

Section 1. Project Summary

Project Name:		
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Contact Person for this Application:		
Name	Phone	Email
Applicant(s)		
Organization	First Name	Last Name
Site Data		
Street Address:		City Council District(s):
Community District(s):		Zoning Sectional Map Number(s):
Existing Zoning District(s):		Special District(s):

LIST ALL ACTIONS BY THEIR ACTION CODE

For applications seeking more than one type of action, each action must be listed separately.

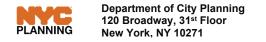
Action	If Follow-up action, indicate previous approval Action code	Is applicant solely a public agency?		Data to differentiate multiple actions of same type
ZR		No	N210434ZRY	

*See instructions for list of all action types and their appropriate codes.

Does this project require a legal instrument to be recorded against the subject property?

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.



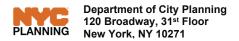
Section 2. Applicants

APPLICANTS						
Organization	First Name	Last Name	Address	City	State	Zip Code

APPLICANT REPRESENTATIVE(S)						
First Name	Last Name	Organization	Address	City	State	Zip Code

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Section 3. Environmental Review

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

1. Who is the LEAD AGENCY (responsible for the CEQR)?

2. CEQR NUMBER		
3. Indicate CEQR Process type:		
Type II Category:	 Date of Determination:	

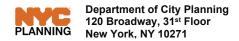
Section 4. Project Area and Development Site Data & Geography

PROPOSED PROJECT AREA

The proposed Project Area is the entirety of all land parcels that are affected by all actions being sought.

Do ALL actions being sought apply to:	
the whole City?	No
the entirety of one or more Borough(s)?	Νο
Borough(s):	
the entirety of one or more Community District(s)?	No
Community District(s)	
Land or land underwater that is not associated with a tax bock or lot?	No

Description of the geographic boundaries (especially for non-tax lots or irregular sites) by cross streets, bounding streets, dimensions, etc.



Section 4. (continued)

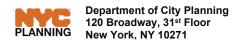
Existing zoning districts/special district:	
Select all that apply to any portion of the proposed Project Area:	
Located within the State Designated Coastal Zone Management (CZM) Area	No
Located within a Historic District	No

Historic District Name:

DEVELOPMENT SITE

The **Development Site** is the specific parcel(s) that the applicant is seeking to develop. The Project Area and Development Site can be the same parcels of land or different, depending on the actions being sought. For instance, a special district may be mapped over a portion of a neighborhood (project area), but only certain parcels within it may be proposed for immediate development by the applicant (development site).

Does the application result in the development of 500,000+ zoning square feet of floor area?	No
If yes, development size:	
Is the Development Site a (New York City or Other) Landmark or within a Historic District?	Νο
Indicate Landmark or Historic District Name:	

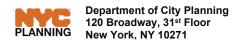


Section 4. (continued)

Fill in the table below for all tax lots that are within the **proposed Project Area**.

Validated Borough Validated Block Validated Lot Partial Lot? Deve	ent Site? BBL Validated Date
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* Leave column blank if all actions apply to all sites. See Instructions for list of action codes.



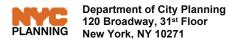
Project ID number 2021Y0291

Package Submission Date 6/18/2021

Section 4. (continued)

Fill in the table below for all addresses that are within the **proposed Project Area**.

A	Address		Concatenated Address	Validated Community	Validated City Council	Validated Zoning Map	Address	
N	Number	Street or Place Name	(Validated)	District	District	Number	Validated	Validated Date



Section 5. Related Actions

1. List all **prior** site-specific actions by the **City**, **State or Federal Government** within the project area and describe in more detail in the attached Project Description.

