



250 Broadway, 29th Floor
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 212-386-0009 - Phone
 646-500-6271 - Fax
 www.nyc.gov/bsa

SPECIAL ORDER CALENDAR (SOC)
 Application Form

BSA APPLICATION NO. _____

Section A

Applicant/
Owner

<u>Kramer Levin Naftalis & Frankel LLP</u> NAME OF APPLICANT	<u>New York Methodist Hospital</u> OWNER OF RECORD
<u>1177 Avenue of the Americas</u> ADDRESS	<u>506 6th Street</u> ADDRESS
<u>New York</u> <u>NY</u> <u>10036</u> CITY STATE ZIP	<u>Brooklyn</u> <u>NY</u> <u>11215</u> CITY STATE ZIP
<u>212</u> <u>715-9189</u> AREA CODE TELEPHONE	<u>LESSEE / CONTRACT VENDEE</u>
<u>212</u> <u>715-8208</u> AREA CODE FAX	<u>ADDRESS</u>
<u>ewagner@kramerlevin.com</u> EMAIL	<u>CITY STATE ZIP</u>

Section B

Site Data

473-541 6th Street, 502-522 8th Avenue, 480-496 & 542-548 5th Street, and 249-267 7th Avenue
STREET ADDRESS (INCLUDE ANY A/K/A) 11215
ZIP CODE

Block bounded by 7th Avenue, 6th Street, 8th Avenue, and 5th Street
DESCRIPTION OF PROPERTY BY SOUNDING OR CROSS STREETS

<u>1084</u> BLOCK	<u>39, 164, 1001, and 1002</u> LOT(S)	<u>Brooklyn</u> BOROUGH	<u>6</u> COMMUNITY DISTRICT	<u>N/A</u> LANDMARK/HISTORIC DISTRICT
<u>Brad Lander</u> CITY COUNCILMEMBER	<u>R6, C1-3/R6, R6B, and R7B</u> ZONING DISTRICT (include special zoning district, if any)	<u>16d</u> ZONING MAP NUMBER		

Section C

Description

(LEGALIZATION YES NO IN PART)

This is an application to reopen and amend the special permit granted by the Board on January 11, 1994, under BSA Cal. No. 142-92-BZ. It is being made in connection with another application currently before the Board (BSA Cal. No. 289-13-BZ) to facilitate the development of a new ambulatory care center (the "Center"). The development requires a modification to the parking calculations approved under the Special Permit to accommodate required accessory parking for the Center.

Section D

Actions

APPLICATION IS HEREBY MADE TO:

- Waive of the Rules of Practice and Procedure (Explain in your statement)
- Extension of Time to:
 - Complete construction Obtain a Certificate of Occupancy Expiration Date: _____
- Amendment to Previous Board Approval
- Extension of Term of the:
 - Variance Special Permit For a term of _____ years Expiration Date: _____
- Other (Explain in your statement)

Authorizing Section(s) of the Zoning Resolution:

§ 11-411 § 11-412 § H-413 §§ 72-01 and 72-22 § 73-11 Other _____

Section E

**Department
Of
Buildings
Information**

	YES	NO
1. Have plans been filed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have plans been approved?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(If Yes, Date Approved <u>07/01/1994</u>)		
3. Has a permit been obtained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(If Yes, Permit No. <u>300142806-01-NB</u> Date Issued <u>06/19/1998</u> (renewal))		
4. Is work in progress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(If Yes, Percentage of work completed <u>100%</u>)		
5. Has a temporary or permanent Certificate of Occupancy been obtained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(If Yes, Expiration Date <u>N/A</u> Attach a copy)		

If you have answered "No" to any of these questions, include a paragraph in your statement describing the reason(s) for delay and the projected schedule of completion.

Section F

**Board
History**

List all prior Board actions associated with the subject Zoning Lot and attach one copy of each resolution:

On January 11, 1994, when the Zoning District was R6 and C1-3/R6, an application was granted by 72-21, 73-481, and 73- the Board under Section 482 to permit: the construction of a five-story and cellar building with hospital related facilities on floors two through five, retail uses in the cellar and on the first floor, and an accessory group parking facility, including one loading bay, with the entrance and exit location in a residential district.

Section G

**Inspection
and
Compliance**

	YES	NO
1. Have you reviewed the Board's case file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have you recently inspected the premises and surrounding area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(If Yes, date of most recent site inspection <u>3/3/2014</u>)		
3. Did you find:		
a. Compliance with the terms and conditions of the Board's resolution?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Attach a completed Certificate of Inspection and Compliance		
b. Any significant condition changes (e.g. rezoning, city map amendments, recent developments) within the affected area since the Board's last action on this application?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the answer is "yes" to any of the questions below, explain further in your statement.		
4. Is there currently a proposal before the City Planning Commission to change the subject Zoning District, or any other action which includes the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(File / CP No. _____)		
5. Are there any outstanding violation(s) on the premises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(If Yes, submit a DOB BIS printout)		
6. Is there any other application before the Board which affects the premises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(If Yes, Cal No. <u>289-13-BZ</u>)		
7. Is there any other application at any government agency which affects the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section H

Signature

I HEREBY AFFIRM THAT BASED ON INFORMATION AND BELIEF, THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN THE PAPERS ARE TRUE.

Elise Wagner ANITA ROSE SWORN TO ME THIS 20th DAY OF March 2014

Signature of Applicant, Corporate Officer or Other Authorized Person **Notary Public, State of New York**
Elise Wagner Partner **NO. 03RO4755325**
 Print Name Title **Qualified in Dutchess County**
Commission Expires April 30, 2014 **NOTARY PUBLIC**