

# SEIDEN & SCHEIN, P.C.

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July 6, 2016

## Via EMAIL & HAND DELIVERY:

Inclusionary Housing Program  
New York City Department of  
Housing Preservation and Development  
100 Gold Street, 5G  
New York, New York 10038  
Attn: Michael Lostocco

**Re: Affordable Housing Plan Application Pursuant to the Inclusionary Housing Program for SMBRO Rivington, LLC and SMSIS Rivington, LLC, Suffolk MS, LLC and SM Hillel, LLC, as tenants-in-common  
255-259 East Houston Street, New York, New York 10002  
Block: 355; Lot: 54 (the "IHP Application")**

Dear Michael,

On behalf of SMBRO Rivington, LLC, SMSIS Rivington, LLC, Suffolk MS, LLC and SM Hillel, LLC, we hereby submit the IHP Application for the project located at 255-259 East Houston Street, New York, New York 10002 (the "Project"). In connection therewith, the following items are being submitted for your review:

1. Affordable Housing Plan Application;
2. Executive Summary (made a part hereof as Exhibit 1);
3. Architect's Affidavit (to be submitted under separate cover and made a part hereof as Exhibit 2);
4. Stacking Chart (made a part hereof as Exhibit 3);
5. Doing Business Data Form (made a part hereof as Exhibit 4);

6. Proof of Service to Manhattan Community District 3 (made a part hereof as Exhibit 5);
7. \$100.00 IHP Application Fee (made a part hereof as Exhibit 6);
8. \$100.00 HPD Construction Signage Fee (made a part hereof as Exhibit 7);
9. Sponsor Disclosure Statements for the Administering Agent (to be submitted under separate cover and shall be made a part hereof as Exhibit 8);
10. Applicant's Organizational Charts (made a part hereof as Exhibit 9);
11. General Contractor's Organizational Chart (to be submitted under separate cover and shall be made a part hereof as Exhibit 10);
12. Employer Identification Numbers for Applicant, Owner (if different than Applicant), Architect, and Attorney (made a part hereof as Exhibit 11); Administering Agent and General Contractor Employer Identification Numbers (to be submitted under separate cover and made a part hereof as Exhibit 11);
13. Tax Memo Property List (made a part hereof as Exhibit 12).
14. Pre-Transaction Affidavits (to be submitted under separate cover and shall be made a part hereof as Exhibit 13);
15. Project Underwriting (to be submitted under separate cover and shall be made a part hereof as Exhibit 14);

Please do not hesitate to contact us if you have any questions or require additional information regarding the Project or IH Application. We look forward to working with the HPD on this Project.

Sincerely,  
SEIDEN & SCHEIN, P.C.

By:   
Lynn Greenholtz

**THE CITY OF NEW YORK**  
**DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT**  
**OFFICE OF NEIGHBORHOOD STRATEGIES**  
100 GOLD STREET, FIFTH FLOOR, NEW YORK, NEW YORK 10038  
(212) 863-8228

**AFFORDABLE HOUSING PLAN APPLICATION PURSUANT TO THE INCLUSIONARY HOUSING PROGRAM**

*Please indicate "Not Applicable" or "NA" where appropriate. Do not leave any lines blank.*

**1. Applicant:** SMBRO Rivington, LLC (40%), SMSIS Rivington, LLC (10%), Suffolk MS, LLC (30%), and SM Hillel, LLC (20%) as tenants in common

Address: 185 Great Neck Road, Suite 250, Great Neck, NY 11021

Fax: 516-487-5692

Email: samy@smaequities.com

Primary Contact (Name/Phone/Email) Samy Mahfar / 516-487-5690 / samy@smaequities.com

**2. Owner (if different):** Same as Above

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact (Name/Phone/Email): \_\_\_\_\_

**3. Administering Agent:** TBD

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact (Name/Phone/Email): \_\_\_\_\_

**4. General Contractor:** TBD

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact (Name/Phone/Email): \_\_\_\_\_

5. **Architect:** Stephen B. Jacobs Group PC  
Address: 381 Park Avenue South, New York, New York 10016  
Fax: 212-421-8471  
Email: tyong@sbigroup.com  
Primary Contact (Name/Phone/Email): \_\_\_\_\_  
Ts Yong / 212-421-3712 ext. 250 / tyong@sbigroup.com

6. **Attorney and Firm:** Seiden & Schein, P.C.  
Address: 570 Lexington Avenue, 14<sup>th</sup> Fl., New York, New York 10022  
Fax: 212-593-4545  
Email: aschein@seidenschein.com  
Primary Contact (Name/Phone/Email): Alvin Schein / 212-935-1400 /  
aschein@seidenschein.com

7. **Location of Affordable Housing Units**  
Street Address: 255-259 East Houston Street, New York, New York 10002  
Borough: Manhattan  
Block(s)/Lot(s): 355 / 54  
Community Board: Manhattan Community Board #3

8. **Inclusionary Housing District of Affordable Housing Units**  
 R-10 Inclusionary:  
*Is project privately financed (Yes/No)?* \_\_\_\_\_  
 IH Designated Area (Insert ZR section reference, e.g., §23-952, §98-26, §62-352, etc):  
§23-952  
 Special District: \_\_\_\_\_  
 Other (please explain): \_\_\_\_\_

9. If publicly financed, list all sources of governmental assistance, including lower income housing tax credits, bond financing, and land disposition programs:  
N/A

10. **Type of Project (check all that apply)**  
Construction type  
 New Construction  
 Preservation  
 Substantial Rehabilitation

**10. Type of Project (continued)**

Location

- On-site
- Off-site

Inclusionary Units

- Rental
- Homeownership

Non-Inclusionary Units

- Rental
- Homeownership
- Not Applicable

Unit Count

Total Units: 88  
Total IH Units: 18  
Super's Units: 0

**11. Income Distribution of Affordable Housing Units**

Number of low-income units (equal to or less than 80% AMI): 18  
Number of moderate-income units (equal to or less than 125% AMI): \_\_\_\_\_  
Number of middle-income units (equal to or less than 175% AMI): \_\_\_\_\_

**12. Tax Exemption To Be Requested:** 421-a

**13. If the project will contain a condominium or cooperative structure, please describe the structure and the use of each unit. If not, please indicate N/A:**

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[SIGNATURE PAGE TO FOLLOW]

[SIGNATURE PAGE]

APPLICANT: SMBRO RIVINGTON, LLC

Authorized Signature of Applicant: \_\_\_\_\_  


Print name: Sassan Mahfar

Date: 6/29/2016

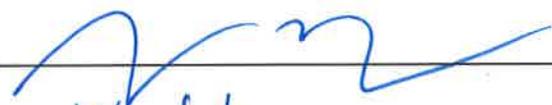
APPLICANT: SMSIS RIVINGTON, LLC

Authorized Signature of Applicant: \_\_\_\_\_  


Print name: Sassan Mahfar

Date: 6/29/2016

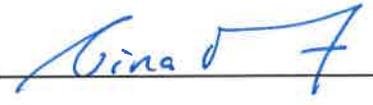
APPLICANT: SUFFOLK MS, LLC

Authorized Signature of Applicant: \_\_\_\_\_  


Print name: Sassan Mahfar

Date: 6/29/2016

APPLICANT: SM HILLEL, LLC

Authorized Signature of Applicant: \_\_\_\_\_  


Print name: Sina Mahfar

Date: 6/29/2016

**INCLUSIONARY HOUSING PLAN APPLICATION FOR  
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- EXECUTIVE SUMMARY -**

**EXHIBIT "1"**

**255 EAST HOUSTON**  
**255-259 East Houston Street**  
**New York, New York 10002**

## **Executive Summary**

### **Project Overview**

255 East Houston (the “Project”) will be a newly constructed 14-story residential building containing approximately 82,233 gross square feet of floor area, inclusive of eighty-eight (88) residential apartments at 255-259 East Houston Street, New York, New York and currently designated as Block 355, Lot 54, respectively, on the Tax Map of the City of New York (the “Site”). The Project Site is located between Suffolk and Norfolk Streets, and occupies approximately 10,843 square foot parcel of land in Manhattan Community District 3.

SMBRO Rivington, LLC, SMSIS Rivington, LLC Suffolk MS, LLC, and SM Hillel, LLC (collectively, the “Applicant”), the owners of the Site, as tenants in common, intend to file an Inclusionary Housing Application with the New York City Department of Housing Preservation and Development (“HPD”) and enter into a regulatory agreement that will provide for eighteen (18) of the apartments be set-aside for households earning no more than 60% of AMI for so long as is required pursuant to the rules of the 421-a tax exemption program (referenced below), and no more than 80% of AMI thereafter (the “Inclusionary Units”). The Inclusionary Units will consist of seven (7) studios, eight (8) one-bedrooms and three (3) two-bedrooms.

Construction of the Project is expected to take approximately 18 months and lease-up is anticipated to start within 18 months after the start of construction.

### **Financing**

It is anticipated that the project will be privately financed unless substantial government assistance financing becomes available.

### **Tax Exemption**

The Project is expected to receive a 421-a tax exemption.

### **Development Team**

The Project will be developed by SMA Equities, one of the preeminent developers of residential housing in the New York City metropolitan area. SMA Equities has developed over 200 residential housing units.

Stephen B. Jacobs Group PC will be the Project architect. Stephen B. Jacobs Group has an extensive record of designing affordable housing in New York City and has designed many buildings with Inclusionary Housing components.

Seiden & Schein, P.C. has been retained to represent the Applicant in connection with the Inclusionary Housing Application for the Project. Seiden & Schein regularly represents developers seeking to obtain benefits under the Inclusionary Housing and 421-a tax exemption programs.

A General Contractor of Construction Manager will be selected prior to commencement of construction.

