



Land Use Review Application

Department of City Planning

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

City Planning will assign and stamp reference numbers here

1. APPLICANT AND APPLICANT'S REPRESENTATIVES

APPLICATION NUMBER

APPLICATION NUMBER

APPLICATION NUMBER

APPLICATION NUMBER

1-10 Bush Terminal Owner L.P.

Jesse Masyr, Esq.

APPLICANT (COMPANY/AGENCY OR OTHER ORGANIZATION) *
220 36th Street, 2nd Floor

APPLICANT'S PRIMARY REPRESENTATIVE

Fox Rothschild, LLP

STREET ADDRESS

REPRESENTATIVE'S COMPANY/AGENCY OR OTHER ORGANIZATION

Brooklyn NY

101 Park Avenue, 17th Floor

CITY STATE ZIP

STREET ADDRESS

(718) 597-9432 akimball@industrycity.com

New York NY 10178

AREA CODE TELEPHONE # FAX#

CITY STATE ZIP

(212) 878-7929 egoodman@foxrothschild.com

* List additional applicants below:

AREA CODE TELEPHONE # FAX#

19-20 Bush Terminal Owner L.P.

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.")

Industry City Rezoning

STREET ADDRESS

PROJECT NAME (IF ANY)

32nd St to 37th St btwn Second Ave and Third Ave; 39th St to 41st St btwn Second Ave and NY Harbor
DESCRIPTION OF PROPERTY BY BOUNDING STREETS OR CROSS STREETS

M3-1, M1-2 EXISTING ZONING DISTRICT (INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY) **16b** ZONING SECTIONAL MAP NO(S).

See LR Item 2: Site Data Attachment Sheet | **Brooklyn** | **7**
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 **Bush Terminal Hist Dist (NYS)**

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")

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 \$ **30,620**
- ZONING TEXT AMENDMENT..... ZR \$ **5,445**
- ZONING SPECIAL PERMIT.....ZS \$ **29,485**
- ZONING AUTHORIZATION.....ZA \$ _____
- ZONING CERTIFICATION.....ZC \$ _____
- 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 \$ _____
- Large Project Supplemental \$ **120,000**
- SPECIFY
- TOTAL FEE (For all actions) \$ 181,240***

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

If fee exemption is claimed check box below and explain

*Total fee = (\$30,620 x 2) + \$120,000 = 181,240

Has pre-application meeting been held? NO YES

If yes **Brooklyn Office, Connie Chan** **May 1, 2015**
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 18DCP034K

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: 9/20/2017

Has CEQR determination been made? Yes No

If yes, what was determination? Negative Declaration } Date determination made: 9/30/2017 (Attach Copy)
CND
Positive Declaration

If Positive Declaration, has PDEIS been filed? Yes

Has Notice of Completion (NOC) for DEIS been issued? No If yes, attach copy.

If PDEIS has not been filed, has final scope been issued? No 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
See attached "Related Actions by City Planning"

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:

Certification(s) by City Planning Commissioner pursuant to ZR 129-21 for acquisition of outparcels for Development Assemblages B, C and/or D.

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

Andrew Kimball _____
NAME AND TITLE OF APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE OF APPLICANT DATE
1-10 Bush Terminal Owner L.P. _____
APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION (IF ANY)

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

Andrew Kimball _____
NAME AND TITLE OF CO-APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE OF CO-APPLICANT DATE
19-20 Bush Terminal Owner L.P. _____
CO-APPLICANT'S COMPANY/AGENCY OR OTHER ORGANIZATION
220 36th Street, 2nd Fl Brooklyn NY 11232 (718) 557-9432 akimball@industrycity.com
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.