

RIVERHEAD INDUSTRIAL DEVELOPMENT AGENCY

TOWN OF RIVERHEAD



446 Edwards Avenue, Suite 2
Calverton, NY 11933

(631) 369-5129

APPLICATION FOR FINANCIAL ASSISTANCE

Date _____

APPLICATION OF: _____
COMPANY NAME

OWNERSHIP OF PROPOSED PROJECT

Type of Application: Tax-Exempt Taxable Lease
 Refunding Not-for-Profit

Please respond to all items either by filling in blanks, by attachment (by marking space "See Attachment Number 1," etc.) or by N.A., where not applicable. This application must be filed in 12 copies. A non-refundable application fee is required at the time of submission of this application to the Riverhead Industrial Development Agency (the "Agency"). The non-refundable application fee is \$2,000 for applications under \$5 million and \$4,000 for applications for \$5 million or more. This fee will be applied to the Agency's Administrative Fee at closing.

At the time of inducement, Bond Counsel will require a \$2,000 deposit which will be applied to actual out-of-pocket disbursements made during the inducement and negotiation processes, and will be reflected on their final statement at closing.

Information provided herein will not be made public by the Agency prior to the passage of an Official Inducement Resolution, but may be subject to disclosure under the New York State Freedom of Information Law.

PLEASE NOTE: Prior to submitting a completed final application, please arrange to meet with the Agency's staff to review your draft application.

I. COMPANY DATA

A. PROPOSED PROJECT OWNER (THE "COMPANY")

NAME _____

ADDRESS _____

CONTACT _____ POSITION _____

PHONE _____ FEDERAL EMPLOYER I.D.# _____

BUSINESS TYPE:

SOLE PROPRIETORSHIP

GENERAL PARTNERSHIP or LIMITED PARTNERSHIP

State and Date of Organization: _____

PRIVATELY HELD CORPORATION

PUBLIC CORPORATION LISTED ON _____ EXCHANGE

State and Date of Incorporation: _____

ATTORNEY _____

B. FACILITY USER (tenant using more than 10% of the square footage of the Facility, if different than the Company) (THE "SUBLESSEE")

NAME _____

ADDRESS _____

CONTACT _____ POSITION _____

PHONE _____ FEDERAL EMPLOYER I.D.# _____

BUSINESS TYPE:

SOLE PROPRIETORSHIP

GENERAL PARTNERSHIP or LIMITED PARTNERSHIP

State and Date of Organization: _____

PRIVATELY HELD CORPORATION

PUBLIC CORPORATION LISTED ON _____ EXCHANGE

State and Date of Incorporation: _____

(Please provide additional names and information, if any, on a separate sheet and attach it to this questionnaire.)

C. Any related person to the above proposed to be a user of the Project.

<u>NAME</u>	<u>BUSINESS TYPE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____

D. Principal stockholders or partners of the Company or the Sublessee, if any (i.e., owners of 5% or more equity in the Company or the Sublessee):

<u>NAME</u>	<u>% OWNED</u>	<u>WHICH COMPANY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. If any of the above persons, or a group of them, owns more than a 50% interest in the Company or the Sublessee, list all other persons which are related to the Company or the Sublessee by virtue of such persons having more than a 50% interest in the Company or the Sublessee.

F. Is the Company or the Sublessee related to any other person by reason of more than 50% common ownership? If so, indicate the name of each related person and the Company's or Sublessee's relationship to such person.

G. List the Company's and the Sublessee's parent corporations, sister corporations and subsidiaries, if any.

H. Has the Company or the Sublessee (or any other entity listed in answer to questions C-G above) been involved in or benefitted by any prior industrial development bond financing or JDA financing in the town in which this Project is located, whether through the Agency, JDA or another issuer? If so, please explain in full (e.g., name of issuer and beneficiary; original amount of issue; date of issue; current amount outstanding; purpose of issue; etc.).

I. Has the Company or the Sublessee (or any related person) made a public offering or private placement of its stock within the last year? If so, please describe and provide the Offering Statement used.