**INCLUSIONARY HOUSING PLAN APPLICATION FOR  
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- ARCHITECT'S AFFIDAVIT -**

**EXHIBIT "2"**

*Architect's Affidavits to be submitted under separate cover*

**INCLUSIONARY HOUSING PLAN APPLICATION FOR**

**SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- STACKING CHART -**

**EXHIBIT "3"**

**255 EAST HOUSTON ST**, NEW YORK, NY 10002**SBJG PROJ. # 1446****UNIT BEDROOM MIX CHART C**

IH TYPES	UNIT SUMMARY	% BREAKDOWN	NON-IH UNIT TYPES	% BREAKDOWN	SUPER/STAFF UNITS	TOTAL NO. OF UNITS
STUDIO	7	38.89%	30	42.86%		37
1 BR.	8	44.44%	31	44.29%		39
2 BR.	3	16.67%	8	11.43%		11
3 BR.	0	0.00%	1	1.43%		1
<b>TOTAL :</b>	<b>18</b>	<b>100.00%</b>	<b>70</b>		<b>0</b>	<b>88</b>

**255 EAST HOUSTON ST**, NEW YORK, NY 10002

**SBJG PROJ. # 1446**

UNIT SIZE CHART D							
UNIT SUMMARY		CONST. FLOOR #	MKTG. FLOOR #	APT LINE	APT #	#BDRMS	NET SQ. FT.
0 BR	37	2	2	A	2A	1BR	592
1 BR	39	2	2	B	2B	STU	360
2 BR	11	2	2	C	2C	STU	360
3 BR	1	2	2	D	2D	1BR	693
<b>TOTAL</b>	<b>88</b>	2	2	E	2E	1BR	607
		2	2	F	2F	1BR	610
		2	2	H1	2H	STU	407
		2	2	J	2J	STU	408
		2	2	K	2K	2BR	1,018
		3	3	A	3A	1BR	592
		3	3	B	3B	STU	360
		3	3	C	3C	STU	360
		3	3	D	3D	1BR	693
		3	3	E	3E	1BR	607
		3	3	F	3F	1BR	610
		3	3	G	3G	STU	411
		3	3	H	3H	STU	420
		3	3	J	3J	STU	410
		3	3	K	3K	2BR	1,011
		4	4	A	4A	1BR	592
		4	4	B	4B	STU	360
		4	4	C	4C	STU	360
		4	4	D	4D	1BR	693
		4	4	E	4E	1BR	607
		4	4	F	4F	1BR	610
		4	4	G	4G	STU	411
		4	4	H	4H	STU	420
		4	4	J	4J	STU	410
		4	4	K	4K	2BR	1,011
		5	5	A	5A	1BR	592
		5	5	B	5B	STU	360
		5	5	C	5C	STU	360
		5	5	D	5D	1BR	693
		5	5	E	5E	1BR	607
		5	5	F	5F	1BR	610
		5	5	G	5G	STU	411
		5	5	H	5H	STU	420
		5	5	J	5J	STU	410
		5	5	K	5K	2BR	1,011
		6	6	A	6A	1BR	592

6	6	B	6B	STU	360
6	6	C	6C	STU	360
6	6	D	6D	1BR	693
6	6	E	6E	1BR	607
6	6	F	6F	1BR	610
6	6	G	6G	STU	411
6	6	H	6H	STU	420
6	6	J	6J	STU	410
6	6	K	6K	2BR	1,011
7	7	A	7A	1BR	592
7	7	B	7B	STU	360
7	7	C	7C	STU	360
7	7	D	7D	1BR	693
7	7	E	7E	1BR	607
7	7	F	7F	1BR	610
7	7	G	7G	STU	411
7	7	H	7H	STU	420
7	7	J	7J	STU	410
7	7	K	7K	2BR	1,011
8	8	A	8A	1BR	592
8	8	B	8B	STU	360
8	8	C	8C	STU	360
8	8	D	8D	1BR	693
8	8	E	8E	1BR	607
8	8	F	8F	1BR	610
8	8	L	PH-E	3BR	1,496
9	9	A	9A	1BR	592
9	9	B	9B	STU	360
9	9	C	9C	STU	360
9	9	D	9D	1BR	693
9	9	E	9E	1BR	607
9	9	F	9F	1BR	610
10	10	A1	10A	1BR	633
10	10	D1	10B	2BR	986
10	10	E1	10C	2BR	873
10	10	F1	10D	STU	343
11	11	A2	11A	1BR	612
11	11	D2	11B	1BR	713
11	11	E2	11C	2BR	843
11	11	F1	11D	STU	343
12	12	A2	12A	1BR	612
12	12	C2	12B	1BR	713
12	12	E2	12C	2BR	843
12	12	F1	12D	STU	343
13	PH	A2	PH-A	1BR	612
13	PH	C2	PH-B	1BR	713
13	PH	E2	PH-C	2BR	843
13	PH	F1	PH-D	STU	343
<b>TOTAL (inc. Non-Affordable Dwelling Units) :</b>					<b>42,456</b>

**255 EAST HOUSTON ST, NEW YORK, NY 10002**

**SBJG PROJ. # 1446**

UNIT HEIGHT DISTRIBUTION CHART A													
FLOOR	INCLUSIONARY HOUSING APARTMENT NUMBERS											TOTAL # OF IH UNITS/FLOOR	
	A	B	C	D	E	F	G	H	J	K	L		
13													0
12													0
11													0
10													0
9						9F							1
8	8A												1
7	7A					7F							2
6	6A						6G			6K			3
5						5F			5J	5K			3
4	4A						4G		4J				3
3							3G		3J	3K			3
2	2A								2J				2
1													
<b>TOTAL DU :</b>											<b>18</b>		

**255 EAST HOUSTON ST, NEW YORK, NY 10002**

**SBJG PROJ. # 1446**

HORIZONTAL UNIT DISTRIBUTION CHART B						
FLOOR	MARKETING FLOOR #	TOTAL # OF UNITS PER FLOOR	IH UNITS PER FLOOR	STAFF UNITS PER FLOOR	NON-IH UNITS PER FLOOR	IH %-AGE
1	1	0	0			0.00%
2	2	9	2		7	22.22%
3	3	10	3		7	30.00%
4	4	10	3		7	30.00%
5	5	10	3		7	30.00%
6	6	10	3		7	30.00%
7	7	10	2		8	20.00%
8	8	7	1		6	14.29%
9	9	6	1		5	16.67%
10	10	4	0		4	0.00%
11	11	4	0		4	0.00%
12	12	4	0		4	0.00%
13	13	4	0		4	0.00%
<b>TOTAL :</b>		<b>88</b>	<b>18</b>		<b>70</b>	



**INCLUSIONARY HOUSING PLAN APPLICATION FOR**

**SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- DOING BUSINESS DATA FORM -**

**EXHIBIT "4"**



To be completed by the City Agency

Agency: \_\_\_\_\_ Submission Date: \_\_\_\_\_  
 Transaction ID: \_\_\_\_\_  
 Check One:  Competitive Solicitation (P)  Application or Award (A)  
 Check One:  Disposition (D)  Discretionary Approval (A)  Tax Benefit (B)  
 Loan/Grant (L)  Inclusionary Housing (I)  Tax Credit (C)

**Doing Business Data Form:  
 Affordable Housing  
 Transactions**

Entities participating in affordable housing transactions with the City of New York must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for any entity to enter into an affordable housing transaction.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

**Please return the completed Data Form to the City Agency that supplied it.** Please contact the Doing Business Accountability Project at [DoingBusiness@cityhall.nyc.gov](mailto:DoingBusiness@cityhall.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

**Section 1: Entity Information**

Entity Name: SM Hillel, LLC  
 Entity EIN/TIN: 47-3683649

**Entity Filing Status (select one):**

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated \_\_\_\_\_. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated \_\_\_\_\_. *Skip to the bottom of the last page.*

Entity is a Non-Profit:  Yes  No

Entity Type:  Corporation (any type)  Joint Venture  LLC  Partnership (any type)  
 Sole Proprietor  Other (specify): \_\_\_\_\_

Address: 185 Great Neck Rd., Suite 250

City: Great Neck State: NY Zip: 11021

Phone : 516-487-5690 Fax : 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

**Section 2: Principal Officers**

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

**Chief Executive Officer (CEO) or equivalent officer**

This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: Sina MI:  Last: Mahfar

Office Title: Sole Member

Employer (if not employed by entity):

Birth Date (mm/dd/yy): 07/27/1963 Home Phone #:

Home Address: 24 Split Rock Drive, Great Neck NY 11024

This person replaced former CEO:  on date:

**Chief Financial Officer (CFO) or equivalent officer**

This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name:  MI:  Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy):  Home Phone #:

Home Address:

This person replaced former CFO:  on date:

**Chief Operating Officer (COO) or equivalent officer**

This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name:  MI:  Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy):  Home Phone #:

Home Address:

This person replaced former COO:  on date:

**Section 3: Principal Owners**

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

- The entity is not-for-profit
- There are no individual owners
- No individual owner holds 10% or more shares in the entity
- Other (explain): \_\_\_\_\_

**Principal Owners (who own or control 10% or more of the entity):**

First Name: Sina MI: \_\_\_\_\_ Last: Mahfar

Office Title: Sole Member

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): 7/27/19636 Home Phone #: \_\_\_\_\_

Home Address: 24 Split Rock Drive, Great Neck NY 11024

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Remove the following previously-reported Principal Owners:**

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

**Section 4: Senior Managers**

Please fill in the required identification information for all senior managers who oversee any of the entity's affordable housing transactions with the City. Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any affordable housing transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

**Senior Managers:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Remove the following previously-reported Senior Managers:**

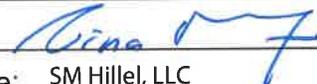
Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

**Certification**

**I certify that the information submitted on these four pages and \_\_\_\_\_ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.**

Name: Sina Mahfar \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Entity Name: SM Hillel, LLC \_\_\_\_\_

Title: Sole Member \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Return the completed Data Form to the agency that supplied it.**

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.



## Doing Business Data Form: Affordable Housing Transactions

To be completed by the City Agency	
Agency: _____	Submission Date: _____
Transaction ID: _____	
Check One: <input type="checkbox"/> Competitive Solicitation (P) <input type="checkbox"/> Application or Award (A)	
Check One: <input type="checkbox"/> Disposition (D) <input type="checkbox"/> Discretionary Approval (A) <input type="checkbox"/> Tax Benefit (B)	
<input type="checkbox"/> Loan/Grant (L) <input type="checkbox"/> Inclusionary Housing (I) <input type="checkbox"/> Tax Credit (C)	

Entities participating in affordable housing transactions with the City of New York must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for any entity to enter into an affordable housing transaction.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

**Please return the completed Data Form to the City Agency that supplied it.** Please contact the Doing Business Accountability Project at [DoingBusiness@cityhall.nyc.gov](mailto:DoingBusiness@cityhall.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

### Section 1: Entity Information

Entity Name: 255 East Houston Manager, LLC

Entity EIN/TIN: 46-1555215

#### Entity Filing Status (select one):

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated \_\_\_\_\_. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated \_\_\_\_\_. *Skip to the bottom of the last page.*

Entity is a Non-Profit:       Yes     No

Entity Type:     Corporation (any type)     Joint Venture     LLC     Partnership (any type)  
 Sole Proprietor     Other (specify): \_\_\_\_\_

Address: 185 Great Neck Rd., Suite 250

City: Great Neck

State: NY

Zip: 11021

Phone : 516-487-5690

Fax : 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

**Section 2: Principal Officers**

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

**Chief Executive Officer (CEO) or equivalent officer**

This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: Sassan MI:  Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity):

Birth Date (mm/dd/yy): 01/01/1970 Home Phone #:

Home Address: 151 East 85th Street, Apt. 9J New York, NY 10028

This person replaced former CEO:  on date:

**Chief Financial Officer (CFO) or equivalent officer**

This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name:  MI:  Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy):  Home Phone #:

Home Address:

This person replaced former CFO:  on date:

**Chief Operating Officer (COO) or equivalent officer**

This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name:  MI:  Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy):  Home Phone #:

Home Address:

This person replaced former COO:  on date:

**Section 3: Principal Owners**

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

- The entity is not-for-profit
- There are no individual owners
- No individual owner holds 10% or more shares in the entity
- Other (explain): \_\_\_\_\_

**Principal Owners (who own or control 10% or more of the entity):**

First Name: Sassan MI: \_\_\_\_\_ Last: Mahfar  
 Office Title: Managing Member  
 Employer (if not employed by entity): \_\_\_\_\_  
 Birth Date (mm/dd/yy): 01/01/70 Home Phone #: \_\_\_\_\_  
 Home Address: 151 East 85th Street, Apt. 9J New York, NY 10028

First Name: Sina MI: \_\_\_\_\_ Last: Mahfar  
 Office Title: Member  
 Employer (if not employed by entity): \_\_\_\_\_  
 Birth Date (mm/dd/yy): 07/27/63 Home Phone #: \_\_\_\_\_  
 Home Address: 24 Split Rock Drive, Great Neck NY 11024

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_  
 Office Title: \_\_\_\_\_  
 Employer (if not employed by entity): \_\_\_\_\_  
 Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**Remove the following previously-reported Principal Owners:**

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

**Section 4: Senior Managers**

Please fill in the required identification information for all senior managers who oversee any of the entity's affordable housing transactions with the City. Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any affordable housing transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

**Senior Managers:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Remove the following previously-reported Senior Managers:**

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

**Certification**

I certify that the information submitted on these four pages and \_\_\_\_\_ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: Sassan Mahfar

Signature:  Date: \_\_\_\_\_

Entity Name: 255 East Houston Manager, LLC

Title: Managing Member Work Phone #: 516-487-5690

**Return the completed Data Form to the agency that supplied it.**

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.



