# Community/Borough Board Recommendation

Pursuant to the **U**niform **L**and **U**se **R**eview **P**procedure

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|---|---|
| Application #: **N 160051 ZRY**<br>CEQR Number: 16DCP028 | Project Name: **Mandatory Inclusionary Housing**<br>Borough(s): Brooklyn<br>Community District Number(s): 15 |

*Please use the above application number on all correspondence concerning this application*

## SUBMISSION INSTRUCTIONS

1. Complete this form and return to the Department of City Planning by one of the following options:
   - **EMAIL (recommended):** Send email to **CalendarOffice@planning.nyc.gov** and include the following subject line**:** (CB or BP) Recommendation + (6-digit application number), e.g., "CB Recommendation #C100000ZSQ"
   - **MAIL:** Calendar Information Office, City Planning Commission, Room 2E, 22 Reade Street, New York, NY 10007
   - **FAX:** (212) 720-3356 and note "Attention of the Calendar Office"
2. Send one copy of the completed form with any attachments to the applicant's representative at the address listed below, one copy to the Borough President, and one copy to the Borough Board, when applicable.

*Docket Description:*

**IN THE MATTER OF (N 160051 ZRY) The Mandatory Inclusionary Housing Text Amendment, would require that a share of new housing be permanently affordable, however this program would only become applicable through subsequent city zoning actions.**

| **Applicant(s):** | **Applicant's Representative:** |
|---|---|
| Department of City Planning | Beth Lebowitz<br>NYC Dept of City Planning<br>22 Reade Street<br>New York, NY 10003 |

**Recommendation submitted by:**
Brooklyn Community Board 15

**Date of public hearing:** October 27, 2015 **Location:** 2001 Oriental Blvd., U112 Brooklyn, NY 11235

**Was a quorum present?** **YES** ☒ **NO** ☐ *A public hearing requires a quorum of 20% of the appointed members of the board, but in no event fewer than seven such members.*

**Date of Vote:** October 27, 2015 **Location:** 2001 Oriental Blvd., U112 Brooklyn, NY 11235

**RECOMMENDATION**

☐ Approve ☐ Approve With Modifications/Conditions
☒ Disapprove ☐ Disapprove With Modifications/Conditions

**Please attach any further explanation of the recommendation on additional sheets, as necessary.**

**Voting**

**# In Favor:** **# Against:** 41 **# Abstaining:** **Total members appointed to the board:** **50**

| *Name of CB/BB officer completing this form* | *Title* | *Date* |
|---|---|---|
| Theresa Scavo | Chairperson | 10/28/2015 |