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

# Land Use Application

Project ID number
**2019K0271**

Package Submission Date
**6/29/2020**

## Section 1. Project Summary

| **Project Name:** | |
|---|---|

| **Contact Person for this Application**: | | |
|---|---|---|
| Name | Phone | Email |
| | | |

| **Applicant(s)** | | |
|---|---|---|
| Organization | First Name | Last Name |

| **Site Data** | |
|---|---|
| Street Address: | City Council District(s): |
| Community District(s): | Zoning Sectional Map Number(s): |
| Existing Zoning District(s): | Special District(s): |

### 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? | DCP USE ONLY | |
|---|---|---|---|---|
| | | | Application number | Data to differentiate multiple actions of same type |
| **ZM** | | **No** | **200358ZMK** | |

**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?

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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** | **Type** | **Address** | **City** | **State** | **Zip Code** | **E-Mail** | **Phone** |

| APPLICANT REPRESENTATIVE(S) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **First Name** | **Last Name** | **Organization** | **Address** | **City** | **State** | **Zip Code** | **E-Mail** | **Phone** |

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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)*? _____
2. CEQR NUMBER _____
3. Indicate CEQR Process type: _____

   Type II Category: _____ Date of Determination: _____

# Section 4. Project Area and Development Site Data & Geography

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** |

Describe Non-tax lots by cross, bounding streets, dimensions, etc…

# Section 4. (continued)

## PROPOSED PROJECT AREA

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

Existing zoning districts/special district: _____

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+ zsf 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 |
|---|---|---|---|---|---|---|
| **Brooklyn** | **06471** | **0109** | | | **Yes** | **3/4/2019** |
| **Brooklyn** | **02552** | **0024** | | | **Yes** | **5/15/2019** |

** 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 |
|---|---|---|---|---|---|---|---|
| **2300** | **CROPSEY AVENUE** | **2300 CROPSEY AVENUE** | **K11** | **43** | **28C** | **Yes** | **3/4/2019** |
| **252** | **JAVA STREET** | **252 JAVA STREET** | **K01** | **33** | **13A** | **Yes** | **5/15/2019** |

# 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) |

**Urban Renewal Site Number*

# 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

*For the above actions, please contact the Department of Citywide Administrative Services before submitting application materials to DCP. The following is a list of attachments needed for these actions:*

1. **Project description**, which includes:
   - Functions to be performed at the site;
   - Number of employees to be located at the site
   - Description of jobs/roles and work shifts of employees at the site
   - Type and number of facility related vehicles and parking/storage location
   - If applicable, reasons for moving or expansion
   - If applicable, process by which current occupancy of the site occurred
2. **Official Zoning Sectional maps**(**s**) showing existing and proposed sites
3. **Tax map**(**s**) of proposed site
4. **Project Area Photo**(**s**)
5. **Area Map**
6. **Site plan**
7. **Applicable pages of Citywide Statement of Needs**
8. **Fair share analyses** *(Required for PC, PS, PX)*
9. **204(g) Letter and Borough President response**, if applicable
10. **DCAS verification** that no City-owned property is available *(Required for PX)*

## Section 8. (continued)

1. Action(s) requested:

| | |
|---|---|
| OFFICE SPACE LEASE | **No** |
| ACQUISITION | **No** |
| SITE SELECTION | **No** |

2. Type of facility: _____

3. The Proposed facility is a(n):

| | |
|---|---|
| EXISTING FACILITY PROPOSED TO REMAIN | **No** |
| How long has existing facility been at this location? | |
| EXISTING FACILITY TO REMAIN AND EXPAND/ENLARGE | **No** |
| How long has existing facility been at this location? | |
| EXISTING FACILITY REPLACEMENT IN NEW LOCATION | **No** |
| Where is the current facility located? | |
| NEW FACILITY | **No** |

4. Is project listed in Citywide Statement of Needs? **No**

   Indicate Fiscal Year(s) _____

   Indicate Page Number(s) _____

5. Did Borough President propose alternate site pursuant to charter section 204(f) or (g)? **No**

   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 | **No** | STREET | **No** | STREET (Width) | **No** |
| PARK | **No** | PARK | **No** | STREET (Alignment) | **No** |
| PUBLIC PLACE | **No** | PUBLIC PLACE | **No** | STREET (Grade) | **No** |
| GRADE | **No** | GRADE | **No** | EASEMENT | **No** |
| EASEMENT | **No** | EASEMENT | **No** | | |

**2.** Is there a related Acquisition of Property? **No**

**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, SD, SA, SC, CM, LD

*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

**Special Natural Resource District**

**SD** new or modified zoning special permit

**SA** new or modified zoning authorization

**SC** new or modified zoning certification

**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 | **No** |
| 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? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

* *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 |
|---|---|
| | |

# 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? _____

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 |
|---|---|---|
| | | |

**-END OF FORM-**