J. Has the Company or the Sublessee (or any related person) applied to any other town IDA or the Suffolk County IDA in regard to this Project? If so, please provide details of any action taken with respect to and the current status of such application.

K. List the major bank references of the Company.

II. COMPANY'S OPERATIONS AT CURRENT LOCATION

A. Address _____

B. Acreage of existing facility _____

C. Number of buildings and square feet of each building _____

D. Owned or leased _____

E. Please describe the type of operation (e.g., manufacturing, wholesale, distribution, retail, etc.) and products and services at current location: _____

F. Employment (current number of full-time employees or the equivalent)

G. Annual payroll amount _____

III. PROPOSED PROJECT DATA

A. Location of Project - Please attach a map highlighting the location of the project. In addition, please give the real property tax map number and exact street address of the Project, including the village and town where the Project will be located. (If no street address, please include a survey and the most precise description available):

B. Project Site - Please submit 3 copies of preliminary plans or sketches of the proposed acquisition, rehabilitation, or construction (under separate cover).

1. Acreage: _____

2. Acquisition of existing buildings:

a) Existing buildings to be acquired (number and square feet of each building):

b) Does the Project consist of additions and/or renovations to existing buildings? If so, indicate the nature of the expansion and/or renovation in reasonable detail.

3. New construction:

a) Number and square feet of each new building to be constructed:

b) Builder or contractor and address:

c) Architect and address:

4. Present use of the Project site:

5. Present user of Project site:

6. Relationship of present user of Project site to the Company:

C. What will the building or buildings to be acquired, constructed or expanded be used for by the Company (include description of products to be manufactured, assembled or processed and services to be rendered; PLEASE NOTE: The Tax Reform Act of 1986 limits the type of facilities eligible for tax-exempt financing to manufacturing facilities)?

D. If any space in the Project is to be leased by the Agency or the Company to third parties, indicate the total square footage of the Project to be leased to each tenant, and the proposed use of that space by each tenant. Although the tenants may not yet be known, the purposes for which the Project will be used must still be indicated (e.g., manufacturing, office, warehouse, etc.). Use a separate sheet, if necessary.

E. List principal items or categories of equipment to be acquired as part of the Project.

F. Has construction work on the Project begun? If so, complete the following:

- 1. Site clearance yes no _____% complete
- 2. Foundation yes no _____% complete
- 3. Footings yes no _____% complete
- 4. Steel yes no _____% complete
- 5. Masonry yes no _____% complete
- 6. Other (describe below):

G. Existing facilities within New York State:

- 1. Are there other facilities owned, leased or used by the Company (or any related person) within the state? If so, tell whether such facilities are owned, leased or otherwise used and describe the terms of the Company's (or any related person's) interest in such facilities.

- 2. If there are other facilities within the state, is it expected that any of these other facilities will close or be subject to reduced activity as a result of the proposed Project?

yes no

- 3. If you answered "No" to question 2, above, please explain in detail how current facilities will be utilized and whether the Project is reasonably necessary for the Company to maintain its competitive position in its industry.

4. If you answered “yes” to question 2, above, please indicate whether the Project is reasonably necessary for the Company to maintain its competitive position in its industry and explain in detail.

5. Has the Company thought about moving to another state? If so, please explain.

6. Will the Project meet current zoning requirements at its proposed location?

yes no

- a) What is the present zoning? _____
- b) What zoning is required? _____
- c) If a change of zoning is required, please provide the details/status of any change of zoning request.