# Doing Business Data Form

To be completed by the City Agency prior to distribution			
Agency: _____		Transaction ID: _____	
Check One:	Transaction Type (check one):		
<input type="checkbox"/> Proposal	<input type="checkbox"/> Concession	<input type="checkbox"/> Contract	<input type="checkbox"/> Economic Development Agreement
<input type="checkbox"/> Award	<input type="checkbox"/> Franchise	<input type="checkbox"/> Grant	<input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

**Please return the completed Data Form to the City Agency that supplied it.** Please contact the Doing Business Accountability Project at [DoingBusiness@cityhall.nyc.gov](mailto:DoingBusiness@cityhall.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

## Section 1: Entity Information

Entity Name: SMBRO Rivington, LLC

Entity EIN/TIN: 46-2836499

### Entity Filing Status (select one):

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated \_\_\_\_\_. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated \_\_\_\_\_. *Skip to the bottom of the last page.*

Entity is a Non-Profit:  Yes  No

Entity Type:  Corporation (any type)  Joint Venture  LLC  Partnership (any type)  
 Sole Proprietor  Other (specify): \_\_\_\_\_

Address: 185 Great Neck Road, Suite 250

City: Great Neck

State: NY

Zip: 11021

Phone : 516-487-5690

Fax : 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.



**Section 2: Principal Officers**

**Section 3: Principal Owners**

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

- The entity is not-for-profit
- There are no individual owners
- No individual owner holds 10% or more shares in the entity
- Other (explain): \_\_\_\_\_

**Principal Owners (who own or control 10% or more of the entity):**

First Name: Sassan (Samy) MI: \_\_\_\_\_ Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 01/01/70 Home Phone #: 212-831-5215

Home Address: 151 East 85th Street, Apt. 9J, New York, NY 10028

First Name: Sina MI: \_\_\_\_\_ Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 07/27/63 Home Phone #: 516-466-4470

Home Address: 24 Split Rock Rd., Great Neck, NY 11024

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Remove the following previously-reported Principal Owners:**

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_





# Doing Business Data Form

To be completed by the City Agency prior to distribution			
Agency: _____		Transaction ID: _____	
Check One:	Transaction Type (check one):		
<input type="checkbox"/> Proposal	<input type="checkbox"/> Concession	<input type="checkbox"/> Contract	<input type="checkbox"/> Economic Development Agreement
<input type="checkbox"/> Award	<input type="checkbox"/> Franchise	<input type="checkbox"/> Grant	<input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

**Please return the completed Data Form to the City Agency that supplied it.** Please contact the Doing Business Accountability Project at [DoingBusiness@cityhall.nyc.gov](mailto:DoingBusiness@cityhall.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

## Section 1: Entity Information

Entity Name: SIMSIS Rivington, LLC

Entity EIN/TIN: 46-2837452

### Entity Filing Status (select one):

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated \_\_\_\_\_. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated \_\_\_\_\_. *Skip to the bottom of the last page.*

Entity is a Non-Profit:  Yes  No

Entity Type:  Corporation (any type)  Joint Venture  LLC  Partnership (any type)  
 Sole Proprietor  Other (specify): \_\_\_\_\_

Address: 185 Great Neck Road, Suite 250

City: Great Neck

State: NY

Zip: 11021

Phone : 516-487-5690

Fax : 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

**Section 2: Principal Officers**

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

**Chief Executive Officer (CEO) or equivalent officer**

This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: Sassan (Samy) MI:  Last: Mahfar

Office Title: Manager

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 01/01/70 Home Phone #: 212-831-5215

Home Address: 151 East 85th Street, Apt. 9J, New York, NY 10028

This person replaced former CEO:  on date:

**Chief Financial Officer (CFO) or equivalent officer**

This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name:  MI:  Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy):  Home Phone #:

Home Address:

This person replaced former CFO:  on date:

**Chief Operating Officer (COO) or equivalent officer**

This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name:  MI:  Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy):  Home Phone #:

Home Address:

This person replaced former COO:  on date:

**Section 3: Principal Owners**

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

- The entity is not-for-profit
- There are no individual owners
- No individual owner holds 10% or more shares in the entity
- Other (explain): \_\_\_\_\_

**Principal Owners (who own or control 10% or more of the entity):**

First Name: Simin MI: \_\_\_\_\_ Last: Mahfar

Office Title: Member

Employer (if not employed by entity): Vantage Point Properties

Birth Date (mm/dd/yy): 03/26/61 Home Phone #: 516-627-1402

Home Address: 93 Cricket Club Dr., Roslyn, NY 11576

First Name: Sima MI: \_\_\_\_\_ Last: Mahfar

Office Title: Member

Employer (if not employed by entity): Home Maker

Birth Date (mm/dd/yy): 07/14/62 Home Phone #: 516-487-0480

Home Address: 44 Hawthorne Lane, Great Neck, NY 11023

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Office Title: \_\_\_\_\_

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Remove the following previously-reported Principal Owners:**

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_





# Doing Business Data Form

To be completed by the City Agency prior to distribution			
Agency: _____		Transaction ID: _____	
Check One:	Transaction Type (check one):		
<input type="checkbox"/> Proposal	<input type="checkbox"/> Concession	<input type="checkbox"/> Contract	<input type="checkbox"/> Economic Development Agreement
<input type="checkbox"/> Award	<input type="checkbox"/> Franchise	<input type="checkbox"/> Grant	<input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

**Please return the completed Data Form to the City Agency that supplied it.** Please contact the Doing Business Accountability Project at [DoingBusiness@cityhall.nyc.gov](mailto:DoingBusiness@cityhall.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

## Section 1: Entity Information

Entity Name: Suffolk MS, LLC

Entity EIN/TIN: 45-3640665

### Entity Filing Status (select one):

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated \_\_\_\_\_. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated \_\_\_\_\_. *Skip to the bottom of the last page.*

Entity is a Non-Profit:  Yes  No

Entity Type:  Corporation (any type)  Joint Venture  LLC  Partnership (any type)  
 Sole Proprietor  Other (specify): \_\_\_\_\_

Address: 185 Great Neck Road, Suite 250

City: Great Neck State: NY Zip: 11021

Phone : 516-487-5690 Fax : 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.



**Section 3: Principal Owners**

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

- The entity is not-for-profit
- There are no individual owners
- No individual owner holds 10% or more shares in the entity
- Other (explain): \_\_\_\_\_

**Principal Owners (who own or control 10% or more of the entity):**

First Name: Sassan (Samy) MI: \_\_\_\_\_ Last: Mahfar  
 Office Title: Managing Member  
 Employer (if not employed by entity): Self-employed (SMA Equities)  
 Birth Date (mm/dd/yy): 01/01/70 Home Phone #: 212-831-5215  
 Home Address: 151 East 85th Street, Apt. 9J, New York, NY 10028

First Name: Simin MI: \_\_\_\_\_ Last: Mahfar  
 Office Title: Member  
 Employer (if not employed by entity): Vantage Point Properties  
 Birth Date (mm/dd/yy): 03/26/61 Home Phone #: 516-627-1402  
 Home Address: 93 Cricket Club Dr., Roslyn, NY 11576

First Name: Sima MI: \_\_\_\_\_ Last: Mahfar  
 Office Title: Member  
 Employer (if not employed by entity): Home Maker  
 Birth Date (mm/dd/yy): 07/14/62 Home Phone #: 516-487-0480  
 Home Address: 44 Hawthorne Lane, Great Neck, NY 11023

**Remove the following previously-reported Principal Owners:**

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_





**INCLUSIONARY HOUSING PLAN APPLICATION FOR  
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- PROOF OF SERVICE ON NEW YORK COMMUNITY BOARD 3-**

**EXHIBIT "5"**

# SEIDEN & SCHEIN, P.C.

ATTORNEYS AT LAW

JAY G. SEIDEN  
ALVIN SCHEIN  
ADAM A. LEVENSON  
JANE ROSENBERG  
JASON C. HERSHKOWITZ

STACY E. JACOBSON

NICHOLAS DILORENZO  
IVAN HUI  
FRANK D. BAQUERO  
DAVID SHAMSHOVICH

570 LEXINGTON AVENUE, 14<sup>TH</sup> FLOOR  
NEW YORK, NEW YORK 10022

TELEPHONE: (212) 935-1400  
FACSIMILE: (212) 593-4545

OF COUNSEL:  
DAVID F. YAHNER  
HILLARY A. POTASHNICK

July 5, 2016

BY HAND

Community Board 3, Manhattan  
59 East 4<sup>th</sup> Street  
New York, NY 10003  
Attn: Jamie Rogers, Chairperson

Re: Affordable Housing Plan Application Pursuant to the Inclusionary  
Housing Program for 255 East Houston Street, New York, New York  
Block: 355; Lot: 54 (the "IHP Application")

Dear Mr. Rogers:

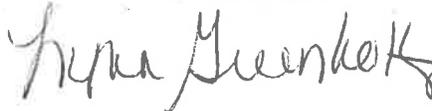
On behalf of SMBRO Rivington, LLC, SMSIS Rivington, LLC, Suffolk MS, LLC  
and SM Hillel, LLC enclosed please find a copy of the following documents for the above-  
referenced project:

- Inclusionary Housing Plan Application,
- Executive Summary,
- Stacking Charts, and
- Building Plans.

The original Inclusionary Housing Plan Application has been filed with the New  
York City Department of Housing Preservation and Development.

Thank you for your attention to this matter.

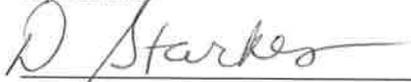
Very truly yours,  
SEIDEN & SCHEIN, P.C.



Lynn Greenholtz

Received:

Name:  
Title:

 @ 3:44 PM

255 E. HOUSTON STREET, NEW YORK, NEW YORK  
INCLUSIONARY HOUSING APPLICATION

AFFIDAVIT OF SERVICE

STATE OF NEW YORK     )  
  )S.S.:  
COUNTY OF NEW YORK )

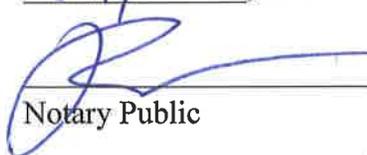
Persaud Premdatt, being duly sworn, deposes and says:

1. This affidavit is being submitted to the New York City Department of Housing and Development, located at 100 Gold Street, New York, New York ("HPD"), in connection with the Inclusionary Housing Application (the "Application") for the captioned project (the "Project").
2. On July 5, 2016, at the instruction of Seiden & Schein, P.C., I delivered a package which contained a copy of the Application (the "Package") to D. Starkes, Manhattan Community Board #3, located at 59 East 4<sup>th</sup> Street, New York, NY.
3. A representative of the Community Board acknowledged receipt of the Application by signing a copy of the Seiden & Schein, P.C. cover letter that was attached to the Package which is attached to this affidavit as Exhibit A.

