existing and proposed zoning districts in the table below:

Zoning Section Map(s) to be modified	EXISTING Zoning Districts	PROPOSED Zoning Districts
8c	**C1-9**	**C2-8**
8c	**R8B**	**C2-7**

-END OF FORM-