akerman

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June 12, 2019

VIA FED-EX

Ms. Sara Avila
Department of City Planning
120 Broadway, 31st Floor
New York, NY 10271

Re: Project ID: P2018Q0324
42-01 28th Avenue Rezoning

Dear Ms. Avila:

Enclosed please find fourteen (14) copies of the following application materials in connection with the above-referenced project:

1. Land Use Application Form;
2. Supplemental Form (MM/ZM/ZR);
3. Attachment 2 – Site Data;
4. Project Description;
5. Zoning Maps;
6. Tax Maps;
7. Project Area Photographs;
8. Area Map;
9. Zoning Change Map;
10. Zoning Comparison Table; and
11. MIH Map (Proposed Zoning Text).

If you have any questions, please do not hesitate to contact Jaclyn Scarinci at (212) 259-6416 or jaclyn.scarinci@akerman.com.

Sincerely,

Julia Yeung

Julia Yeung

Enclosures

49155125;1

akerman.com

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

190517 ZMQ
APPLICATION NUMBER

N190518 ZRQ
APPLICATION NUMBER

APPLICATION NUMBER

APPLICATION NUMBER

1. APPLICANT AND APPLICANT'S REPRESENTATIVES

Vlacich LLC
APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *

42-09 28th Avenue
STREET ADDRESS

Queens | NY | 11103
CITY | STATE | ZIP

212-822-2222
AREA CODE TELEPHONE # FAX#

Steven S. Sinacori
APPLICANT'S PRIMARY REPRESENTATIVE

Akerman LLP
REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

666 Fifth Avenue, 20th Floor
STREET ADDRESS

New York | NY | 10103
CITY | STATE | ZIP

212 | 822-2212 | 212-905-6491
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.")

42-01 28th Avenue
STREET ADDRESS

42-01 28th Avenue Rezoning
PROJECT NAME (IF ANY)

DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

R5/C1-2 & R5
EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

9a, 9c
ZONING SECTIONAL MAP NO(S).

Block 685 Lots 1, 3, 5, 7, p/o 11; Block 701, Lots 1, 3, 5, 6, 8, 108, 9
TAX BLOCK AND LOT NUMBER

Queens
BOROUGH

1
COMM. DIST.

N/A
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")

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	$	5,445
☑	ZONING TEXT AMENDMENT..... ZR	$	5,445
☐	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 SPECIFY $

PAID

TOTAL FEE (For all actions) $10,890.00

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 Blake Montieth (DCP Office/Representative) 03/15/2018 (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 _____

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: _____

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
C 110398 ZMQ	28th Avenue Rezoning/Completed	5	05/08/2013

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)

EZIO VLACICH, MEMBER — NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF APPLICANT — DATE 5/28/19

Vlacich LLC

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.

New York City Department of City Planning
Land Use Review Application

Supplemental Form

City Map Change . . . . . MM

APPLICATION NO

Proposed City Map Change
(Check appropriate boxes)

1. ESTABLISH NEW..... ☐ STREET ☐ PARK ☐ PUBLIC PLACE ☐ GRADE
2. ELIMINATE EXISTING..... ☐ STREET ☐ PARK ☐ PUBLIC PLACE ☐ GRADE
3. CHANGE EXISTING STREET..... ☐ WIDTH ☐ ALIGNMENT ☐ GRADE
4. EASEMENT
   Delineate New..... ☐ Remove Existing..... ☐ Modify Existing..... ☐
5. RELATED ACQUISITION OR DISPOSITION OF PROPERTY ..... ☐

Zoning Map Change . . . . . ZM

190517 ZMQ
APPLICATION NO

(If more than five changes are being requested, enter "see attached" below and list ALL PROPOSED ZONING CHANGES in the same format as below on a separate sheet titled "Proposed Zoning Map Changes")

Proposed Zoning Map Change(s)

		EXISTING		PROPOSED
CHANGE #1	FROM:	R 5	TO:	R 6 A
CHANGE #2	FROM:	R5/C1-2	TO:	R6A/C1-2
CHANGE #3	FROM:		TO:	
CHANGE #4	FROM:		TO:	
CHANGE #5	FROM:		TO:	

Zoning Text Amendment . . . . . ZR

N190518 ZRQ
APPLICATION NO.

If more than five sections are proposed to be amended, enter "see attached" below, and list ALL PROPOSED TEXT AMENDMENTS in the same format as below on a separate sheet titled "Proposed Zoning Text Amendments.")

Affected Zoning Resolution (ZR) Sections

ZR SECTION NUMBER	ZONING RESOLUTION SECTION TITLE
Appendix F	Inclusionary Housing Designated Areas & Mandatory Inclusionary Housing Areas

New York City Department of City Planning
Land Use Review Application

Attachment Sheet

Land Use Review Application (LR) ..... Item 2. Site Data

2019 JUN 12 AM 10:07

190517 ZMQ N190518 ZRQ

Application No.

Enter all property information on this Attachment Sheet if the site contains more than one property.

TAX BLOCK OR TAX BLOCK RANGE (Enter Range only if all Lots in Range are Included)	TAX LOT(S) OR TAX LOT RANGE	ADDRESS (House Number and Street Name) OR BOUNDING STREETS OR CROSS STREETS (If No Address)
685	1	25-94 28 AVENUE
685	3	41-11 28 AVENUE
685	5	41-07 28 AVENUE
685	7	25-95 41 STREET
685	p/o 10	25-87 41 STREET
701	1	25-96 28 AVENUE
701	3	42-11 28 AVENUE
701	5	42-09 28 AVENUE *
701	6	42-01 28 AVENUE *
701	8	25-89 42 STREET *
701	108	25-87 42 STREET *
701	p/o 9	25-85 42 STREET *

* Development Site