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

APPLICATION NUMBER

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1. APPLICANT AND APPLICANT'S REPRESENTATIVES

Lipkaw Realty, LLC
APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *

2840 Knapp Street
STREET ADDRESS

Brooklyn NY 11235
CITY STATE ZIP

718 646-5700
AREA CODE TELEPHONE # FAX#

Eric Palatnik, Esq.
APPLICANT'S PRIMARY REPRESENTATIVE

Eric Palatnik, P.C.
REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

32 Broadway, Suite 114
STREET ADDRESS

New York NY 10004
CITY STATE ZIP

212 425-4343 212 968-7129
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.")

2840 Knapp Street — STREET ADDRESS

Sheepshead Nursing and Rehabilitation Center — PROJECT NAME (IF ANY)

Bounded by Knapp Street to the east, Brigham Streetto the west and Shore parkway to the north — DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

R 5 — EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

29a — ZONING SECTIONAL MAP NO(S).

Block 8808, Lot 45 — TAX BLOCK AND LOT NUMBER

Brooklyn — BOROUGH

15 — 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	$	4,310
☒	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	$

TOTAL FEE (For all actions) $ **9,755**

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 Lundy** — DCP Office/Representative

3/5/2018 — Date of meeting

5. ENVIRONMENTAL REVIEW

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

LEAD AGENCY D C P CEQR NUMBER 20DCP077k

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 ..... ☐ Positive Declaration ☐ } Date determination made: _____ (Attach Copy)

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

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)

Eric Palatnik, Esq. — NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF APPLICANT — DATE 11/14/19

Eric Palatnik, 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.