



Land Use Review Application

Department of City Planning

120 Broadway, 31st Floor, New York, NY 10271

N170287 ZCM

City Planning will assign and stamp reference numbers here

1. APPLICANT AND APPLICANT'S REPRESENTATIVES

APPLICATION NUMBER

APPLICATION NUMBER

APPLICATION NUMBER

Maplewood Senior Living LLC¹

APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *
One Gorham Island¹

STREET ADDRESS

Westport¹ CT¹ 06880¹

CITY STATE ZIP

203-557-4777¹ 203-557-4783¹

AREA CODE TELEPHONE # FAX#

APPLICATION NUMBER

APPLICATION NUMBER

APPLICATION NUMBER

James Colgate¹

APPLICANT'S PRIMARY REPRESENTATIVE
Bryan Cave, LLP¹

REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

1290 Avenue of the Americas¹

STREET ADDRESS

New York¹ NY¹ 10104¹

CITY STATE ZIP

212-541-1061¹ 212-541-1361¹

AREA CODE TELEPHONE # FAX#

* List additional applicants below:

1

CO-APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION)

1

CO-APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION)
ADDITIONAL APPLICANT REPRESENTATIVE:

RECEIVED

MAR 7 2017

BY COMMUNITY BOARD 8

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

1802-1810 Second Avenue, New York, NY¹

STREET ADDRESS

PROJECT NAME (IF ANY)

Northeast corner of Second Avenue and East 93rd Street¹

DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

C2-8, R8-B, Special Transit Land Use¹

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

6b, 9a¹

ZONING SECTIONAL MAP NO(S)

Block 1556, Lots 1, 2, 3, 5, 51, and 52¹

TAX BLOCK AND LOT NUMBER

Manhattan¹

BOROUGH

8¹

COMM. DIST.

N/A¹

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

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

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")

Respectfully requests CPC certification as to whether a transit easement volume is required for a development or enlargement pursuant to 95-041. (See attached description.)

4. ACTIONS REQUESTED AND FEES

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

* No supplemental form required

<input type="checkbox"/>	CHANGE IN CITY MAP.....MM	\$	1
<input type="checkbox"/>	ZONING MAP AMENDMENT.....ZM	\$	1
<input type="checkbox"/>	ZONING TEXT AMENDMENT.....ZR	\$	1
<input type="checkbox"/>	ZONING SPECIAL PERMIT.....ZS	\$	1
<input type="checkbox"/>	ZONING AUTHORIZATION.....ZA	\$	1
<input checked="" type="checkbox"/>	ZONING CERTIFICATION.....ZC	\$	270 ¹
<input type="checkbox"/>	PUBLIC FACILITY, SEL./ACQ.....PF	\$	1
<input type="checkbox"/>	DISPOSITION OF REAL PROP.....PP	\$	1
<input type="checkbox"/>	URBAN DEVELOPMENT ACTION.....HA	\$	1
<input type="checkbox"/>	URBAN RENEWAL PROJECT.....*	\$	1
<input type="checkbox"/>	HOUSING PLAN & PROJECT.....*	\$	1
<input type="checkbox"/>	FRANCHISE.....*	\$	1
<input type="checkbox"/>	REVOCABLE CONSENT.....*	\$	1
<input type="checkbox"/>	CONCESSION.....*	\$	1
<input type="checkbox"/>	LANDFILL.....*	\$	1
<input checked="" type="checkbox"/>	OTHER (Describe) CEQR Type II ¹	\$	110 ¹

<input type="checkbox"/>	MODIFICATION	\$	
<input type="checkbox"/>	FOLLOW-UP	\$	
<input type="checkbox"/>	RENEWAL	\$	
<input type="checkbox"/>	OTHER	\$	
		SPECIFY	
TOTAL FEE (For all actions)		\$	380¹

Make Check or Money Order payable to Department of City Planning.

If fee exemption is claimed check box below and explain

1

Has pre-application meeting been held? NO YES

If yes **Stephen Johnson¹** 1/11/16¹
DCP Office/Representative Date of meeting

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

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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)
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95-041	Cert. of Transit Easement Volume for developments or enlargements	
	<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"/>			

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 DEPT. OF CITY PLANNING

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).