# 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

200246 ZMQ
APPLICATION NUMBER

APPLICATION NUMBER

N200247 ZRQ
APPLICATION NUMBER

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## 1. APPLICANT AND APPLICANT'S REPRESENTATIVES

**Ranbir LLC**
APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *

**206 Willets Lane**
STREET ADDRESS

**Jericho** | **New York** | **11753**
CITY | STATE | ZIP

**718-666-1961**
AREA CODE TELEPHONE # FAX#

**Richard Lobel**
APPLICANT'S PRIMARY REPRESENTATIVE

**Sheldon Lobel, P.C.**
REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

**18 East 41st Street, 5th Floor**
STREET ADDRESS

**New York** | **N Y** | **10017**
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.")

STREET ADDRESS

**146-93 Guy R. Brewer Boulevard Rezoning**
PROJECT NAME (IF ANY)

**Guy R. Brewer Boulevard between 147th Avenue and 146th Terrace**
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

**R 3 - 2**
EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

**19b**
ZONING SECTIONAL MAP NO(S).

**13354, Lots 12, 19, 21, 22, 23 and p/o 10 and 25**
TAX BLOCK AND LOT NUMBER

**Queens**
BOROUGH

**13**
COMM. DIST.

**N / A**
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 of Proposal**

## 4. ACTIONS REQUESTED AND FEES

(Check appropriate action(s) and attach supplemental form)

* No supplemental form required

| | | | | | |
|---|---|---|---|---|---|
| ☐ | CHANGE IN CITY MAP.....MM | $ | ☐ | MODIFICATION | $ |
| ☒ | ZONING MAP AMENDMENT.....ZM | $ 4,310 | | | |
| ☒ | ZONING TEXT AMENDMENT..... ZR | $ 5,445 | ☐ | FOLLOW-UP APPLICATION NO. | $ |
| ☐ | ZONING SPECIAL PERMIT.....ZS | $ | | | |
| ☐ | ZONING AUTHORIZATION.....ZA | $ | ☐ | RENEWAL APPLICATION NO. | $ |
| ☐ | ZONING CERTIFICATION.....ZC | $ | | | |
| ☐ | PUBLIC FACILITY, SEL../ACQ.....PF | $ | ☐ | OTHER SPECIFY | $ |
| ☐ | DISPOSITION OF REAL PROP.....PP | $* | | | |
| ☐ | URBAN DEVELOP=T ACTION.....HA | $ | | TOTAL FEE (For all actions) | $ 9,755 |
| ☐ | URBAN RENEWAL PROJECT.....* | $ | | | |
| ☐ | HOUSING PLAN & PROJECT.....* | $ | | | |
| ☐ | FRANCHISE.....* | $ | | | |
| ☐ | REVOCABLE CONSENT.....* | $ | | | |
| ☐ | CONCESSION.....* | $ | | | |
| ☐ | LANDFILL.....* | $ | | | |
| ☐ | OTHER (Describe) | | | | |
| | | $ | | | |

PAID

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 **Scott Solomon** DCP Office/Representative **5/22/2018** Date of meeting

**5. ENVIRONMENTAL REVIEW**

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

LEAD AGENCY _____ CEQR NUMBER 77DCP567Q

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 |
|---|---|---|---|
| C 920321 PPQ | Unrestricted disposition of city-owned property/Withdrawn | | |

**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 |
|---|---|---|---|
| | Variance to permit UG 6/Denied | 65-07-BZ | 2007 |

**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 — DATE 1/29/20

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.