Land Use Review Application

Department of City Planning **22 Reade Street, New York, NY 10007-1216**

City Planning will assign and stamp reference numbers here

210177 ZMK
APPLICATION NUMBER

210178 ZRK
APPLICATION NUMBER

APPLICATION NUMBER

APPLICATION NUMBER

ZM & ZR actions only

1. APPLICANT AND APPLICANT'S REPRESENTATIVES

Department of City Planning
APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *

120 Broadway
STREET ADDRESS

New York NY 10271
CITY STATE ZIP

AREA CODE TELEPHONE # FAX#

Winston Von Engel
APPLICANT'S PRIMARY REPRESENTATIVE

REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

16 Court Street
STREET ADDRESS

Brooklyn NY 11241
CITY STATE ZIP

718-780-8270
AREA CODE TELEPHONE # FAX#

HA & PP actions only

*** List additional applicants below:**

Department of Housing Preservation and Development
CO-APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION)

PP action only

Department of Citywide Administrative Services
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.")

Various STREET ADDRESS

Gowanus Rezoning PROJECT NAME (IF ANY)

Generally bounded by Pacific Street, 4th Avenue, 15th Street, 7th Street, 3rd Avenue, 3rd Street, 2nd Avenue, Gowanus Canal, Huntington Street, Smith Street, 3rd Avenue, Bond Street, Warren Street, Nevins Street and Baltic Street
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

R6, R6B, R8A, R8A/C2-4, C8-2, M1-1, M1-2, M2-1, M3-1, EC-1, MX-11
EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

16c, 16d
ZONING SECTIONAL MAP NO(S).

See Attached TAX BLOCK AND LOT NUMBER

BROOKLYN BOROUGH

6, 2 COMM. DIST.

Carroll Gardens Urban Renewal Area
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 **Individual Landmarks within project area**

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	$ N / A
☒	ZONING TEXT AMENDMENT…… ZR	$ N / A
☐	ZONING SPECIAL PERMIT.....ZS	$
☐	ZONING AUTHORIZATION……ZA	$
☐	ZONING CERTIFICATION……ZC	$
☐	PUBLIC FACILITY, SEL../ACQ…….PF	$
☒	DISPOSITION OF REAL PROP……..PP	$ N / A
☒	URBAN DEVELOP=T ACTION……HA	$ N / A
☐	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) $ N / A

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

If fee exemption is claimed check box below and explain

☒ **Applicant is a City Agency**

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

If yes DCP Office/Representative Date of meeting

5. ENVIRONMENTAL REVIEW

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

LEAD AGENCY Department of City Planning CEQR NUMBER 19DCP157K

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: 3/22/19

Has CEQR determination been made? Yes ☒ No ☐

If yes, what was determination? Negative Declaration ☐ CND ..... ☐ Positive Declaration ☒ } Date determination made: 3/22/19 (Attach Copy)

If Positive Declaration, has PDEIS been filed? Yes

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

If PDEIS has not been filed, has final scope been issued? Yes 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
See attached			

8. RELATED ACTIONS BY OTHER AGENCIES

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

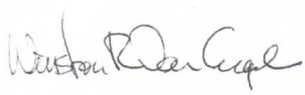
REFERENCE NO.	DESCRIPTION/ DISPOSITION/STATUS	CAL. NO.	DATE

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)

Winston Von Engel, Director, Brooklyn Office — NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

 — SIGNATURE OF APPLICANT

1/15/21 — DATE

Department of City Planning — APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION (IF ANY)

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

Perris Straughter, Assistant Commissioner — NAME AND TITLE OF CO-APPLICANT OR AUTHORIZED REPRESENTATIVE

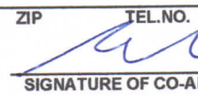
 — SIGNATURE OF CO-APPLICANT

1/15/21 — DATE

Department of Housing Preservation and Development — CO-APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION

100 Gold Street, 9X, New York, NY 10038 — STREET ADDRESS / CITY / STATE / ZIP / TEL.NO. / FAX

Matthew Berk, Executive Director — NAME AND TITLE OF CO-APPLICANT OR AUTHORIZED REPRESENTATIVE

 — SIGNATURE OF CO-APPLICANT

1/15/21 — DATE

Department of Citywide Administrative Services — CO-APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION

1 Centre St., The David N. Dinkins Municipal Building New York, NY 10007 — 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.