Premdatt Persaud  
(signature)

Persaud Premdatt  
(print name)

Sworn to before me this 5 day of  
July, 2016

  
\_\_\_\_\_  
Notary Public

**FRANCIS DAVID BAQUERO**  
NOTARY PUBLIC, STATE OF NEW YORK  
NO. 02BA6342360  
QUALIFIED IN NEW YORK COUNTY  
MY COMMISSION EXPIRES MAY 23, 2020

# NYC IDENTIFICATION CARD

ID NUMBER 16240199264354

NAME  
Persaud  
Premdatt

ADDRESS ZIP  
2 Webster Ave Apt.#2D  
New York, NY 11230

DATE OF BIRTH 12/31/1956

EYE COLOR	HEIGHT	GENDER
Brown	5' 4"	M

EXPIRATION 04/21/2020



*Persaud Premdatt*



**INCLUSIONARY HOUSING PLAN APPLICATION FOR**

**SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- APPLICATION FEE -**

**EXHIBIT "6"**

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

**255 E Houston Manager LLC**

185 Great Neck Road suite 250  
Great Neck, NY 11021

Capital One Bank  
60 Cuttermill Road  
Great Neck, NY 11021

391

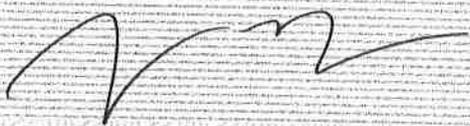
\*\*\*\* ONE HUNDRED AND 00/100 DOLLARS

TO THE  
ORDER OF

06/29/2016

\$100.00\*\*\*\*\*

New York City Department of Finance  
PO Box 3120  
Church Street Station  
New York, NY 10008-0032



⑈0039⑈ ⑆0214079⑆ ⑈ 7527⑈428⑆7⑈8 ⑈

**INCLUSIONARY HOUSING PLAN APPLICATION FOR  
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- HPD CONSTRUCTION SIGNAGE FEE -**

**EXHIBIT "7"**

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

**255 E Houston Manager LLC**  
185 Great Neck Road suite 250  
Great Neck, NY 11021

VOID

Capital One Bank  
60 Cuttermill Road  
Great Neck, NY 11021

390

\*\*\*\* ONE HUNDRED AND 00/100 DOLLARS

TO THE  
ORDER OF

06/29/2016

\$100.00\*\*\*\*\*

HPD  
PO Box 9020  
Church Street Station  
New York, NY 10256

VOID



VOID

⑈00390⑈ ⑆021407912⑆ ⑆ 7527⑈42817⑈8 ⑆

**INCLUSIONARY HOUSING PLAN APPLICATION FOR  
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- SPONSOR DISCLOSURE FOR THE ADMINISTERING AGENT -**

**“EXHIBIT 8”**

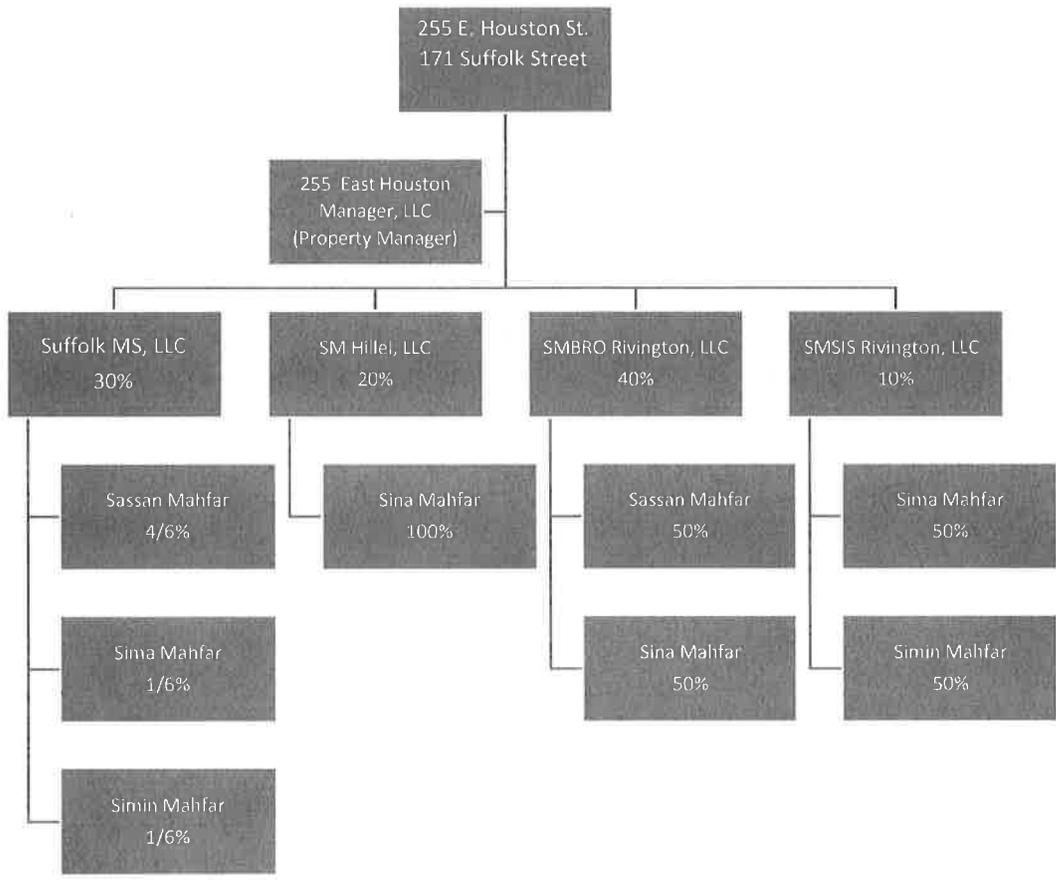
*Sponsor Disclosure Statements for the Administering Agent to be submitted under separate cover.*

**INCLUSIONARY HOUSING PLAN APPLICATION FOR  
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- APPLICANT'S ORGANIZATIONAL CHART -**

**EXHIBIT "9"**



**INCLUSIONARY HOUSING PLAN APPLICATION FOR  
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- GENERAL CONTRACTOR'S ORGANIZATIONAL CHART -**

**EXHIBIT "10"**

*Organizational Charts for General Contractor to be submitted under separate cover.*

**INCLUSIONARY HOUSING PLAN APPLICATION FOR  
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- EMPLOYER IDENTIFICATION NUMBERS -**

**EXHIBIT "11"**

**255 East Houston  
255 East Houston Street  
New York, New York**

**Employer Identification Numbers**

**Applicant:**

SMBRO Rivington, LLC – EIN: 46-2836499

Suffolk MS, LLC – EIN: 45-3640665

SM Hillel, LLC – EIN: 47-3683649

SMSIS Rivington, LLC – 46-2837452

**Owners: N/A**

**Administering Agent: To be determined.**

EIN: \_\_\_\_\_

**Architect: Stephen B. Jacobs Group, P.C.**

EIN: 13-3619461

**Attorney: Seiden & Schein, P.C.**

EIN: 13-3867920

**General Contractor: To be determined.**

EIN: \_\_\_\_\_

**INCLUSIONARY HOUSING PLAN APPLICATION FOR**

**SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- TAX MEMO PROPERTY LIST -**

**EXHIBIT "12"**

Address	Borough*	Block	Lot	Owned, Managed, or Controlled by
138 East 94th Street	1	1522	158	20 Smith Associates, LLC
29 West 30th Street	1	832	24	SMA 29 West, LLC
303 Broome Street	1	418	37	303 Broome Manager, LLC
248 Broome Street	1	409	27	SMGB Broome, LLC
250 Broome Street	1	409	29	SMGB Broome, LLC
252 Broome Street	1	409	31	SMGB Broome, LLC
254 Broome Street	1	409	33	SMGB Broome, LLC
276 5th Avenue	1	831	42	SM 276, LLC
22 Spring Street	1	479	17	22 Spring SM, LLC
131 Orchard Street	1	415	71	SMA Orchard, LLC
75-79 Orchard	1	413	49	75 & 81 Orchard Associates, LLC
81-83 Orchard	1	413	45	75 & 81 Orchard Associates, LLC
1491 Third Avenue	1	1530	1	SM 84 TIC, LLC
1501 Third Ave	1	1530	47	SM 84 TIC, LLC
177 Ludlow	1	412	27	177 Ludlow SM, LLC
143 Ludlow	1	411	27	143 Ludlow SM, LLC
327-331 East Houston	1	345	15,17,19	East Houston Development, LLC
98 MacDougal Street	1	526	56	SM Bleecker, LLC
184 Bleecker Street	1	526	56	SM Bleecker, LLC
255 East Houston Street	1	355	54	Suffolk MS, LLC SMBRO Rivington, LLC & SM Hillel, LLC
1209 Lexington Avenue	1	1510	51	1209 Lexington Avenue SM, LLC
113 Stanton Street	1	411	52	SM Stanton, LLC
102 Norfolk Street	1	353	49	102 Norfolk Street, LLC
41-18 24th Street	4	413	32	LIC 41-18 24th Street, LLC
297-299 3rd Avenue	1	903	58, 57	299 3rd Ave. Manager, LLC
104 Delancey Street	1	410	69	104 Delancey Street SM, LLC
99 Allen Street	1	414	21	99 Allen Realty, LLC
145 West 28th Street	1	804	11	SMA West 28th, LLC
1775 Broadway	1			

\* When populating this column, please use the appropriate Borough codes:

