



Application

Reads Street, New York, NY 10007-1216

MAR 25 2013
BY COMMUNITY BOARD 8

130214-130219

Received by Central Intake on March 12, 2013

City P assign reference numbers here

APPLICATION NUMBER

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1. APPLICANT AND APPLICANT'S REPRESENTATIVES

Memorial Hospital for Cancer and Allied Diseases (MSK)

Shelly S. Friedman, Esq.

APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *

APPLICANT'S PRIMARY REPRESENTATIVE

1275 York Avenue

Friedman & Gotbaum LLP

STREET ADDRESS

REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

New York NY 10021

568 Broadway - Suite 505

CITY STATE ZIP

STREET ADDRESS

(212) 639-6990 212-363-3701

New York NY 10012

AREA CODE TELEPHONE # FAX#

CITY STATE ZIP

(212) 925-4545 (212) 925-5199

* List additional applicants below:

AREA CODE TELEPHONE # FAX#

City University of New York (CUNY)

CO-APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION)

See Attached Co-Applicants Page

CO-APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION)

ADDITIONAL APPLICANT REPRESENTATIVE:

Perkins Eastman, 115 Fifth Avenue, New York, NY 10003

212-353-7200 212-353-7676

Ennead Architects, LLP, 320 West 13th Street, New York NY 10014

212-807-7171 212-807-5917

NAME AND PROFESSIONAL AFFILIATION (ATTORNEY/ARCHITECT/ENGINEER ETC.)

TELEPHONE # FAX #

524-540 East 74th Street

(a/k/a) 525-545 East 73rd Street, New York NY 10021

MSK/CUNY-Hunter

STREET ADDRESS

PROJECT NAME (IF ANY)

2. SITE DATA

(If the site contains more than one property complete the "LR Item 2. Site Data Attachment Sheet.")

Property is located on the east end of the block bound by York Avenue, East 74th and East 73rd Streets and FDR Drive.

DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

M3-2

9a

EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

ZONING SECTIONAL MAP NO(S).

Block 1485 Lots 14, 15, 39

Manhattan

8

TAX BLOCK AND LOT NUMBER

BOROUGH

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.

4. ACTIONS REQUESTED AND FEES

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

* No supplemental form required

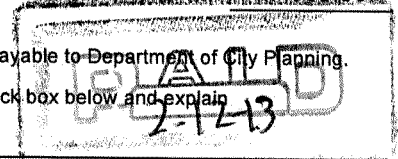
- CHANGE IN CITY MAP.....MM \$
- ZONING MAP AMENDMENT.....ZM \$ 5,445
- ZONING TEXT AMENDMENT..... ZR \$ 5,445
- ZONING SPECIAL PERMIT...(3).....ZS \$ 36,740
- ZONING AUTHORIZATION.....ZA \$
- ZONING CERTIFICATION.....ZC \$
- PUBLIC FACILITY, SEL./ACQ.....PF \$
- DISPOSITION OF REAL PROP.....PD \$
- URBAN DEVELOP'T ACTION.....HA \$
- URBAN RENEWAL PROJECT.....* \$
- HOUSING PLAN & PROJECT.....* \$
- FRANCHISE.....* \$
- REVOCABLE CONSENT.....* \$
- CONCESSION.....* \$
- LANDFILL.....* \$
- OTHER (Describe) Supplemental fee (total development size: 793,332 zsf) \$ 80,000

- MODIFICATION \$
- FOLLOW-UP \$
- RENEWAL \$
- OTHER \$

TOTAL FEE (For all actions) \$ 127,630.00

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 A. Wolff

07/27/2012

DCP Office/Representative

Date of meeting

5. ENVIRONMENTAL REVIEW

CITY ENVIRONMENTAL QUALITY REVIEW (CEQR) (Discuss with CEQR lead agency before completing)
LEAD AGENCY Office of the Deputy Mayor for Economic Development CEQR NUMBER 13DME003M

TYPE OF CEQR ACTION:

Form section for CEQR action type, including checkboxes for Type II, Type I, and Unlisted, and fields for EAS filing status and dates.

6. COASTAL ZONE MANAGEMENT

IS SITE IN STATE DESIGNATED COASTAL ZONE MANAGEMENT (CZM)? AREA? No Yes

7. RELATED ACTIONS BY CITY PLANNING

Table with columns: APPLICATION NO., DESCRIPTION/ DISPOSITION/STATUS, CAL. NO., DATE. Row 1: n/a

8. RELATED ACTIONS BY OTHER AGENCIES

Table with columns: REFERENCE NO., DESCRIPTION/ DISPOSITION/STATUS, CAL. NO., DATE. No entries.

