

THE CITY OF NEW YORK
Community Board 16
Ocean Hill and Brownsville, Brooklyn
444 Thomas S. Boyland Street, Room 103; Brooklyn, New York 11212

Tel. (718) 385-0323 Fax (718) 342-6714
Email: bk16@cb.nyc.gov

Viola D. Greene-Walker, District Manager
Genese T. Morgan, Chairperson

Land Use, Planning and Zoning Committee Request

Section : Type of Request: “Please check applicable box”

Introduction Meeting

Letter of Support

ULURP Action

Have you reviewed the most recent Community District 16 Statement of District Needs? Yes No

If not, please visit our website at www.nyc.gov/brooklyncb16

Have you developed other projects within the boundaries of Community District 16? Yes No Not Applicable

Please provide detail summary of the request being made of the Land Use, Planning and Zoning Committee:

Section 2 Applicant Information:

Company Name: _____

DBA Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Telephone #: _____ Fax #: _____ Alt #: _____

Website: _____

Business Type: _____ Business Sector/Industry: _____

Primary Contact:

First Name: _____ Last Name: _____ Title: _____

Telephone #: _____ Email address: _____

Other Company Principals:

1 - First Name: _____ Last Name: _____ Title: _____

2 - First Name: _____ Last Name: _____ Title: _____

3 - First Name: _____ Last Name: _____ Title: _____

Section 3 Project Information:

Project Name: _____

Project Location (Address and Cross Streets): _____

Is this a housing project? Yes No

Is the project affordable housing? Yes No

What is the type of housing proposed for the project? _____ # of housing units? _____
**Please include separate attachment outlining unit mix for project including unit type, income qualification, rent and square footage per unit type.*

Project Partner #1

Company Name: _____

DBA Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Telephone #: _____ Fax #: _____ Alt #: _____

Website: _____

Business Type: _____ Business Sector/Industry: _____

Project Partner #2

Company Name: _____

DBA Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Telephone #: _____ Fax #: _____ Alt #: _____

Website: _____

Business Type: _____ Business Sector/Industry: _____

Project Partner #3

Company Name: _____

DBA Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Telephone #: _____ Fax #: _____ Alt #: _____

Website: _____

Business Type: _____ Business Sector/Industry: _____

Architect:

Company Name: _____

Principal Name(s): _____

Address: _____ City: _____ State: _____ Zip Code _____

Telephone #: _____ Fax #: _____ Alt #: _____

Website: _____

General Contractor:

Company Name: _____

DBA Name: _____

Principal Name(s): _____

Address: _____ City: _____ State: _____ Zip Code _____

Telephone #: _____ Fax #: _____ Alt #: _____

Website: _____

Other General Contractors or Sub-Contractors:

Company Name #1: _____ Type of Service: _____

Company Name #1: _____ Type of Service: _____

Company Name #1: _____ Type of Service: _____

Project Costs:

Total Estimated Project Budget \$ _____

Total Estimated M/WBE Project Budget \$ _____

List all planned sources of funding for project:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Other Project Information Required:

**Please include separate attachment providing the requested information as follows:*

- 1. Please describe project including all planned services.
- 2. Please describe plan for local hiring.
- 3. Please describe plan for subcontracting.
- 4. Please describe all community benefits that will result from the development of the planned project.
- 5. Please provide any other information that may support our consideration of this proposed project.

Previous Projects:

Project Name: _____

Location (Address and Cross Streets): _____

Project Name: _____

Location (Address and Cross Streets): _____

Project Name: _____

Location (Address and Cross Streets): _____

By submitting this application, I assert that the facts set forth in it are true and complete. I understand that support of the project is not conditional on acceptance of this application, any false statements, omissions, or other misrepresentations made by me on this application may cause this request to be rejected and/or cause a delay in the review of the project.

Signed: _____

Print Name and Title: _____

Date: _____