H. Does the Company (or any related person) currently lease the Project site?

yes

no

I. Does the Company (or any related person) now own the Project site?

yes

no

1. If so, indicate:

a) Date of purchase _____

b) Purchase price _____

c) Balance of existing mortgage _____

d) Holder of mortgage _____

e) Special conditions _____

2. If not, does the Company (or any related person) have an option or a contract to purchase the site and/or any buildings on the site?

yes

no

3. If so, please attach a copy of the option or contract and indicate:

a) Date signed _____

b) Purchase price _____

c) Proposed settlement/closing date

IV. PROJECT COSTS

A. Give an accurate estimate of the cost of each of the following items, specifying in each instance the portion of such costs to be financed with tax-exempt IDB proceeds, if applicable:

LAND* (____%)

ACQUISITION AND REHABILITATION COSTS:

Existing Building** (____%)

Cost of Rehabilitation** (____%)

COSTS OF NEW CONSTRUCTION:

Construction of New Building (____%)

New Additions to or Expansions
of Existing Building (____%)

ENGINEERING & ARCHITECTURAL FEES (____%)

EQUIPMENT TO BE INSTALLED AT FACILITY (____%)

LEGAL FEES (Bank, Bond & Company) (____%)

FINANCIAL CHARGES (specify): (____%)

OTHER FEES/CHARGES, etc. (specify):

_____ (____%)

_____ (____%)

TOTAL PROJECT COSTS: \$ _____ (____%)

AMOUNT OF BOND REQUESTED: \$ _____ (____%)

* If acquiring land, please note that Federal law prohibits the use of 25% or more of tax-exempt IDB proceeds for the purchase of land.

** If acquiring existing buildings, please note that Federal law prohibits the acquisition of existing buildings with tax-exempt IDB proceeds unless the rehabilitation expenses of the building are equal to or greater than 15% of the portion of the cost of acquiring the building that is financed with tax-exempt IDB proceeds. Rehabilitation does not include any amount expended on new construction (additions or expansions).

B. Method of financing costs:

	<u>AMOUNT</u>	<u>TERM</u>	
1. Tax-exempt IDB financing	\$ _____	_____	years
2. Taxable IDB financing	\$ _____	_____	years
3. JDA or other governmental funding	\$ _____	_____	years
4. Other loans	\$ _____	_____	years
5. Company's/Owner's equity contribution ***	_____	_____	years
TOTAL PROJECT COSTS:	\$ _____		

C. Have any of the above costs, which are to be reimbursed out of tax-exempt bond proceeds, been paid or incurred (including contracts of sale or purchase orders) as of the date of this application? Yes No

If so, please give particulars on a separate sheet.

D. Are costs of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of the tax-exempt bond proceeds? Give details.

E. Will any of the funds to be borrowed through the Agency be used to repay or refinance an existing mortgage, outstanding loan, or an outstanding IDB issue? Give details.

*** If a project financing with IDB proceeds is to be owned by a realty company/partnership, but will be subleased for use by another person, at least a 5% owner equity contribution is suggested.

F. Has the Company made any arrangements for the marketing or the purchase of the bond or bonds? If so, indicate with whom.

V. MEASURES OF GROWTH AND BENEFITS

A. Please complete the chart below by indicating on line #1 the present number of full-time or equivalent employees and the annual payroll for all current facilities of the Company. On line #2, please provide the information with respect to Town of Riverhead facilities only. (If no facilities are currently in the Town of Riverhead, indicate "0.") On lines #3 and #4, provide projections of employment and payroll at the proposed Project in the Town of Riverhead for the first and second year after the Project's completion:

	<u>Full Time or Equivalent Employees</u>	<u>Annual Payroll \$</u>
1. PRESENT (All Current Facilities)	<hr/>	<hr/>
2. PRESENT (Riverhead Only)	<hr/>	<hr/>
3. FIRST YEAR (Riverhead Only)	<hr/>	<hr/>
4. SECOND YEAR (Riverhead Only)	<hr/>	<hr/>

B. What, if any, will be the expected increase in the annual dollar amount of sales?
\$ _____

C. Describe, if applicable, other benefits anticipated as a result of this Project.

VI. PROJECT CONSTRUCTION SCHEDULE

- A. What is the proposed date for commencement of construction or acquisition of the Project?

- B. Give an accurate estimate of the time schedule to complete the Project and when the first use of Project is expected to occur (use additional sheets if necessary).

- C. At what time or times and in what amount or amounts is it estimated that funds will be required? Please provide your most accurate present estimate.