9. FUTURE ACTIONS REQUIRED

- LIST ALL FUTURE CITY, STATE OR FEDERAL ACTIONS REQUIRED TO IMPLEMENT THE PROPOSED ACTION:
1. Approval of both MSK and CUNY funding request from Dormitory Authority of the State of New York (DASNY).
2. Certificate of Need from the New York State Department of Health (DOH) for the proposed MSK Building.
3. Certification by the Commissioner of Buildings that access to the accessory parking facility located within 50 feet of an intersection of two street lines is not hazardous to traffic safety and not likely to create traffic congestion.
4. Approval of acquisition of real property by the Board of The City University Construction Fund (GUCF). In addition, the CUNY Board must approve, undertake, and fund the CUNY-Hunter Building.

10. APPLICANT (Attach authorizing resolution(s), if applicable)

Edward Mahoney, Vice-President, Facilities Management
NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE
Memorial Hospital for Cancer and Allied Diseases (MSK)
APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION (IF ANY)

Handwritten signature and date 3/12/2013 for the applicant.

11. CO-APPLICANTS (Attach authorizing resolution(s), if applicable)

Iris Weinshall, Vice Chancellor for Facilities Planning, Construction and Management
NAME AND TITLE OF CO-APPLICANT OR AUTHORIZED REPRESENTATIVE
City University of New York (CUNY)
CO-APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION

Handwritten signature and date 3/12/2013 for the co-applicant.

535 East 80th Street New York NY 10075 212-794-5315
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 10-164 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.



Handwritten numbers: 130214, 130219

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CO-APPLICANTS

Disposition of City-owned Property – Block 1485, Lot 15
(524-540 East 74th Street a/k/a 525-545 East 73rd Street, New York NY 10021):

Randal Fong, Assistant Commissioner

NAME AND TITLE OF CO-APPLICANT OR AUTHORIZED REPRESENTATIVE

Randal Fong MAR 08 2013
SIGNATURE OF CO-APPLICANT DATE

NYC Department of Citywide Administrative Services

CO-APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION

One Centre Street – 20th Floor North New York NY 10007

STREET ADDRESS CITY STATE ZIP TEL. NO.



130219PPM

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Hardy Adasko, Senior Vice President

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

H Hardy Adasko 3/8/13
SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE

NYC Economic Development Corporation

AUTHORIZED REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

110 William Street New York NY 10038

STREET ADDRESS CITY STATE ZIP TEL. NO.

City Map Change **MM**

APPLICATION NO

Proposed City Map Change
(Check appropriate boxes)

- 1. ESTABLISH NEW..... STREET PARK PUBLIC PLACE GRADE
- 2. ELIMINATE EXISTING..... STREET PARK PUBLIC PLACE GRADE
- 3. CHANGE EXISTING STREET..... WIDTH ALIGNMENT GRADE
- 4. EASEMENT
Delineate New..... Remove Existing..... Modify Existing.....
- 5. RELATED ACQUISITION OR DISPOSITION.....

Zoning Map Change



130214ZMM

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Proposed Zoning Map Change(s)

(If more than five changes are being requested, enter "see attached" below and list ALL PROPOSED ZONING CHANGES in the same format as below on a separate sheet titled "Proposed Zoning Map Changes")

CHANGE #1	FROM:	<u>M3-2</u> EXISTING	TO:	<u>C1-9</u> PROPOSED
CHANGE #2	FROM:	<u>M3-2</u> EXISTING	TO:	<u>M1-4</u> PROPOSED
CHANGE #3	FROM:	<u>EXISTING</u>	TO:	<u>PROPOSED</u>
CHANGE #4	FROM:	<u>EXISTING</u>	TO:	<u>PROPOSED</u>
CHANGE #5	FROM:	<u>EXISTING</u>	TO:	<u>PROPOSED</u>

Zoning Text Amendment **ZR**



N130215ZRM

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and list ALL PROPOSED TEXT (including Text Amendments.)

