



# Land Use Review Application

Department of City Planning

120 Broadway, 31<sup>st</sup> Floor, New York, NY 10271

City Planning will assign and stamp reference numbers here

### 1. APPLICANT AND APPLICANT'S REPRESENTATIVES

APPLICATION NUMBER \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

**1600/20 Realty Corp.**

APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) \*  
**1610 Cortelyou Road**

STREET ADDRESS \_\_\_\_\_

**Brooklyn NY 11226**

CITY STATE ZIP

**9 1 7 - 5 7 7 - 5 3 0 1**

AREA CODE TELEPHONE # FAX#

APPLICATION NUMBER \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

**Richard Lobel**

APPLICANT'S PRIMARY REPRESENTATIVE

**Sheldon Lobel, P.C.**

REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

**18 East 41st Street**

STREET ADDRESS \_\_\_\_\_

**New York NY 1 0 0 1 7**

CITY STATE ZIP

**2 1 2 - 7 2 5 - 2 7 2 7**

AREA CODE TELEPHONE # FAX#

\* 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.")

**1620 Cortelyou Road** **1620 Cortelyou Road Rezoning**

STREET ADDRESS PROJECT NAME (IF ANY)

**Southern side of Courtelyou Road, between East 16th Street and East 17th Street**

DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

**R 6 A / C 2 - 4** **22c**

EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY) ZONING SECTIONAL MAP NO(S).

**See Attached** **Brooklyn** **14**

TAX BLOCK AND LOT NUMBER BOROUGH COMM. DIST.

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 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 \$ **4,310**

ZONING TEXT AMENDMENT..... ZR \$ **5,445**

ZONING SPECIAL PERMIT.....ZS \$ \_\_\_\_\_

ZONING AUTHORIZATION.....ZA \$ \_\_\_\_\_

ZONING CERTIFICATION.....ZC \$ \_\_\_\_\_

PUBLIC FACILITY, SEL./ACQ.....PF \$ \_\_\_\_\_

DISPOSITION OF REAL PROP.....PP \$ \_\_\_\_\_

URBAN DEVELOP= T ACTION.....HA \$ \_\_\_\_\_

URBAN RENEWAL PROJECT.....\* \$ \_\_\_\_\_

HOUSING PLAN & PROJECT.....\* \$ \_\_\_\_\_

FRANCHISE.....\* \$ \_\_\_\_\_

REVOCABLE CONSENT.....\* \$ \_\_\_\_\_

CONCESSION.....\* \$ \_\_\_\_\_

LANDFILL.....\* \$ \_\_\_\_\_

OTHER (Describe) \$ \_\_\_\_\_

MODIFICATION \$ \_\_\_\_\_

FOLLOW-UP \$ \_\_\_\_\_

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

RENEWAL \$ \_\_\_\_\_

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

OTHER \$ \_\_\_\_\_

SPECIFY \_\_\_\_\_

**TOTAL FEE (For all actions) \$ 9,755**

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 **Brooklyn/Jonah Rogoff** **5/22/2016**  
DCP Office/Representative Date of meeting

**5. ENVIRONMENTAL REVIEW**

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

LEAD AGENCY NYC Department of City Planning

CEQR NUMBER \_\_\_\_\_

TYPE OF CEQR ACTION:

TYPE II Type II category: \_\_\_\_\_

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:

APPLICATION NO.	DESCRIPTION/ DISPOSITION/STATUS	CAL. NO.	DATE
C 090336 ZMK	Flatbush Rezoning / Completed / Terminated	S2	6 / 17 / 2009
N 090335 ZRK	Flatbush Rezoning / Completed / Terminated	S1	6 / 17 / 2009

**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
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**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)

Richard Lobel  
NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

  
SIGNATURE OF APPLICANT

6/18/18  
DATE

Sheldon Lobel, P.C.  
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 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.