



City Planning will assign and stamp reference numbers here

# Land Use Review Application

Department of City Planning

22 Reade Street, New York, NY 10007-1216

160213 ZSM

REVISED

### 1. APPLICANT AND APPLICANT'S REPRESENTATIVES

APPLICATION NUMBER	160213 ZSM	APPLICATION NUMBER	
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APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION)*	Kayvan Hakim, Zimak Company	APPLICANT'S PRIMARY REPRESENTATIVE	Gary R. Tarnoff, Esq. gtarnoff@kramerlevin.com Jeff Mulligan jmulligan@kramerlevin.com
STREET ADDRESS	154 West 70 <sup>th</sup> Street, Suite 200	REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION	Kramer Levin Naftalis & Frankel LLP
CITY STATE ZIP	New York NY 10023	STREET ADDRESS	1177 Avenue of the Americas
AREA CODE TELEPHONE # FAX#	212 308-0030	CITY STATE ZIP	New York NY 10036
		AREA CODE TELEPHONE # FAX#	212-715-9105 212-715-8000

\* 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.")

1290 Madison Avenue  
STREET ADDRESS PROJECT NAME (IF ANY)

Southwest corner of East 92nd Street and Madison Avenue  
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

R10; C1-5 Overlay; Special Madison Avenue Preservation District  
EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY)

Block 1503, Lot 56  
TAX BLOCK AND LOT NUMBER

Manhattan  
BOROUGH

8  
COMM. DIST.

Expanded Carnegie Hall Historic District  
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")

Please see attached description.

### 4. ACTIONS REQUESTED AND FEES (Check appropriate action(s) and attach supplemental form)

<input type="checkbox"/>	CHANGE IN CITY MAP .....	MM	\$ _____	<input type="checkbox"/>	MODIFICATION	\$ _____
<input type="checkbox"/>	ZONING MAP AMENDMENT .....	ZM	\$ _____	<input type="checkbox"/>	FOLLOW-UP	\$ _____
<input type="checkbox"/>	ZONING TEXT AMENDMENT .....	ZR	\$ _____	<input type="checkbox"/>	RENEWAL	\$ _____
<input checked="" type="checkbox"/>	ZONING SPECIAL PERMIT .....	ZS	\$ 2,040.00	<input type="checkbox"/>	OTHER	\$ _____
<input type="checkbox"/>	ZONING AUTHORIZATION .....	ZA	\$ _____			
<input type="checkbox"/>	ZONING CERTIFICATION .....	ZC	\$ _____			
<input type="checkbox"/>	PUBLIC FACILITY, SEL./ACQ. ....	PF	\$ _____			
<input type="checkbox"/>	DISPOSITION OF REAL PROP .....	PP	\$ _____			
<input type="checkbox"/>	URBAN DEVELOPT ACTION .....	HA	\$ _____			
<input type="checkbox"/>	URBAN RENEWAL PROJECT .....	*	\$ _____			
<input type="checkbox"/>	HOUSING PLAN & PROJECT .....	*	\$ _____			
<input type="checkbox"/>	FRANCHISE .....	*	\$ _____			
<input type="checkbox"/>	REVOCABLE CONSENT .....	*	\$ _____			
<input type="checkbox"/>	CONCESSION .....	*	\$ _____			
<input type="checkbox"/>	LANDFILL .....	*	\$ _____			
<input type="checkbox"/>	OTHER (Describe)		\$ _____			

APPLICATION NO. \_\_\_\_\_

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TOTAL FEE (Total actions) \$ 2,040.00

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 Stephen Johnson 9/17/2014

DCP Office/Representative Date of meeting

CITY PLANNING COMMISSION  
 2013 APR 25 PM 4:09  
 DEPT OF CITY PLANNING

PAID

5. ENVIRONMENTAL REVIEW

CITY ENVIRONMENTAL QUALITY REVIEW (CEQR) (Discuss with CEQR lead agency before completing)
LEAD AGENCY \_\_\_\_\_ CEQR NUMBER \_\_\_\_\_
TYPE OF CEQR ACTION:
[ ] TYPE II Type II category: \_\_\_\_\_ Date determination was made: \_\_\_\_\_
[X] 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 ..... [ ] } Date determination made: \_\_\_\_\_ (Attach Copy)
Positive Declaration..... [ ]
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 [X] 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

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)

Kayvan Hakim, Zimak Company
NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE OF APPLICANT DATE
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

DEPT OF CITY PLANNING
2016 APR 25 PM 4:10
CITY PLANNING COMMISSION

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

**160213 ZSM**

APPLICATION NO.

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(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)

74-711

Landmark preservation in all districts.

23-692; 23-851 99-52; 23-35-52

DEPT OF CITY PLANNING  
 2016 APR 25 PM 4: 09  
 CITY PLANNING CONTROL SIGN

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:

- IS OWNER OF SUBJECT PROPERTY
- IS LESSEE OF SUBJECT PROPERTY
- HAS CONTRACT TO LEASE/BUY SUBJECT PROPERTY
- IS OTHER (explain real property interest below)

APPLICANT:

- IS A CITY AGENCY
- 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 attached.