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

# Land Use Application

Project ID number
**2024K0211**

Package Submission Date
**8/9/2024**

## Section 1. Project Summary

| **Project Name:** | 47 Hall Street Rezoning |
|---|---|

| **Contact Person for this Application**: | | |
|---|---|---|
| Name | Phone | Email |
| **Neelima Panoli** | **2124443823** | **npanoli@rxr.com** |

| **Applicant(s)** | | |
|---|---|---|
| Organization | First Name | Last Name |
| **RXR 9-47 Hall Street Owner LLC** | **Todd** | **Rechler** |

**Site Data**

| Street Address:<br>**47 Hall Street** | City Council District(s):<br>**35** |
|---|---|
| Community District(s):<br>**2** | Zoning Sectional Map Number(s):<br>**12d** |
| Existing Zoning District(s):<br>**M1-2** | Special District(s):<br>**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** | **250050ZMK** | |
| **ZR** | | **No** | **250051ZRK** | |
| **ZS** | | **No** | **250052ZSK** | |

**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? **No**

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.

Certain projects are subject to requirements to submit a Racial Equity Report on Housing and Opportunity under Local Law 78 of 2021. Does this apply to this project? **Yes**

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# Section 2. Applicants

| APPLICANTS | | | | | | |
|---|---|---|---|---|---|---|
| **Organization** | **First Name** | **Last Name** | **Address** | **City** | **State** | **Zip Code** |
| RXR 9-47 Hall Street Owner LLC | Todd | Rechler | c/o RXR Realty LLC 625 Owner Plaza | Uniondale | NY | 11556 |

| APPLICANT REPRESENTATIVE(S) | | | | | | |
|---|---|---|---|---|---|---|
| **First Name** | **Last Name** | **Organization** | **Address** | **City** | **State** | **Zip Code** |
| Carol | Rosenthal | Fried, Frank, Harris, Shriver & Jacobson LLP | One New York Plaza | New York | NY | 10004 |

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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 **25DCP009K**
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 block or lot? | **No** |

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

# Section 4. (continued)

Existing zoning districts/special district: **M1-2**

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

| | |
|---|---|
| Located within the State Designated Coastal Zone Management (CZM) Area | **Yes** |
| Located within a Historic District | **Yes** |
| Historic District Name: | **State Wallabout Industrial Historic District** |

## 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? | **Yes** |
| Indicate Landmark or Historic District Name: | **State Wallabout Industrial Historic** |

## Section 4. (continued)

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

| User Input Borough | User Input Tax Block | User Input Tax Lot | Development Site? | Partial Lot? | Validated Borough | Validated Block | Validated Lot | BBL Validated | BBL Validated Date |
|---|---|---|---|---|---|---|---|---|---|
| **Brooklyn** | **01876** | **0001** | **Yes** | **No** | **Brooklyn** | **01876** | **0001** | **Yes** | **11/10/2023** |

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

## Section 4. (continued)

The below addresses are associated with tax lots on previous table.

| Address Number | Street or Place Name | Concatenated Address (Validated) | Validated Community District | Validated City Council District | Validated Zoning Map Number | Address Validated | Validated Date |
|---|---|---|---|---|---|---|---|
| **234** | **FLUSHING AVENUE** | **234 FLUSHING AVENUE** | **K02** | **35** | **12D** | **Yes** | **11/10/2023** |

# 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 | |
| EASEMENT | | EASEMENT | | | |

**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 | | 74-52 | Reduction of parking spaces to facilitate affordable housing | 25-23, 25-251 | 1 | 113833 | 393280 | 0 | 464 | No | No |

* *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 |
|---|---|
| **Maximum Floor Area Ratio and Lot Coverage Requirements** | **123-63** |
| **Special Mixed Use Districts Specified** | **123-90** |
| **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? **100,000 to 239,999 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 |
|---|---|---|
| **12d** | **M1-2** | **M1-6A/R8 (MX-27); M1-5** |

**-END OF FORM-**