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

NYC Housing Preservation & Development
APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *

100 Gold Street
STREET ADDRESS

New York NY 10038
CITY STATE ZIP

(212) 863-5000 (212) 863-8082
AREA CODE TELEPHONE # FAX#

Lin Zeng
APPLICANT'S PRIMARY REPRESENTATIVE

NYC Housing Preservation & Development
REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

100 Gold Street
STREET ADDRESS

New York NY 10038
CITY STATE ZIP

212 863-5327 212-863-5052
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.")

515 Blake Avenue
STREET ADDRESS

515 Blake Avenue
PROJECT NAME (IF ANY)

Sutter Ave. to the north, Blake Ave. to the south, Hinsdale St. to the east, and Snediker Ave. to the west.
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

C4-3, R6, R6/C2-3
EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

17d
ZONING SECTIONAL MAP NO(S).

Block 3766, Lots 1 and 49
TAX BLOCK AND LOT NUMBER

Brooklyn
BOROUGH

5
COMM. DIST.

East New York I Urban Renewal Area
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	$ 0
☒	ZONING TEXT AMENDMENT..... ZR	$ 0
☒	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	$ 0
☐	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) $

Make Check or Money Order payable to Department of City Planning.

If fee exemption is claimed check box below and explain

☒ The applicant is a City agency

Has pre-application meeting been held? ☐ NO ☒ YES

If yes Brooklyn/Alexandra Paty-Diaz (DCP Office/Representative) 3/28/2018 (Date of meeting)

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5. ENVIRONMENTAL REVIEW

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

LEAD AGENCY: NYC Housing Preservation & Development

CEQR NUMBER: 19HPD058K

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: 11/30/2018

Has CEQR determination been made? Yes ☐ No ☐

If yes, what was determination?

Negative Declaration ☒

CND ..... ☐

Positive Declaration ☐

} Date determination made: 5/16/19 (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 (CZ M)? 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

See LR Item 7

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

None

9. FUTURE ACTIONS REQUIRED

LIST ALL FUTURE CITY, STATE OR FEDERAL ACTIONS REQUIRED TO IMPLEMENT THE PROPOSED ACTION:

None

10. APPLICANT

(Attach authorizing resolution(s), if applicable)

Leila Bozorg, Deputy Commissioner

NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE — **SIGNATURE OF APPLICANT** — **DATE**

NYC Housing Preservation & Development

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.

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