Manhattan - 1

Bronx - 2

Brooklyn - 3

Queens - 4

Staten Island - 5

**INCLUSIONARY HOUSING PLAN APPLICATION FOR**

**SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- PRE-TRANSACTION AFFIDAVITS -**

**EXHIBIT "13"**

*Pre-Transaction Affidavits to be submitted under separate cover.*

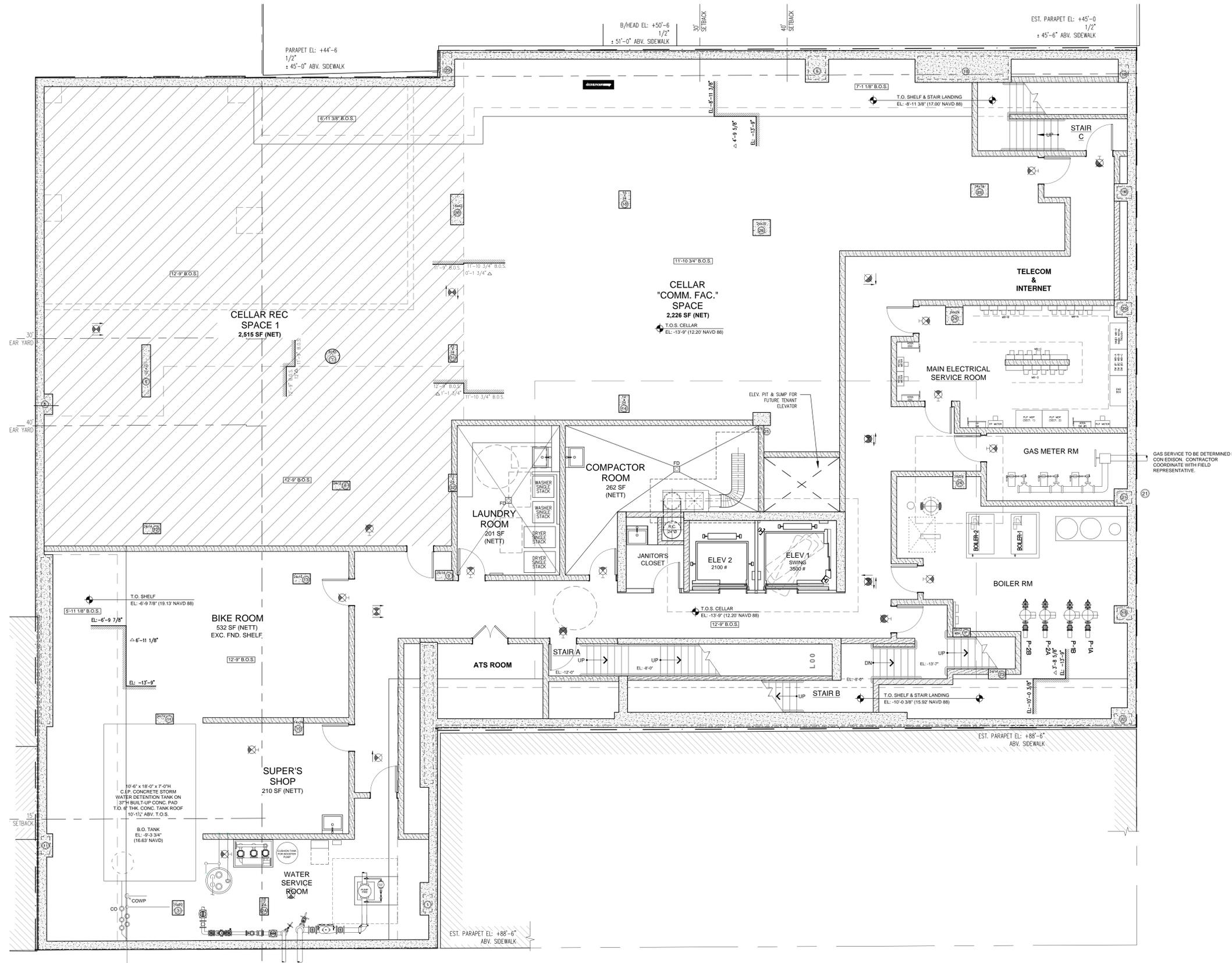
**INCLUSIONARY HOUSING PLAN APPLICATION FOR  
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and  
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET  
NEW YORK, NEW YORK**

**- PROJECT UNDERWRITING -**

**EXHIBIT "14"**

*Underwriting to be submitted under separate cover*



02/26/16 INCLUSIONARY HOUSING  
PROGRESS PLAN SET

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**255 EAST HOUSTON ST.  
MANHATTAN, N.Y. 10002**

Drawing Title:  
**CELLAR FLOOR PLAN**

**1 CELLAR FLOOR PLAN**  
SCALE: 1/4" = 1'-0"

SEAL & SIGNATURE: \_\_\_\_\_ DATE: 08/14/2015  
PROJECT: 1446  
DRAWING SCALE: AS NOTED  
DRAWING NO.:  
**A-100.00**  
C/O REF: 6/146 - 4-10-16 - FLOOR PLAN.dwg 08 OF 40



SCALE: NTS

02/26/16 INCLUSIONARY HOUSING  
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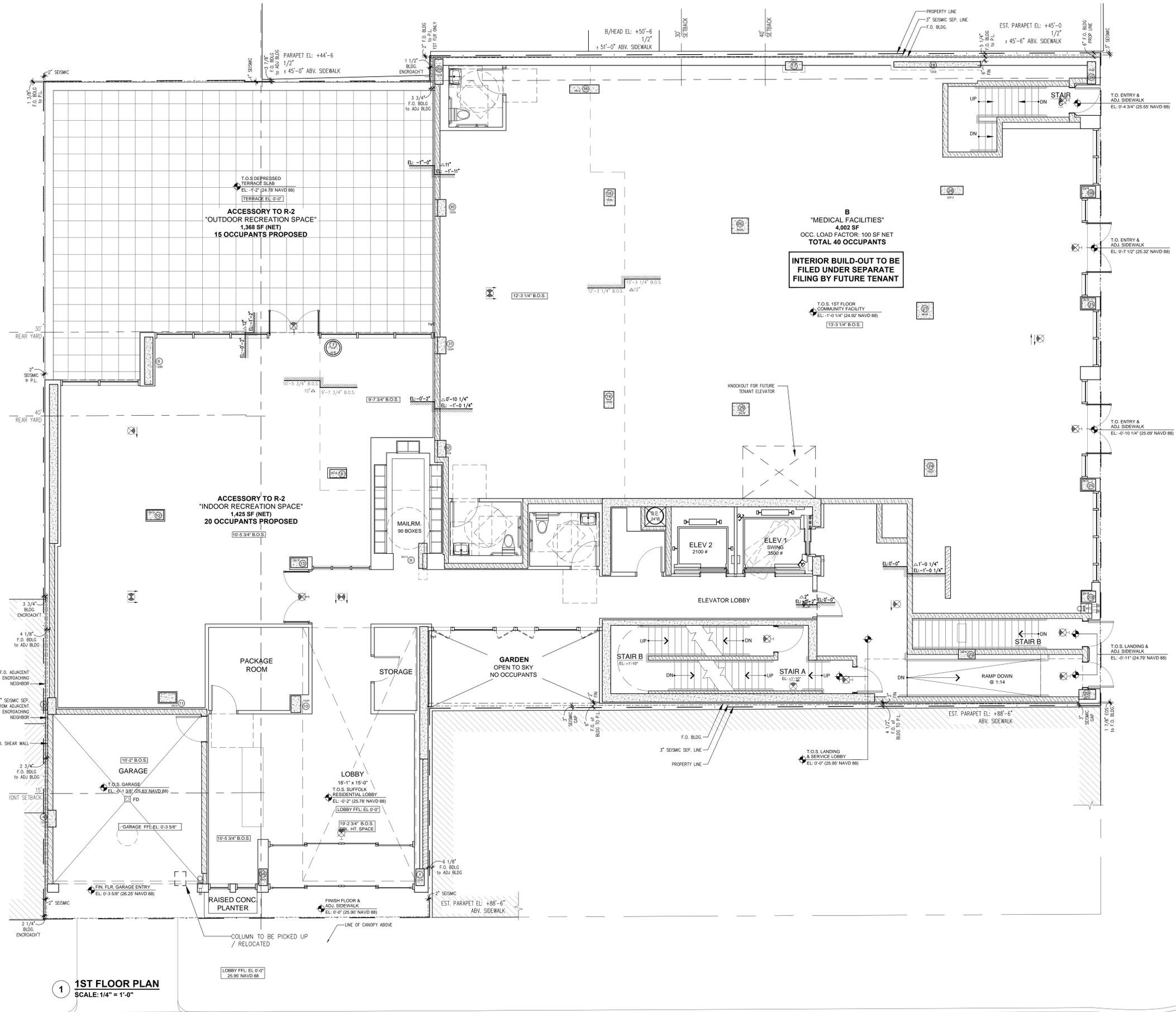
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Drawing Title:  
1ST FLOOR PLAN

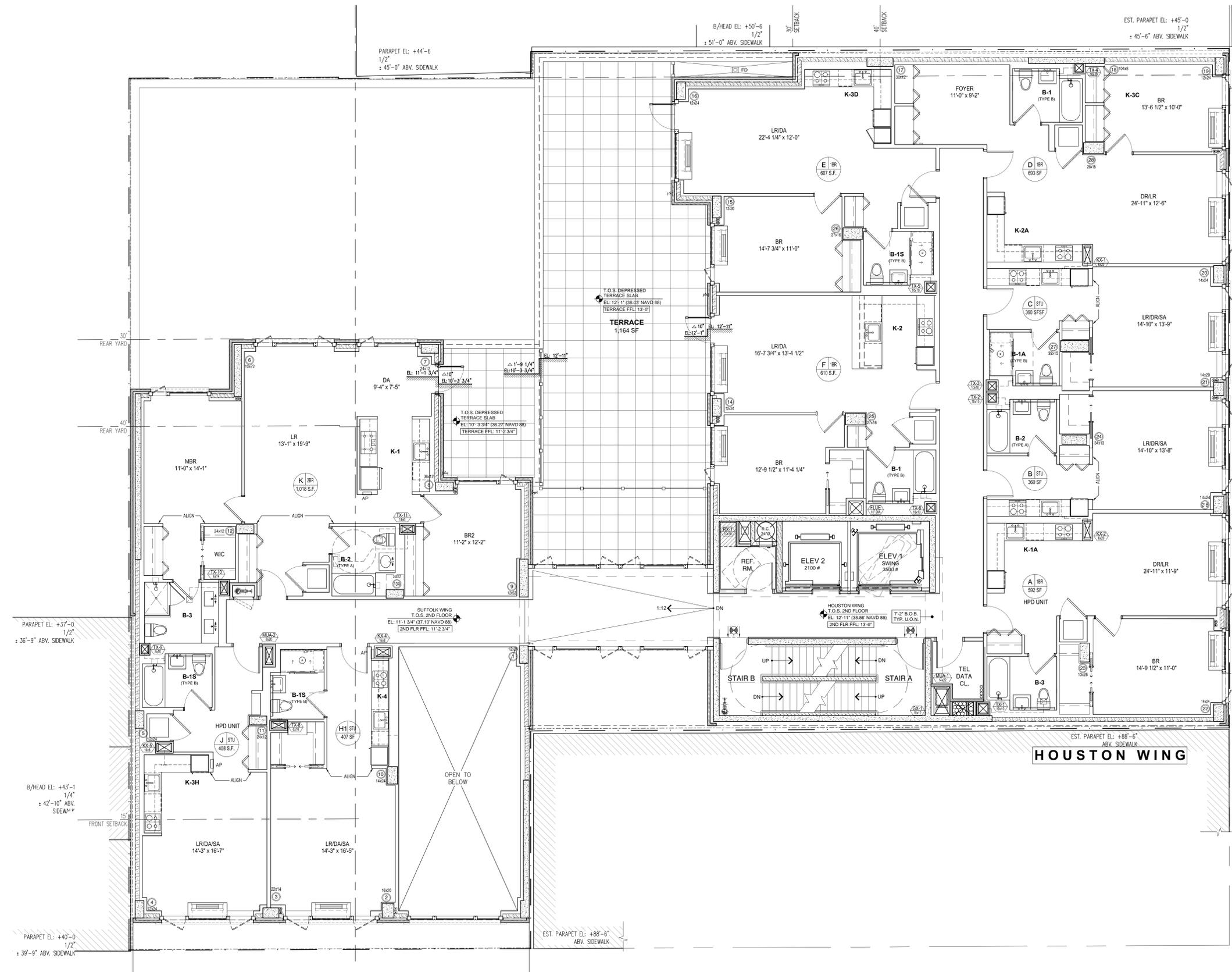
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PROJECT: 1446  
DRAWING SCALE: AS NOTED  
DRAWING NO.: A-101.00  
CDO REF: 6/146 - 4-10-16 - FLOOR PLAN.dwg 09 OF 10



