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

200329 ZMK
APPLICATION NUMBER

200328 ZRK
APPLICATION NUMBER

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1. APPLICANT AND APPLICANT'S REPRESENTATIVES

Mikerose Realty, Inc.	Richard Lobel
APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *	APPLICANT'S PRIMARY REPRESENTATIVE
2892 Nostrand Avenue	Sheldon Lobel, P.C.
STREET ADDRESS	REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION
Brooklyn NY 11229	18 East 41st Street, 5th Floor
CITY STATE ZIP	STREET ADDRESS
	New York NY 10017
AREA CODE TELEPHONE # FAX#	CITY STATE ZIP
	(212)725-2727 (212)725-3910
* List additional applicants below:	AREA CODE TELEPHONE # FAX#

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.")

2892 Nostrand Avenue, Brooklyn	2892 Nostrand Avenue Rezoning
STREET ADDRESS	PROJECT NAME (IF ANY)

The Project Area is located on the West side of Nostrand Avenue, between Kings Highway and P Avenue
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

R 3 - 2	2 3 b
EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)	ZONING SECTIONAL MAP NO(S).

See LR Item 2 Site Data	Brooklyn	1 5
TAX BLOCK AND LOT NUMBER	BOROUGH	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")

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	$ 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 C E Q R SPECIFY	$ 5,465
	TOTAL FEE (For all actions)	$ 16,355

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 Daphne Lundi (DCP Office/Representative) 2/28/2018 (Date of meeting)

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
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., Authorized Representative**		5/12/20	
	NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE		**SIGNATURE OF APPLICANT**	**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.**			