VII. ATTACH THE FOLLOWING FINANCIAL INFORMATION OF THE COMPANY

- A. Financial statements for last two fiscal years (unless included in the Company's annual report).
- B. Company's annual reports (or Form 10-K's) for the two most recent fiscal years.
- C. Quarterly reports (Form 10-Q's) and current reports (Form 8-K's) since the most recent annual report, if any.
- D. In addition, please attach the financial information described above in items A, B, and C of any expected guarantor of the proposed bond issue other than the Company.

CERTIFICATION

_____ (Name of chief executive officer of company submitting application) deposes and says that (s)he is the _____ (title) of _____ (company name), the corporation named in the attached application; that he has read the foregoing application and knows the contents thereof and that the same is true to his knowledge.

Deponent further says that the reason this verification is being made by the deponent and not by _____ (company name) is because said company is a corporation. The grounds of deponent's belief relative to all matters in said application which are not stated upon his own personal knowledge, are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as an officer of said corporation and from the books and papers of said corporation.

As an officer of said corporation (hereinafter referred to as the "Applicant"), deponent acknowledges and agrees that Applicant shall be and is responsible for all costs incurred by the Riverhead Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of Applicant in connection with this application and all matters relating to the issuance of bonds. If, for any reason whatsoever, Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels, or neglects the application, or if Applicant is unable to find buyers willing to purchase the total bond issue, then upon presentation of an invoice, Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred with respect to the application, up to that date and time, including fees to bond counsel for the Agency and fees of general counsel for the Agency. Upon the successful conclusion and sale of the bond issue, the Applicant shall pay to the Agency an administrative fee set by the Agency not to exceed an amount equal to 3/4 of one percent of the face amount of the bond issue, which amount is payable at closing. The Applicant understands that the Agency's bond counsel's fees, general counsel's fees and administrative fee are considered issuance expenses and, therefore, can only be paid for or reimbursed out of the proceeds of any resultant tax-exempt bond issue up to an aggregate amount not exceeding 2% of the face amount of such tax-exempt issue.

Chief Executive Officer of Applicant

Sworn to before me this _____
day of _____, 20__

(Seal)

RIVERHEAD INDUSTRIAL DEVELOPMENT AGENCY
TOWN OF RIVERHEAD



4603 Middle Country Road
Calverton, NY 11933

(631) 727-3200

NEW YORK STATE FINANCIAL REPORTING
REQUIREMENTS FOR INDUSTRIAL DEVELOPMENT AGENCIES

Please be advised that Chapter 692 of the Laws of 1989 (signed into law July 22, 1989) amends Section 30 of the general municipal law to institute additional financial reporting requirements on all IDA's in New York State. Of particular importance to IDA applicants is Section 859 (copy attached). This section requires IDA's to transmit financial statements within 90 days following the end of an Agency's fiscal year (RIDA FY = 1/1 – 12/31), prepared by an independent, certified public accountant, to the New York State Comptroller, the Commissioner of the New York State Department of Economic Development, and the governing body of the municipality for whose benefit the Agency was created (Suffolk County Legislature). These audited financial statements shall include supplemental schedules listing the following information:

1. All bonds and notes issued, outstanding or retired during the period and whether or not they are obligations of the Agency.
2. All new bond issues shall be listed and for each new bond issue, the following information is required:
 - a) Name of the project financed with the bond proceeds.
 - b) Name and address of each owner of the project.
 - c) The amount of tax exemptions granted for each project.
 - d) Purpose for which the bond was issued.
 - e) Bond interest rate at issuance and, if variable, the range of interest rates applicable.
 - f) Bond maturity date.
 - g) Federal tax status of the bond issue.

Please sign below to indicate that you have read and understood the above.

Chief Executive Officer of Applicant

Date

§859. Financial records

1. (a) Each agency shall maintain books and records in such form as may be prescribed by the state comptroller.