1 1ST FLOOR PLAN  
SCALE: 1/4" = 1'-0"

SUFFOLK STREET (50 FT WIDE)

EAST HOUSTON STREET (125 FT WIDE)



**1 2ND FLOOR PLAN**  
SCALE: 1/4" = 1'-0"

KEY PLAN  
SCALE: NTS

02/26/16 INCLUSIONARY HOUSING  
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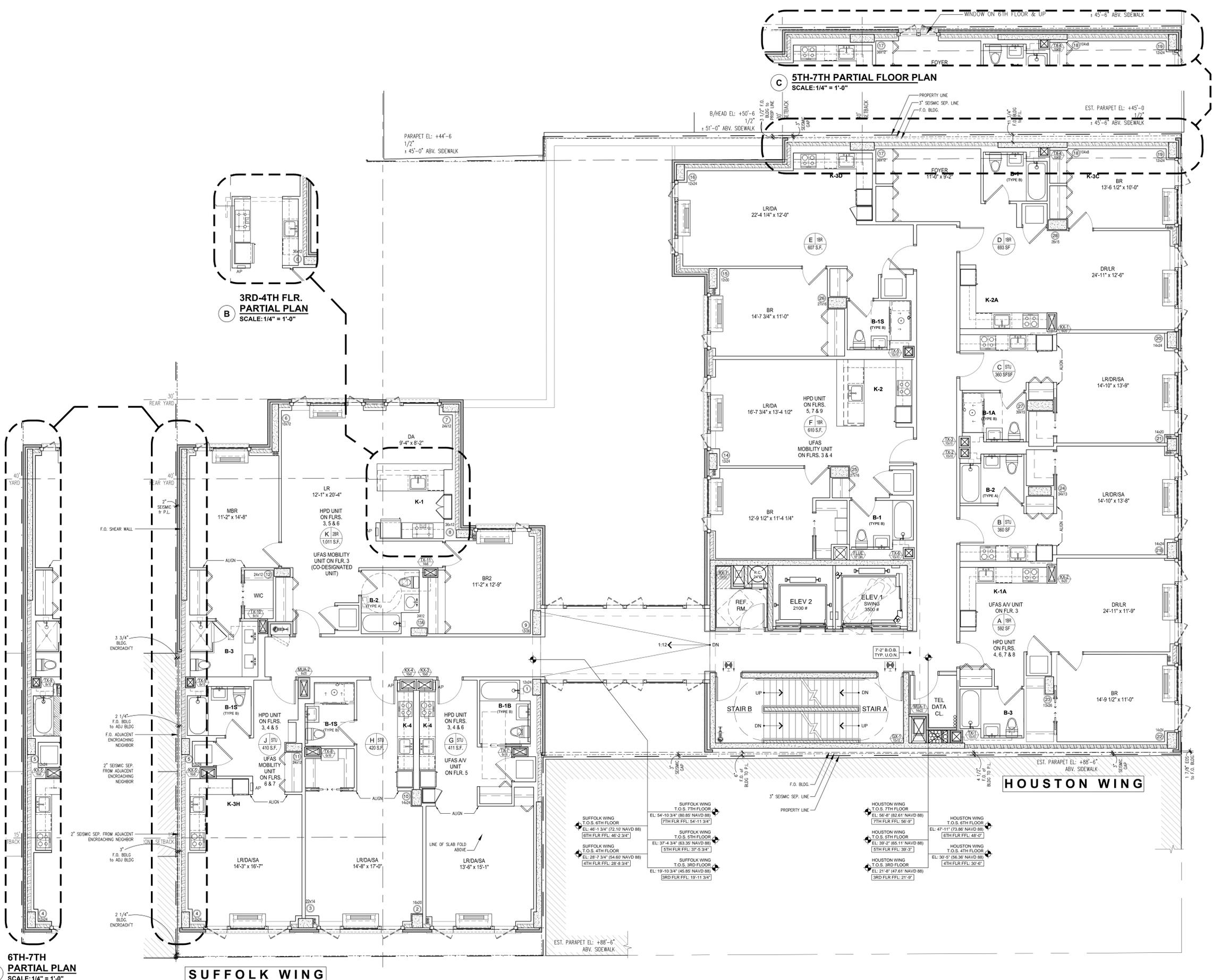
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MANHATTAN, N.Y. 10002

Drawing Title:  
**2ND FLOOR PLAN**

SEAL & SIGNATURE: \_\_\_\_\_ DATE: 08/14/2015  
PROJECT: 1446  
DRAWING SCALE: AS NOTED  
DRAWING NO.: **A-102.00**  
CADD REF: 6/146 - 4-10-16 - FLOOR PLAN.dwg 10 OF 40



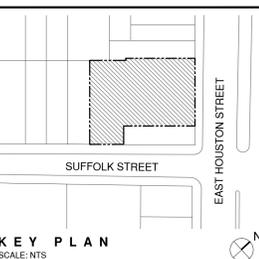
**6TH-7TH PARTIAL PLAN**  
SCALE: 1/4" = 1'-0"

**SUFFOLK WING**

**3RD - 7TH FLOOR PLAN**  
SCALE: 1/4" = 1'-0"

**5TH-7TH PARTIAL FLOOR PLAN**  
SCALE: 1/4" = 1'-0"

**3RD-4TH FLR. PARTIAL PLAN**  
SCALE: 1/4" = 1'-0"



**KEY PLAN**

SCALE: NTS

02/26/16 INCLUSIONARY HOUSING  
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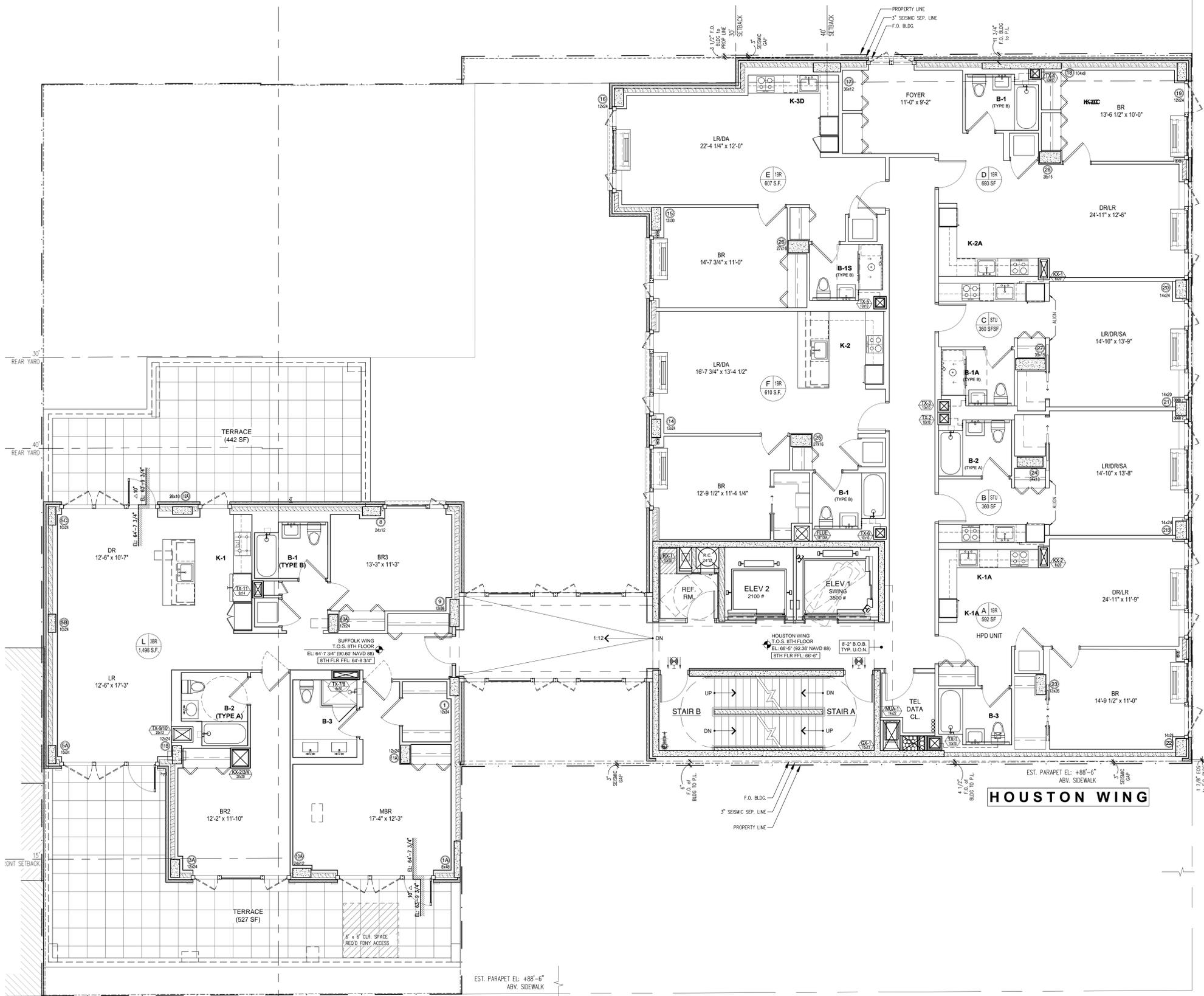
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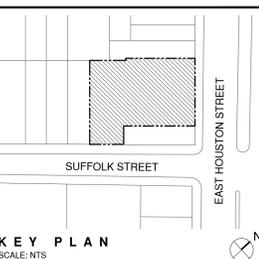
**255 EAST HOUSTON ST.**  
MANHATTAN, N.Y. 10002

Drawing Title:  
**3RD-7TH FLOOR PLAN**

SEAL & SIGNATURE: \_\_\_\_\_ DATE: 08/14/2015  
PROJECT: 1446  
DRAWING SCALE: AS NOTED  
DRAWING NO.: **A-103.00**  
CDO REF: 6/146 - 4-10-16 - F008 P&M.dwg 10 OF 40



