New York City Department of City Planning
Land Use Application

Supplemental Form

Public Facility-Site Selection/Acquisition .....PF

Application No.

1. Requested action and proposed facility

(Check all of the appropriate boxes.)

a. ACTION REQUESTED:

- [x] SITE SELECTION
- [x] ACQUISITION

b. PROPOSED FACILITY IS:

- [ ] EXISTING FACILITY
- [ ] EXPANSION
- [x] NEW FACILITY

If action involves selection and/or acquisition of an **existing facility**, how long has existing facility been at this location and what process was used to authorize use of site?

If action involves a **new facility,** will it replace another facility located elsewhere? Yes [ ] No [x]

If yes, where is the other facility located and why is it being replaced?

2. Existing conditions of proposed site

a. SITE IS 1) [ ] IMPROVED [x] UNIMPROVED [ ] PARTLY IMPROVED

2) [ ] CITY-OWNED* [ ] OWNED BY OTHER PUB. ENTITY [x] PRIVATELY-OWNED

*Name of agency or other public entity having jurisdiction

b. DESCRIBE EXISTING IMPROVEMENTS AND CURRENT USES ON THE SITE (If site is substantially vacant but has had uses within the past two years, briefly describe such uses and proceed to item 3.)

1) RESIDENTIAL USES ONSITE (Number of dwelling units)

2) COMMERCIAL USES ONSITE (Number of firms) (Total commercial employees)

3) MANUFACTURING USES (Number of firms) (Total manufacturing employees)

4) WILL DISPLACEMENT\RELOC. OF ABOVE USES BE REQ'D? NO [ ] YES [ ] If yes, describe below:

3. Proposed facility

a. SITE AREA **6,128** FLOOR AREA **0** ZONING USE GROUP **N/A** CAPITAL BUDGET LINE **N/A** FY **N/A**

b. NUMBER OF EMPLOYEES (main shift): Working: On-site **0** Off-site **0** SHIFT: **N/A** Hours/days

OTHER SHIFTS AND NUMBER OF EMPLOYEES: **0**

c. NUMBER AND TYPE OF FACILITY VEHICLES: **0** On-site **0** Off-site **0** Location

d. No. OF ACCESSORY PARKING SPACES TO BE PROVIDED: **0** On-site **0** Off-site **0** Location

4. Fair Share

a. IS PROJECT SUBJECT TO FAIR SHARE CRITERIA? NO [ ] YES [x]

IF NOT, PLEASE EXPLAIN:

b. IS PROJECT LISTED IN STATEMENT OF NEEDS? NO [x] YES [ ] FY

c. DID BOROUGH PRESIDENT PROPOSE ALTERNATE SITE PURSUANT TO CHARTER SECTION 204(f) or (g)?

NO [x] YES [ ]

IF YES, WHAT SITE? ----------

d. INDICATE TYPE OF FACILITY: LOCAL/NEIGHBORHOOD ☒ REGIONAL/CITYWIDE ☐

pf 0505 w