(b) Within ninety days following the close of its fiscal year, each agency shall prepare a financial statement for that fiscal year in such form as may be prescribed by the state comptroller. Such statement shall be audited within such ninety day period by an independent certified public accountant in accordance with government accounting standards established by the United States general accounting office. The audited financial statement shall include supplemental schedules listing all bonds and notes issued, outstanding or retired during the applicable accounting period whether or not such bonds or notes are considered obligations of the agency. For each issue of bonds or notes such schedules shall provide the name of each project financed with proceeds of each issue, name and address of each owner of each project, the amount of tax exemptions granted for each project, purpose for which each bond or note was issued, date of issue, interest rate at issuance and if variable the range of interest rates applicable, maturity date, and federal tax status of each issue.

(c) Within thirty days after completion, a copy of the audited financial statement shall be transmitted to the commissioner of the department of economic development, the state comptroller and the governing body of the municipality for whose benefit the agency was created.

(d) An agency with no bonds or notes issued or outstanding and no projects during the applicable accounting period may apply to the state comptroller for a waiver of the required audited financial statement. Application shall be made on such form as the comptroller may prescribe.

2. On or before September first of each year, the commissioner of the department of economic development shall prepare and submit to the governor, speaker of the assembly, majority leader of the senate, and the state comptroller, a report setting forth a summary of the significant trends in agency operations and financing; departures from acceptable agency practices; a compilation by type of the bonds and notes outstanding, and any other information which in the opinion of the commissioner bears upon the discharge of the agency's statutory functions as defined in this chapter.

§5 This act shall take effect immediately except that sections three and four of this act shall take effect of the first day of January next succeeding the date on which it shall have become a law.

617.21
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I-PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OF LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____ Date: _____	
Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER
1

PART II - ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? If YES, coordinate the review process and use the FULL EAF.

- YES NO

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6?

If NO, a negative declaration may be superseded by another involved agency.

- YES NO

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic or other natural or cultural resources: or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly.

C4. A community's existing plans or goals as officially adopted, or a change in use of intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?

- YES NO

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

- YES NO If Yes, explain briefly

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

- Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the Full EAF and/or prepare a positive declaration.
- Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide on attachments as necessary, the reasons supporting this determination:

_____ Name of Lead Agency

_____ Print or Type Name of Responsible Officer in Lead Agency _____ Title of Responsible Officer

_____ Signature of Responsible Officer in Lead Agency _____ Signature of Preparer (if different from Responsible Officer)

PART I — PROJECT INFORMATION
Prepared by Project Sponsor

NOTICE: This document is designed to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form, including Parts A through E. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review. Please provide any additional information you believe will be needed to complete Parts 2 and 3.

It is expected that completion of the EAF will be dependent on information currently available and will not involve new studies, research or investigation. If information requiring such additional work is unavailable, so indicate and specify each instance.

Name of Action		
Location of Action (Include Street Address, Municipality and County)		
Name of Applicant/Sponsor (and contact person)		Business Telephone
Address		
City/PO	State	Zip Code
Name of Owner (if different)		Business Telephone
Address		
City/PO	State	Zip Code
Description of Action:		

Please Complete Each Question—Indicate N/A if Not Applicable

A. SITE DESCRIPTION

1. Present land use: Urban Industrial Commercial Residential (suburban)
 Rural (non farm) Agricultural Other _____

2. Total Acreage of project area: _____ acres.

APPROXIMATE ACREAGE	CURRENTLY	AFTER COMPLETION
Meadow or Brushland (Non-agricultural)	_____ acres	_____ acres
Forested	_____ acres	_____ acres
Agricultural (includes orchards, cropland, pasture, etc.)	_____ acres	_____ acres
Wetland (Freshwater or Tidal as per Articles 24, 25, or ECL)	_____ acres	_____ acres
Water Surface Area	_____ acres	_____ acres
Unvegetated (rock, earth or fill)	_____ acres	_____ acres
Roads, and other paved surfaces	_____ acres	_____ acres
Buildings (ground floor coverage)	_____ acres	_____ acres

