Community/Borough Board Recommendation

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

Application #: **N160049ZRY**	Project Name: **Zoning for Affordability and Quality**
CEQR Number: 15DCP104Y	Borough(s): Brooklyn 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 Department of City Planning proposing a set of targeted changes to zoning regulations to support the creation of new affordable housing and encourage better residential buildings.

Applicant(s):	**Applicant's Representative:**
Department of City Planning	Beth Lebowitz Dept of City Planning 22 Reade Street New York, NY 10007

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