Affected Zoning Resolution (ZR) Sections

ZONING RESOLUTION NUMBER	ZONING RESOLUTION SECTION TITLE
<u>74-743(a), (b)</u>	<u>Special provisions for bulk modification</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special Permit/Authorization/Certification . . . ZS/ZA/ZC

130210ZSM - 74-743 (a) (2) +

74-743 (a) (11)

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130217ZSM - 74-744 (c)

130218ZSM - 13-561

(If more than five actions are being requested, enter "see attached" below, and list ALL PROPOSED ACTIONS in the same format as below on a separate sheet titled "Proposed Zoning Special Permits/ Authorization/ Certifications.")

Action(s) requested pursuant to ZR
(Check one box for each proposed action)

Special Permit (ZS)	Authorization (ZA)	Certification (ZC)	PURSUANT TO: ZONING RESOLUTION SECTION NUMBER	ZONING RESOLUTION SECTION TITLE	TO MODIFY: SECTION NO. (If applicable)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74-743(a)(2)	Special provisions for bulk modification	33-25; 33-283; 33-432
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74-743(a)(11)	Special provisions for bulk modification	33-123
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74-744(c)	Modification of use regulations	32-641, 32-642; 32-643; 32-655
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13-561	Accessory off-street parking spaces	13-10; 13-133; 13-134
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

HAS A DRAFT RESTRICTIVE DECLARATION BEEN INCLUDED WITH THIS APPLICATION? YES NO

WILL ALL PARTIES IN INTEREST TO THE PROPERTY AGREE TO A RESTRICTIVE DECLARATION IF REQUIRED? YES NO

Property ownership/ interest

CHECK APPLICABLE BOX(ES) (If more than one box is checked in the left column, please explain below).

- | | |
|---|--|
| APPLICANT:
<input checked="" type="checkbox"/> IS OWNER OF SUBJECT PROPERTY (DCAS)
<input type="checkbox"/> IS LESSEE OF SUBJECT PROPERTY
<input checked="" type="checkbox"/> HAS CONTRACT TO LEASE/BUY SUBJECT PROPERTY (MSK, CUNY)
<input type="checkbox"/> IS OTHER (explain real property interest below) | APPLICANT:
<input checked="" type="checkbox"/> IS A CITY AGENCY (DCAS)
<input type="checkbox"/> IS A STATE OR FEDERAL AGENCY |
|---|--|

Discussion of findings

STATEMENT IN SUPPORT OF REQUIRED ZONING RESOLUTION FINDINGS/DECLARATION OF COMPLIANCE
(This is the same discussion/statement as in Attachment #11. If it fits below, it may be put here instead of in a separate attachment. If Attachment #11 has been completed, you may leave this area blank).

See Attachment 11

Property Disposition

.....PD



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1.

Type of disposition
(Check appropriate box)

- a. DIRECT
- b. GENERAL

2.

Restrictions and conditions

- a. PURSUANT TO ZONING
- b. RESTRICTED (Describe restrictions below, including any restrictions on disposition, term, or use of property. If additional space is required, attach separate sheet, Site Data Sheet, or Fact Sheet, and note here.)

3.

For direct disposition only

Indicate intended recipient of direct disposition*

- a. FROM: _____
City Agency
- b. TO*: _____
Sponsor/ developer/ purchaser/ lessee or local public development corporation

* If recipient has not been selected or disposition is not limited to particular recipient, indicate "To be determined by agency" in item 3.b.

UDAA/UDAAP

.....HA

APPLICATION NO. _____

APPLICATION NO. _____

Requested action
(Check applicable boxes and provide requested information)

- DESIGNATION* (Also complete Site Data Sheet, Form H)
- PROJECT*† (Also complete Form PD, above)
- DISPOSITION (Also complete Form PD, above)

* FOR DESIGNATIONS AND PROJECTS, THE "DESCRIPTION OF PROPOSAL", ITEM #3 ON THE LR FORM, MUST CONTAIN INFORMATION SUPPORTING AN URBAN ACTION AREA DETERMINATION PURSUANT TO SECTIONS 693 AND 694 OF THE GENERAL MUNICIPAL LAW AND AN URBAN DEVELOPMENT ACTION AREA PROJECT PURSUANT TO SECTIONS 692 AND 694 OF THE GENERAL MUNICIPAL LAW.

† For **Projects**, provide a separate sheet (labeled UDAAP Project Summary) with information relative to:
a) Proposed Land Use
b) Proposed Public, Semi-public, Private or Community Facilities or Utilities
c) Proposed New Codes and Ordinances
d) Proposed Time Schedule for Effectuation