Other (indicate type) _____ acres _____ acres
Totals _____ acres _____ acres

3. What is predominant soil type(s) on the project site? _____
 - a. Soil drainage: Well drained (____% of site); Moderately well drained (____% of site);
 Poorly drained (____% of site).
 - b. If any agricultural land is involved, how many acres of soil are classified within soil group 1 through 4 of the NYS Land Classification System? _____ acres. (See NYCRR 370).
4. Are there bedrock outcroppings on project site? Yes No
 - a. What is depth to bedrock? _____ (in feet).
5. Approximate percentage of proposed site with slopes: 0-10% _____%; 10-15% _____%; 15% or greater _____%
6. Is project substantially contiguous to, or contain a building, site, or district, listed on the State or the National Registers of Historic Places? Yes No.
7. Is project substantially contiguous to a site listed on the Register of National Natural Landmarks? Yes No.
8. What is the depth of the water table? ____ (in feet)
9. Is site located over a primary, principal, or sole source aquifer? Yes No.
10. Do hunting, fishing, or shell fishing opportunities currently exist in the project area? Yes No.
11. Does project site contain any species of plant or animal life that is identified as threatened or endangered? Yes No. According to: _____
 Identify each species: _____
12. Are there any unique or unusual land forms on the project site (i.e., cliffs, dunes, other geological formations) Yes No. If yes, describe: _____

13. Is the project site presently used by the community or neighborhood as an open space or recreation area? Yes No. If yes, describe: _____

14. Does the project site include scenic views known to be important to the community? Yes No.
15. Streams within or contiguous to project area:
 - a. Name of stream and name of river to which it is tributary: _____
16. Lakes, ponds, wetland areas within or contiguous to project area? Yes No.
 - a. Name _____
 - b. Size (in acres) _____
17. Is site served by existing public utilities? Yes No.
 - a. If Yes, does sufficient capacity exist to allow connection? Yes No.
 - b. If Yes, will improvements be necessary to allow connections? Yes No.
18. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA Sections 303 and 304? Yes No. If yes, describe: _____
19. Is the site located in or substantially contiguous to a Critical Environmental Area designated pursuant to Article 8 of the ECL and 6 NYCRR 617? Yes No.
20. Has the site ever been used for storage or disposal of solid or hazardous waste? Yes No.

B. PROJECT DESCRIPTION

1. Physical dimensions and scale of project (fill in dimensions as appropriate)
 - a. Total contiguous acreage owned or controlled by project sponsor: ____ acres.
 - b. Project acreage to be developed: ____ acres initially; ____ acres ultimately.
 - c. Project acreage to remain undeveloped: ____ acres.
 - d. Length of project, in miles _____ (if appropriate)
 - e. If the project is an expansion, indicate percent of expansion proposed ____%;
 - f. The number of off-street parking spaces existing: ____ proposed: _____
 - g. Maximum vehicular trips generated per hour _____ (upon completion of project)?
 - h. If residential, number and type of housing units:

	One-Family	Two-Family	Multiple-Family	Condominium
Initially	_____	_____	_____	_____
Ultimately	_____	_____	_____	_____
 - i. Dimension (in feet) of largest proposed structure ____' height; ____ width ____ length
 - j. Linear feet of frontage along a public thoroughfare project will occupy is? ____ ft.
2. How much natural material (i.e., rock, earth, etc.) will be removed from the site? ____ tons/cubic yards.
3. Will disturbed areas be reclaimed? Yes No N/A.
 - a. If yes, for what intended purpose is the site being reclaimed? _____
 - b. Will topsoil be stockpiled for reclamation? Yes No.
 - c. Will upper subsoil be stockpiled for reclamation? Yes No.
4. How many acres of vegetation (trees, shrubs, ground cover) will be removed from site? ____ acres.
5. Will any mature forest (over 100 years old) or other locally-important vegetation be removed by this project? Yes No.
6. The anticipated period of construction (including demolition): _____ months (including demolition)
7. If multi-phased:
 - a. Total number of phases anticipated _____
 - b. Anticipated date of commencement Phase I: ____ month _____ year (including demolition)
 - c. Approximate completion date of final phase: ____ month _____ year
 - d. Is Phase I functionally necessary to subsequent phases? Yes No.
8. Will blasting occur during construction? Yes No.
9. Number of jobs generated: during construction ____; after project is complete ____.
10. Number of jobs eliminated by this project: ____.
11. Will project require relocation of any people, businesses, or facilities? Yes No.
If yes, explain: _____
12. Is surface liquid waste disposal involved? Yes No
 - a. If yes, indicate type of waste (sewage, industrial, etc.) and amount _____

