



Land Use Review Application

Department of City Planning

22 Reade Street, New York, NY 10007-1216

RECEIVED

JAN 17 2017

City Planning will assign and stamp reference numbers here

APPLICATION NUMBER ER N170166ZCM

1. APPLICANT AND APPLICANT'S REPRESENTATIVES

APPLICATION NUMBER _____

Playgarden Associates LLC

APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *
95 Franklin Street

STREET ADDRESS _____

New York NY 10013

CITY STATE ZIP

917-873-2241

AREA CODE TELEPHONE # FAX#

APPLICATION NUMBER BY COMMUNITY BOARD 8

Stuart Beckerman

APPLICANT'S PRIMARY REPRESENTATIVE

Slater & Beckerman, P.C.

REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

40 Exchange Place, Suite 1502

STREET ADDRESS _____

New York NY 10005

CITY STATE ZIP

212-391-8045 212-391-8047

AREA CODE TELEPHONE # FAX#

* List additional applicants below:

rhuberman@slaterbeckerman.com

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.")

1366 Madison Avenue
STREET ADDRESS PROJECT NAME (IF ANY)

Southwest intersection of East 96th Street and Madison Avenue
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

R10/C1-5; Special Madison Avenue Preservation District **6b**
EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY) ZONING SECTIONAL MAP NO(S).

Block 1507, Lot 56 **Manhattan** **8**
TAX BLOCK AND LOT NUMBER BOROUGH COMM. DIST.

Expanded Carnegie Hill Historic District; Special Park Improvement 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")

See LR Item 3. 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 \$ _____
- ZONING MAP AMENDMENT.....ZM \$ _____
- ZONING TEXT AMENDMENT.....ZR \$ _____
- ZONING SPECIAL PERMIT.....ZS \$ _____
- ZONING AUTHORIZATION.....ZA \$ _____
- ZONING CERTIFICATION.....ZC \$ **1,060**
- PUBLIC FACILITY, SEL./ACQ.....PF \$ _____
- DISPOSITION OF REAL PROP.....PP \$ _____
- URBAN DEVELOP=MENT ACTION.....HA \$ _____
- URBAN RENEWAL PROJECT.....* \$ _____
- HOUSING PLAN & PROJECT.....* \$ _____
- FRANCHISE.....* \$ _____
- REVOCABLE CONSENT.....* \$ _____
- CONCESSION.....* \$ _____
- LANDFILL.....* \$ _____
- OTHER (Describe) \$ _____

- MODIFICATION \$ _____
 - FOLLOW-UP \$ _____
 - RENEWAL \$ _____
 - OTHER \$ **110**
- APPLICATION NO. _____
- APPLICATION NO. _____
- TOTAL FEE (For all actions) \$ 1,170**

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 March 16, 2016
DCP Office/Representative Date of meeting

CITY PLANNING COMMISSION
2016 DEC 1 PM 1:14
DEPT OF CITY PLANNING

PAID
DEC 16 2016
TOTAL FEE (For all actions) \$ 1,170

5. ENVIRONMENTAL REVIEW

CITY ENVIRONMENTAL QUALITY REVIEW (CEQR) (Discuss with CEQR lead agency before completing) LEAD AGENCY _____ CEQR NUMBER 1702P 0761

TYPE OF CEQR ACTION:

TYPE II Type II category: 6 NYCRR §617.5(19) 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:

Table with columns: APPLICATION NO., DESCRIPTION/ DISPOSITION/STATUS, CAL. NO., DATE. Row: None, None, None, None

8. RELATED ACTIONS BY OTHER AGENCIES

LIST ALL OTHER CURRENT OR PRIOR CITY, STATE OR FEDERAL ACTIONS RELATED TO APPLICATION:

Table with columns: 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)

Carlos Corona NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF APPLICANT DATE 2/11/2016

Playgarden Associates LLC 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 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.

N170166ZCM

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

APPLICATION NO.

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APPLICATION NO.

(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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	99-032	Modification of use regulations to facilitate a community facility use	99-03
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

DEPT. OF CITY PLANNING
 2016 DEC - 1 PM 1:14
 CITY PLANNING COMM. S101

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:

APPLICANT:

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

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).

Please see the attached Statement of Findings