Basic Form LR

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

190325 ZMQ — APPLICATION NUMBER
190366 ZSQ — APPLICATION NUMBER
N190364 ZRQ — APPLICATION NUMBER
190375 ZSQ — APPLICATION NUMBER

1. APPLICANT AND APPLICANT'S REPRESENTATIVES

Peninsula Rockaway Limited Partnership
APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *
1044 Northern Boulevard, 2nd Floor
STREET ADDRESS
Roslyn — NY — 11256
CITY — STATE — ZIP
(516) — 277-9300 — (516) 277-9345
AREA CODE — TELEPHONE # — FAX#

Jaclyn C. Scarinci, Esq.
APPLICANT'S PRIMARY REPRESENTATIVE
Akerman, LLP
REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION
666 Fifth Avenue, 20th Floor
STREET ADDRESS
New York — New York — 10103
CITY — STATE — ZIP
(212) — 259-6416 — (212) 880-8965
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.")

51-15 Beach Channel Drive
STREET ADDRESS
Peninsula Hospital Redevelopment Plan
PROJECT NAME (IF ANY)

Property is bounded by Beach Channel Drive (north), Rockaway Freeway (south), Beach 50th St (east) and Beach 53rd St (west).
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

R5, R5/C1-2, and C8-1
EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)
30c
ZONING SECTIONAL MAP NO(S).

Block 15842, Lot 1&p/o 100; Block 15843, Lot 1; Block 15857, Lots 1 & p/o 7
TAX BLOCK AND LOT NUMBER
Queens
BOROUGH
14
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	$	☐	MODIFICATION	$
☒	ZONING MAP AMENDMENT.....ZM	$ 18,445			
☒	ZONING TEXT AMENDMENT..... ZR	$ 5,445	☐	FOLLOW-UP APPLICATION NO.	$
☒	ZONING SPECIAL PERMIT.....ZS	$ 29,485			
☐	ZONING AUTHORIZATION.....ZA	$	☐	RENEWAL APPLICATION NO.	$
☐	ZONING CERTIFICATION.....ZC	$			
☐	PUBLIC FACILITY, SEL../ACQ.....PF	$	☒	OTHER CEQR SPECIFY	$ 322,225
☐	DISPOSITION OF REAL PROP.....PD	$			
☐	URBAN DEVELOP=T ACTION.....HA	$		TOTAL FEE (For all actions)	$ 495,600
☐	URBAN RENEWAL PROJECT.....*	$			
☐	HOUSING PLAN & PROJECT.....*	$		Make Check or Money Order payable to Department of City Planning.	
☐	FRANCHISE.....*	$		If fee exemption is claimed check box below and explain	
☐	REVOCABLE CONSENT.....*	$	☐		
☐	CONCESSION.....*	$			
☐	LANDFILL.....*	$		Has pre-application meeting been held? ☐ NO ☒ YES	
☒	OTHER (Describe)			If yes	
	Supplemental fee for Large Projects	$ 120,000		Queens / Brendan Pillar — DCP Office/Representative	10/31/2016 — Date of meeting

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Basic Form LR – continued

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5. ENVIRONMENTAL REVIEW

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

LEAD AGENCY: NYC Department of City Planning — CEQR NUMBER: 18DCP124Q

TYPE OF CEQR ACTION:

☐ TYPE II — Type II category: _____ — Date determination was made: _____

☒ TYPE I } ☐ UNLISTED — Has EAS been filed? Yes ☒ No ☐ — If yes, Date EAS filed: 03/15/2018

Has CEQR determination been made? Yes ☒ No ☐

If yes, what was determination? Negative Declaration ☐ / CND ..... ☐ / Positive Declaration ☒ — Date determination made: 03/23/2018 (Attach Copy)

If Positive Declaration, has PDEIS been filed? TBD

Has Notice of Completion (NOC) for DEIS been issued? TBD — If yes, attach copy.

If PDEIS has not been filed, has final scope been issued? TBD — If yes, date issued: TBD

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
190251 MMQ	City Map Change		

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)

Jaclyn C. Scarinci, Esq. — NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF APPLICANT — DATE: 4/16/19

Akerman, LLP — 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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