**1 8TH FLOOR PLAN**  
SCALE: 1/4" = 1'-0"



02/26/16 INCLUSIONARY HOUSING  
PROGRESS PLAN SET

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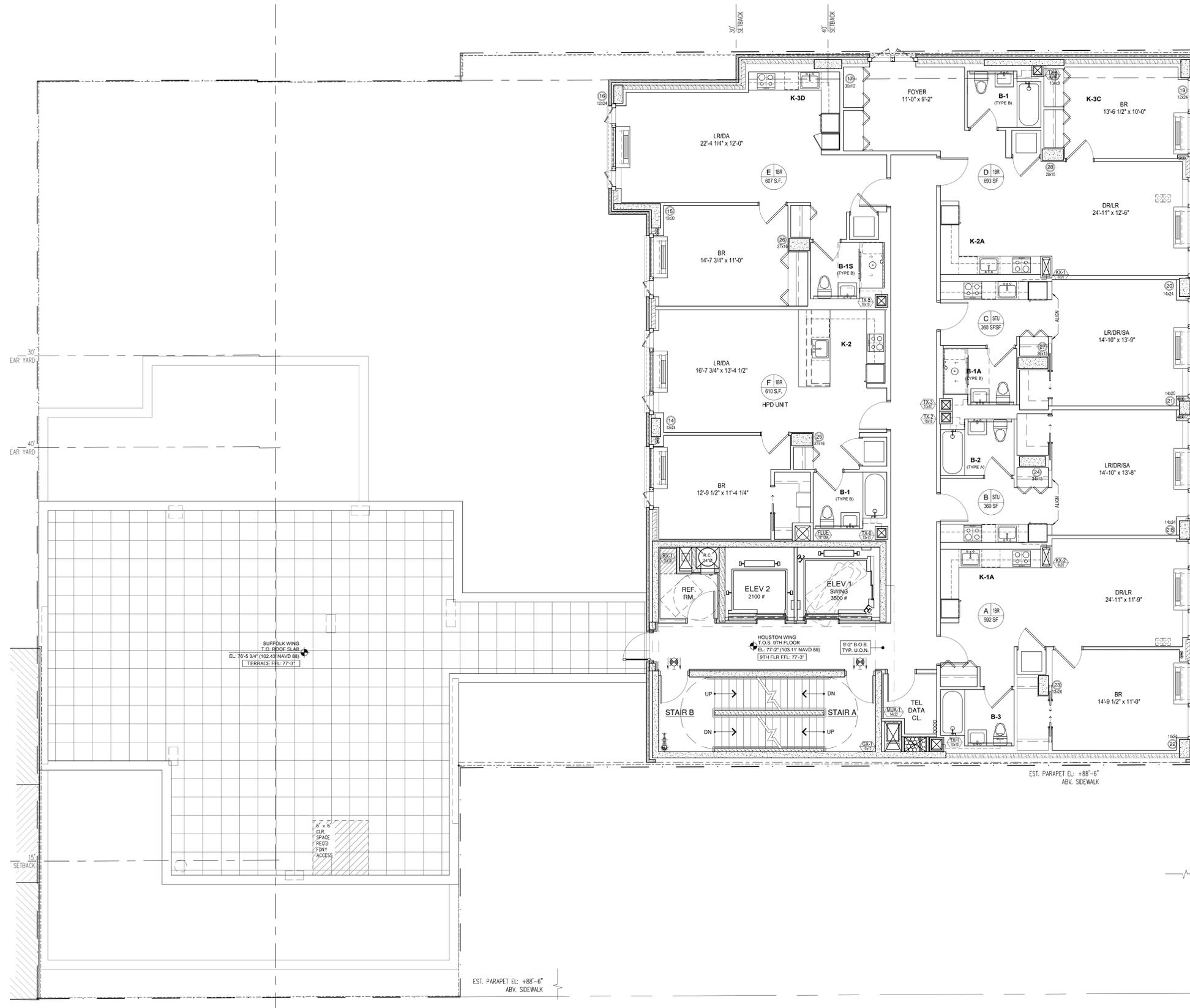
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**255 EAST HOUSTON ST.**  
MANHATTAN, N.Y. 10002

Drawing Title:  
**8TH FLOOR PLAN**

SEAL & SIGNATURE: \_\_\_\_\_ DATE: 08/14/2015  
PROJECT: 1446  
DRAWING SCALE: S  
DRAWING NO.: **A-104.00**  
CDO REF: 6/146 - E-10-16 - FLOOR PLAN.dwg 11 OF 40



**KEY PLAN**  
SCALE: NTS

02/26/16 INCLUSIONARY HOUSING  
PROGRESS PLAN SET

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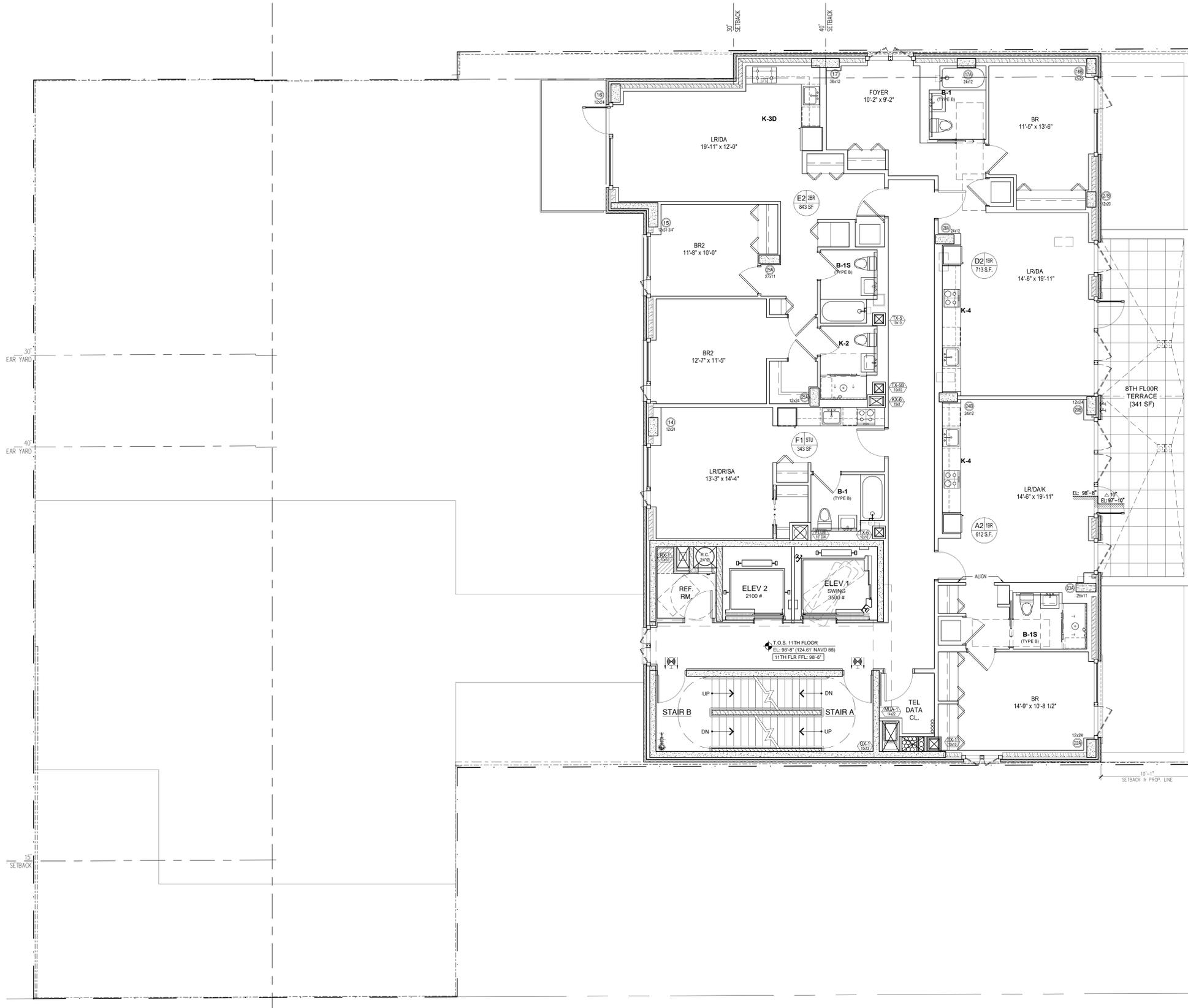
**255 EAST HOUSTON ST.**  
MANHATTAN, N.Y. 10002

Drawing Title:  
**9TH FLOOR PLAN**

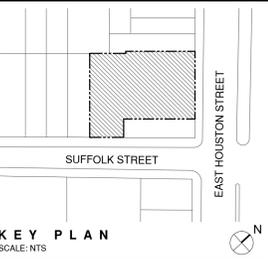
**1 9TH FLOOR PLAN**  
SCALE: 1/4" = 1'-0"

SEAL & SIGNATURE: \_\_\_\_\_ DATE: 08/14/2015  
PROJECT: 1446  
DRAWING SCALE: AS NOTED  
DRAWING NO.: **A-105.00**  
CADD REF: 6/146 - 4-10-16 - FLOOR PLAN.dwg 12 OF 40





**1 11TH FLOOR PLAN**  
SCALE: 1/4" = 1'-0"



**KEY PLAN**  
SCALE: NTS

02/26/16 INCLUSIONARY HOUSING  
PROGRESS PLAN SET

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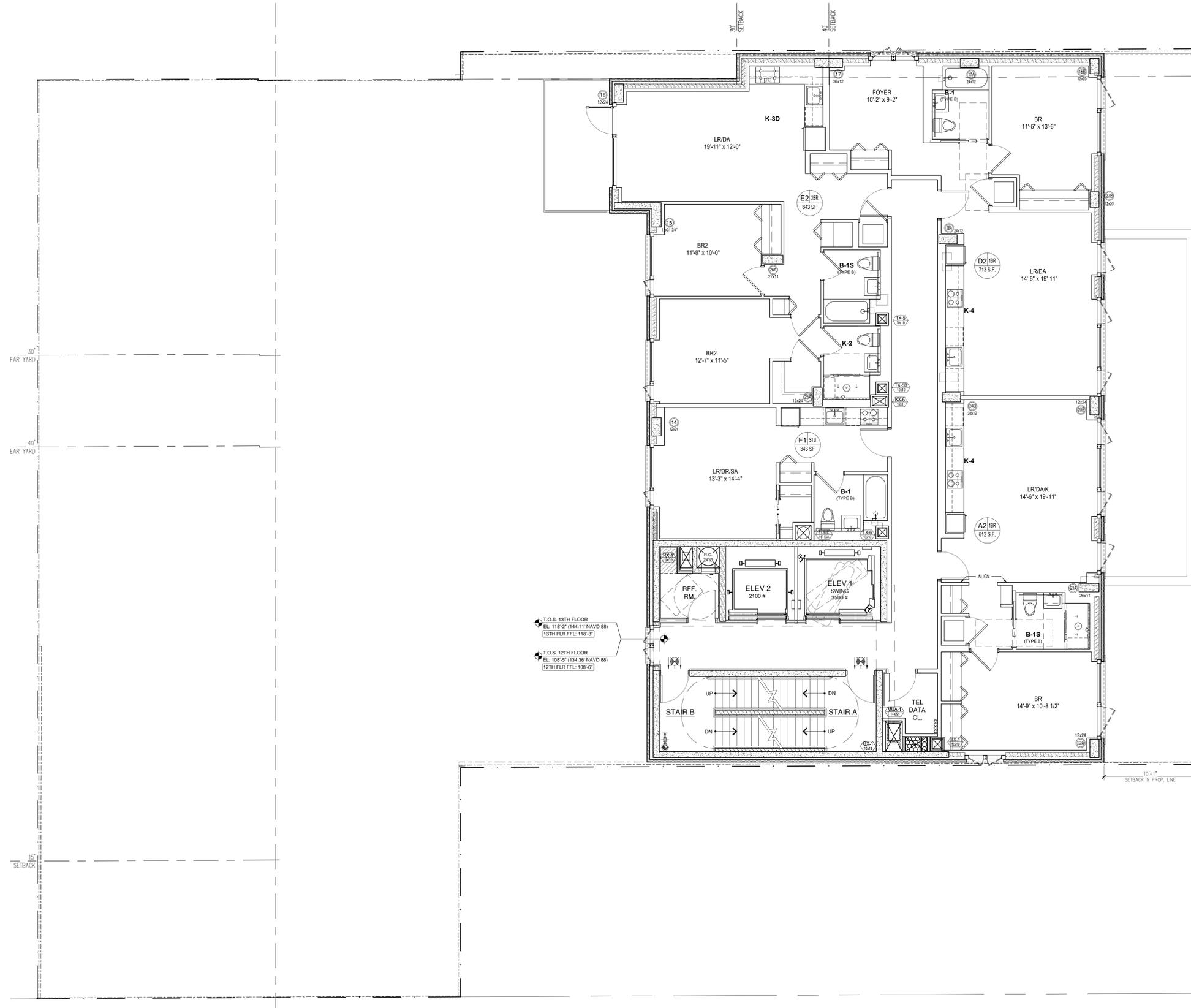
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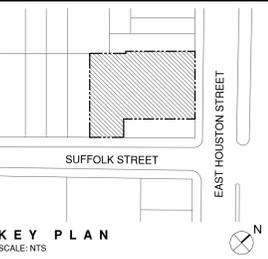
**255 EAST HOUSTON ST.**  
MANHATTAN, N.Y. 10002