- b. Name of water body into which effluent will be discharged _____
13. Is subsurface liquid waste disposal involved? Yes No Type _____
14. Will surface area of an existing water body increase or decrease by proposal? Yes No
Explain _____
15. Is project or any portion of project located in a 100 year flood plain? Yes No
16. Will the project generate solid waste? Yes No.
- a. If yes, what is the amount generated per month? _____ tons.
- b. If yes, will an existing solid waste facility be used? Yes No
- c. If yes, give name _____
- d. Will any wastes **not** go into a sewage disposal system or into a sanitary landfill?
 Yes No.
- e. If yes, explain: _____
17. Will the project involve disposal of solid waste? Yes No.
- a. If yes, what is the anticipated rate of disposal? ___ tons/month.
- b. If yes, what is the anticipated site life? ___ years.
18. Will project use herbicides or pesticides? Yes No. If yes, identify: _____
19. Will project routinely produce odors (more than one hour per day)? Yes No.
20. Will project produce operating noise exceeding the local ambient noise levels? Yes No.
21. Will project result in an increase in energy use? Yes No.
If yes, indicate type(s) _____
22. If water supply is from wells, indicate pumping capacity _____ gallons/minute.
23. Total anticipated water usage per day: _____ gallons/day.
24. Does project involve any local, state or federal funding? Yes No
If yes, explain: _____

Approvals/Permits Required.

		Type	Submittal Date
City, Town, Village Board	<input type="checkbox"/> Yes <input type="checkbox"/> No		
City, Town, Village Planning Board	<input type="checkbox"/> Yes <input type="checkbox"/> No		
City, Town Zoning Board	<input type="checkbox"/> Yes <input type="checkbox"/> No		
City, County Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Local Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Regional Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Federal Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No		

C. ZONING AND PLANNING INFORMATION

- 1. Does proposed action involve a planning or zoning decision? Yes No.
If yes, indicate specific decision required:
 zoning amendment; zoning variance; special use permit; subdivision; site plan;
 new/revision of master plan; resource management plan; other _____
- 2. What is the present zoning classification(s) of the site? _____
- 3. What is the maximum potential development of the site if developed as permitted by the present zoning? _____
- 4. What is the proposed zoning of the site? _____
- 5. What is the maximum potential development of the site if developed as permitted by the proposed zoning? _____
- 6. Is the proposed action consistent with the recommended uses in adopted local land use plans?
 Yes No.
- 7. What are the predominant land use(s) and zoning classifications within a ¼-mile radius of proposed action? _____
- 8. Is the proposed action compatible with adjoining, surrounding land uses within a ¼-mile radius?
 Yes No.
- 9. If the proposed action requires the subdivision of land, how many lots are proposed? _____
 - a. What is the minimum lot size proposed? _____
- 10. Will proposed action require any authorization(s) for the formation or extension of sewer or water districts? Yes No.
- 11. Will the proposed action create an increased demand for any community provided services (recreation, education, police, fire protection)? Yes No
 - a. If yes, is existing capacity sufficient to handle projected demand? Yes No.
- 12. Will the proposed action result in the generation of traffic significantly above present levels?
 Yes No.
 - a. If yes, is the existing road network adequate to handle the additional traffic?
 Yes No.

D. INFORMATIONAL DETAILS

Attach any additional information as needed to clarify your project. If there are or may be any adverse impacts associated with your proposal, please discuss such impacts and the measures which you propose to mitigate or avoid them.

E. VERIFICATION

I certify that the information provided above is true to the best of my knowledge.

Applicant/Project Sponsor Name _____ Date _____

Signature _____ Title _____

If the action is in the Coastal Area, and you are a state agency, complete a Coastal Assessment Form before proceeding with its assessment.

