# 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

**210192 ZMQ** APPLICATION NUMBER

**210193 ZMR** APPLICATION NUMBER

APPLICATION NUMBER

APPLICATION NUMBER

## 1. APPLICANT AND APPLICANT'S REPRESENTATIVES

| | |
|---|---|
| **18517 Hillside LLC** | **Richard Lobel** |
| APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) * | APPLICANT'S PRIMARY REPRESENTATIVE |
| **72-38 Main Street** | **Sheldon Lobel, P.C.** |
| STREET ADDRESS | REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION |
| **Flushing NY 11367** | **18 East 41st Street, 5th Floor** |
| CITY STATE ZIP | STREET ADDRESS |
| **212-302-3400 917-793-6929** | **New York NY 10017** |
| AREA CODE TELEPHONE # FAX# | CITY STATE ZIP |
| | **212-725-2727 212-725-3910** |
| | 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.")

**185-17/19 Hillside Avenue** STREET ADDRESS

**185-17 Hillside Rezoning** PROJECT NAME (IF ANY)

**North Side of Hillside Avenue between Dairy Road and Chelsea Street**
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

**R3X, R6A/C2-4 (Downtown Jamaica)** EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

**1 5 b** ZONING SECTIONAL MAP NO(S).

**Block 9954, Lots 56, and p/o 1, 49, 66, and 70** TAX BLOCK AND LOT NUMBER

**Queens** BOROUGH

**8** COMM. DIST.

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.....PD | $ |
| ☐ | URBAN DEVELOP=T ACTION.....HA | $ |
| ☐ | URBAN RENEWAL PROJECT.....* | $ |
| ☐ | HOUSING PLAN & PROJECT.....* | $ |
| ☐ | FRANCHISE.....* | $ |
| ☐ | REVOCABLE CONSENT.....* | $ |
| ☐ | CONCESSION.....* | $ |
| ☐ | LANDFILL.....* | $ |
| ☐ | OTHER (Describe) | |
| | | $ 10,890 |

☐ MODIFICATION _____ $ _____

☐ FOLLOW-UP _____ $ _____
APPLICATION NO.

☐ RENEWAL _____ $ _____
APPLICATION NO.

☐ OTHER _____ $ _____
SPECIFY

**TOTAL FEE (For all actions)** $ _____

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 _____ _____
DCP Office/Representative Date of meeting

**5. ENVIRONMENTAL REVIEW**

CITY ENVIRONMENTAL QUALITY REVIEW (CEQR) (Discuss with CEQR lead agency before completing) **20DCP075Q**

LEAD AGENCY _____ 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 070314(A) ZMQ | Jamaica Plan (Effective 9/17/07) | 21 | 7/11/07 |

**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)

Richard Lobel, esq — NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

 — SIGNATURE OF APPLICANT

11/23/2020 — DATE

Sheldon Lobel, P.C. — 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.