Reference/				
Application		Disposition	Calendar	
Number*	Description	or Status**	Number*	Date*

*If applicable

2. List all **future** site-specific actions by the City, State, or Federal Government within the project area, and describe in more detail in the attached Project Description:

Reference/				
Application			Calendar	
Number*	Description	Status	Number*	Date*

*If applicable



Project ID number 2021Y0291

Package Submission Date 6/18/2021

Section 6. HOUSING PLANS; URBAN RENEWAL AREAS; URBAN DEVELOPMENT ACTION AREAS PROGRAM (UDAAP)

APPLIES TO: HA; HC; HD; HG; HN; HO; HP; HU

1. Select all that apply:

DESIGNATION: <u>No</u> PROJECT: <u>No</u> DISPOSITION: <u>No</u> If disposition is sought, fill in Section 7.

2. Fill in the table below for all the subject sites

										Commu	nity/Inst	itutional		
						Existing	Existing				facilities	;	Dwellin	ig units
						Number	Stories					Number		
				UR Site		of	in each		Existing	Number	Number	of	Number	Number
Bore	ough	Block	Lot	Number	Owner	Buildings	Building	Existing Uses	Zoning	Occupied	Vacant	Workers	Occupied	Vacant

3. Fill in the table below for all the subject sites (proposed conditions)

						PROPOSED	
			UR Site				Is site to be disposed?
Borough	Block	Lot	Number	Address	Owner	Uses	(yes/no)

Section 7. DISPOSITION RELATED TO URBAN DEVELOPMENT ACTION AREAS PROGRAM (UDAAP) OR URBAN RENEWAL

APPLIES TO: HA, HD

1. Type of disposition:

HA (Urban Development Action Area – UDAAP)

HD (Disposition of Urban Renewal Site)

2. Manner of disposition:

If Direct Disposition, indicate:

From: (Indicate city agency)

To:

Indicate Sponsor/ Developer/ Purchaser/ Lessee or Local Public Development Corporation)

If recipient has not been selected or disposition is not limited to a particular recipient, indicate "To be determined by agency"

3. Restrictions and conditions:

Section 8. OFFICE SPACE LEASE, PUBLIC FACILITY SITE SELECTION OR ACQUISITION APPLIES TO: PC, PQ, PS, PX

1.	Action(s) requested:	
	OFFICE SPACE LEASE	
	ACQUISITION	
	SITE SELECTION	
2.	Type of facility:	
3.	The Proposed facility is a(n):	
	EXISTING FACILITY PROPOSED TO REMAIN	
	How long has existing facility been at this location?	
	EXISTING FACILITY TO REMAIN AND EXPAND/ENLARGE	
	How long has existing facility been at this location?	
	EXISTING FACILITY REPLACEMENT IN NEW LOCATION	
	Where is the current facility located?	
	NEW FACILITY	
4.	Is project listed in Citywide Statement of Needs?	
	Indicate Fiscal Year(s)	
	Indicate Page Number(s)	
5.	Did the Borough President propose an alternate site pursuant to charter section 204(f) or (g)?	
	Identify Alternate Site	
6.	Capital budget line:	
	For Fiscal Years:	



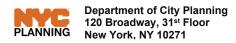
Section 8. (continued)

Fill in the table below to describe proposed site(s).

PROPOSED SITE CHARACTERISTICS AND CONDITIONS

				Uses	Is the site Improved, Unimproved	Number of	Fa Comr	nmunity acility, mercial or trial Uses Number of	Describe any	If vacant for less than two years, describe	Building(s) or site total	Square footage	Number of floors	Location
				on	or Partly	Dwelling	firms*	employees*	displacement	previous	square	to be	in	on site/
Borough	Block	Lot	Ownership	Site	Improved?	Units*	111115	employees	or relocation*	uses*	footage	acquired*	building*	in building

*If applicable



Section 9. DISPOSITION

Applies to: PP

1. Type of disposition:

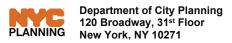
m which City Agency?		
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To Whom?

Sponsor/ Developer/ Purchaser/ Lessee or Local Public Development Corporation.