Drawing Title:  
**11TH FLOOR PLAN**

SEAL & SIGNATURE:	DATE: 08/14/2015
	PROJECT#: 1446
	DRAWING SCALE: AS NOTED
	DRAWING NO.:
<b>A-107.00</b>	
DO NOT SCALE	13 OF 40



**1 12TH - 13TH FLOOR PLAN**  
SCALE: 1/4" = 1'-0"



02/26/16 INCLUSIONARY HOUSING  
PROGRESS PLAN SET

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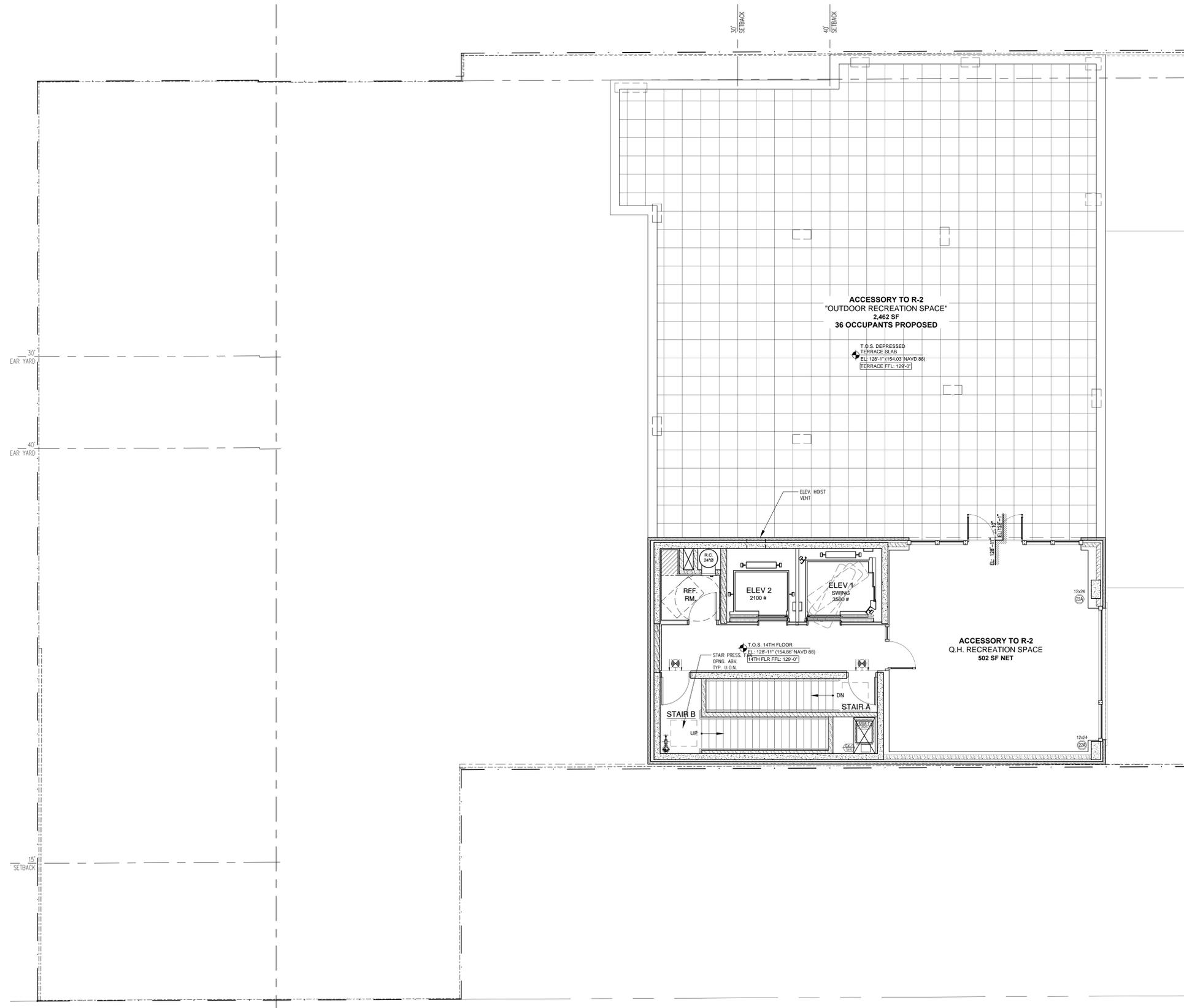
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**DOB # 1 2 1 1 8 9 7 1 1**

**255 EAST HOUSTON ST.**  
MANHATTAN, N.Y. 10002

Drawing Title:  
**12TH-13TH FLOOR PLAN**

SEAL & SIGNATURE: DATE: 08/14/2015 PROJECT: 1446 DRAWING SCALE: AS NOTED DRAWING NO.: <b>A-108.00</b> 13 OF 40
--



02/26/16 INCLUSIONARY HOUSING  
PROGRESS PLAN SET

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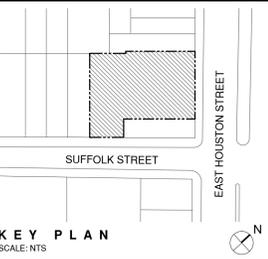
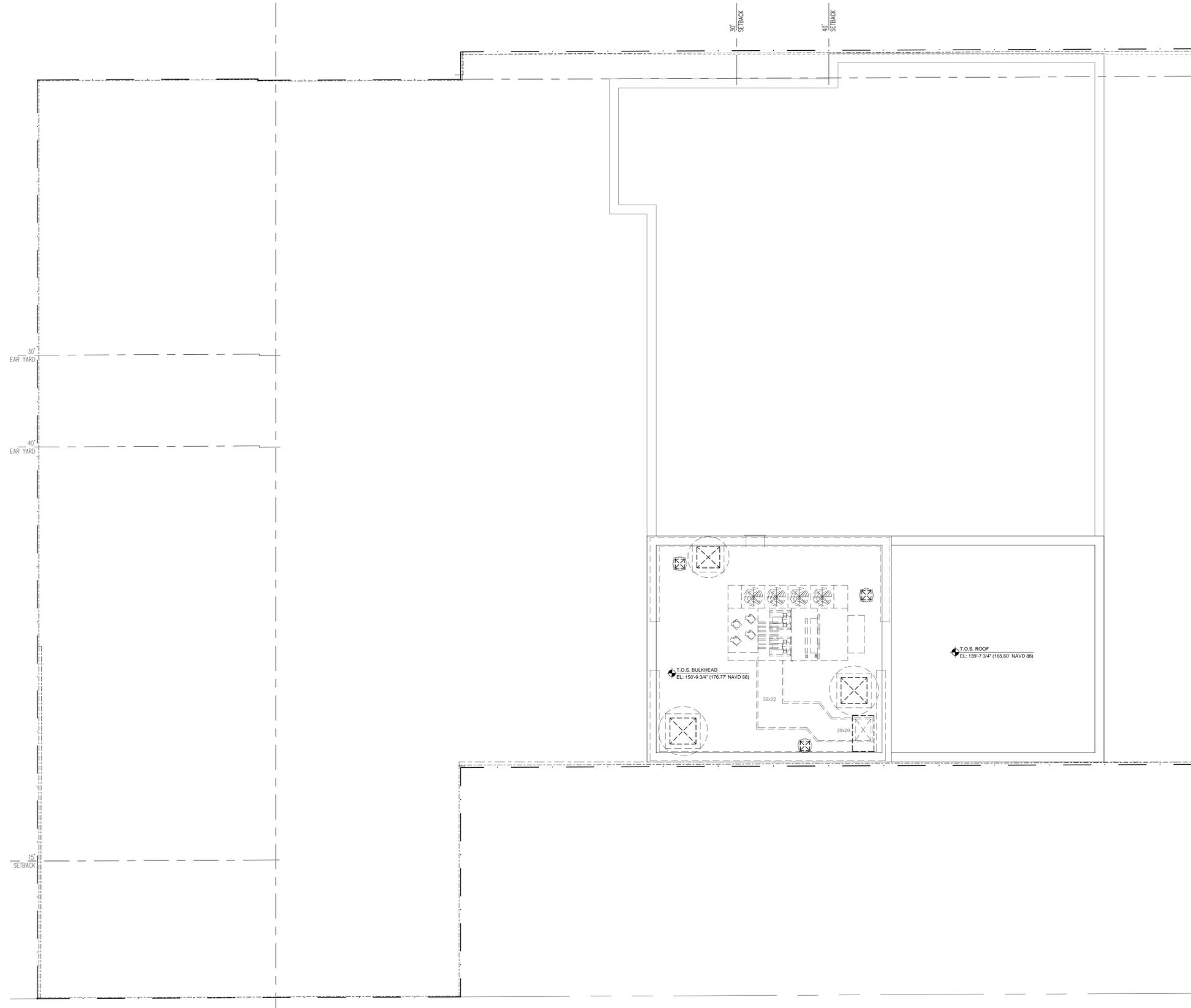
**DOB # 1 2 1 1 8 9 7 1 1**

**255 EAST HOUSTON ST.  
MANHATTAN, N.Y. 10002**

Drawing Title:  
**14TH FLOOR AMENITY  
& ROOFTOP TERRACE PLAN**

**1 14TH FLOOR AMENITY & ROOFTOP TERRACE PLAN**  
SCALE: 1/4" = 1'-0"

SEAL & SIGNATURE:	DATE: 08/14/2015
DRAWING NO.:	PROJECT: 1446
	DRAWING SCALE: AS NOTED
	DRAWING NO.:
	<b>A-109.00</b>
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02/26/16 INCLUSIONARY HOUSING  
PROGRESS PLAN SET

**The Stephen B. Jacobs Group, P.C.**  
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381 Park Avenue South  
New York, N.Y. 10016  
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**DOB # 1 2 1 1 8 9 7 1 1**

**255 EAST HOUSTON ST.  
MANHATTAN, N.Y. 10002**

Drawing Title:  
**BULKHEAD & ROOF PLAN**

**1 BULKHEAD & ROOF PLAN**  
SCALE: 1/4" = 1'-0"

SEAL & SIGNATURE:	DATE: 08/14/2015
	PROJECT: 146
	DRAWING SCALE: AS NOTED
	DRAWING NO:
	<b>A-110.00</b>
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