If recipient has not been selected or disposition is not limited to a particular recipient, indicate: "To be determined by agency"

2. Restrictions and conditions:



Land Use Application

Section 10. CHANGE IN CITY MAP

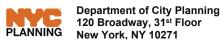
Applies to: MM, MY, ME

1. Please select all requested map changes that apply:

Establish/Delineate New:	Eliminate/Remove Existing:	Change Existing:
STREET	STREET	STREET (Width)
PARK	PARK	STREET (Alignment)
PUBLIC PLACE	PUBLIC PLACE	STREET (Grade)
GRADE	GRADE	EASEMENT <u>No</u>
EASEMENT <u>No</u>	EASEMENT <u>No</u>	
2. Is there a related Acquisition of Proper	tv?	

3. Is there a related Disposition of Property?	No

4. Is the only proposed City Map Change the elimination of a mapped but unimproved street?
If yes, is the mapped but unimproved street being eliminated from the property of an owner-occupied, one- or two- family residence?



Land Use Application

Section 11. ZONING SPECIAL PERMITS, AUTHORIZATIONS AND CERTIFICATIONS

Applies to: ZS, ZA, ZC, CM, LD, RS, RA, RC

Use the following action codes to indicate action types in this section:

- **ZS** new or modified zoning special permit
- **ZA** new or modified zoning authorization
- **ZC** new or modified zoning certification
- **CM** renewal of a zoning special permit or authorization
- LD Action pursuant to or modification of a legal document

South Richmond District

- **RS** new or modified zoning special permit
- **RA** new or modified zoning authorization
- **RC** new or modified zoning certification
- **1**. Is the Applicant (Select all that apply)

Owner of subject property	Νο
Lessee of subject property	No
Other (explain in attached project description)	No
In a contract to lease or buy the subject property	No
2. Are there other owners or long-term lessees of the subject property?	No



Project ID number 2021Y0291

Section 11. (continued)

5. In the table below, list all Special Permit, Authorization or Certification actions being sought *(including renewals, modifications, or legal document actions listed above)* and applicable information for each. Be sure to indicate previously approved application number for any follow-up actions. Leave blank if not applicable.

ALL ZONING CERTIFICATIONS, AUTHORIZATIONS, SPECIAL PERMITS AND RENEWALS BEING SOUGHT

Action Code	Previously Approved Application Number(s)*	Zoning Resolution Section Action Is Pursuant To	Name of Zoning Resolution Section	Zoning Sections To Be Modified*	Number of Zoning Lots Affected**	Square Footage of Zoning Lot(s) Affected	Square Footage of the Proposed Development	Square Footage Associated with Transfer of Developme nt Rights or Floor Area Bonus*	-	Is the action to authorize or permit an open use?	or
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* If applicable

**For subdivision-related actions, please indicate the resulting number of lots after subdivision

6. In the chart below, list all follow-up actions (**Modification/Renewal/Legal Document actions**) being sought and applicable information for each. Be sure to indicate previously approved application number to be renewed in chart below. Leave blank if not applicable.



Department of City Planning 120 Broadway, 31st Floor New York, NY 10271

Project ID number 2021Y0291

Package Submission Date 6/18/2021

FOLLOW-UP ACTIONS

Action Code	Previously Approved Application Number(s)	Date of Previous Approval	Lapse Date of Previous Approval*	Is this a modification subject to Section 197-c of the City Charter? (y/n)	Is action a modification to or an action pursuant to a legal instrument*	Type of legal Instrument*	CRFN number*	Recordation Date*
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*If applicable



Section 12. Applies to: ZR ZONING TEXT AMENDMENT

Indicate below the affected Zoning Resolution Sections by title and number:

Zoning Section Name	Zoning Section Number	

Section 13. Applies to: ZM

ZONING MAP AMENDMENT

- 1. What is the total area of all zoning lots in the area to the be rezoned?
- 2. Please indicate all existing and proposed zoning districts in the table below:

Zoning Section Map(s) to be	EXISTING	PROPOSED
modified	Zoning Districts	Zoning Districts

-END OF FORM-