

NIAGARA COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR FINANCIAL ASSISTANCE

Briarwood Manor Inc.

(Applicant Name)

Samuel M. Ferraro
Executive Director

6311 Inducon Corporate Drive, Suite One
Sanborn, New York 14132

Phone: 716-278-8760 Fax: 716-278-8769

<http://niagaracountybusiness.com>

Updated August 2016

NIAGARA COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR FINANCIAL ASSISTANCE

I. APPLICANT INFORMATION

Company Name: Briarwood Manor Inc.

Mailing Address: 1001 Lincoln Avenue Lockport, New York 14094

Phone No.: 716-433-1513

Fax No.: 716-438-0919

Fed Id. No.: 16-1517785

Contact Person: Mark Ferreri

Principal Owners/Officers/Directors (list owners with 15% or more in equity holdings with percentage ownership):

Salvatore L. Ferreri – 95%

Gloria D. Ferreri - 5 %

Corporate Structure (*attach schematic if applicant is a subsidiary or otherwise affiliated with another entity*)

Form of Entity

Corporation

Date of Incorporation: 12-16-1996

State of Incorporation: New York

Partnership

General _____ or Limited _____

Number of general partners _____

If applicable, number of limited partners _____

Date of formation _____

Jurisdiction of Formation _____

Limited Liability Company/Partnership (number of members _____)

Date of organization: _____

State of Organization: _____

Sole Proprietorship

If a foreign organization, is the applicant authorized to do business in the State of New York? _____

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

Briarwood Manor Property LLC

Is the company related to any other organization by reason of more than 50% common ownership? If so, indicate name of related organization and relationship.

NO

Has the company (or any related corporation or person) made a public offering or private placement of its stock within the last year? If so, please provide offering statement used.

NO

APPLICANT'S COUNSEL

Name: Guy Agostinelli

Address: 298 Main St # 404, Buffalo, NY 14202

Phone No.: 716-855-3200

Fax No.: 716-855-3101

II. PROJECT INFORMATION

A) Project Address: 1001 Lincoln Avenue Lockport, New York 14094

Tax Map Number 123.12-1-5
(Section/Block/Lot)

Located in City of Lockport

Located in Town of _____

Located in Village of _____

School District of Lockport

B) Are utilities on site?

Water yes Electric yes

Gas yes Sanitary/Storm Sewer yes

C) Present legal owner of the site Briarwood Manor Property LLC

If other than from applicant, by what means will the site be acquired for this project? _____

D) Zoning of Project Site: Current: B-4 Proposed: B-4

E) Are any variances needed? NO

F) Furnish a copy of any environmental application presently in process of completion concerning this project, providing name and address of the agency, and copy all pending or completed documentation and determinations.

G) Statement describing project (i.e. land acquisition, construction of manufacturing facility, etc.):

Briarwood Manor is an existing 160 Bed Assisted Living Facility that has been operating at the current location since 1982. We plan to construct a 10,832 sq. ft. addition to be used as a 20 bed Assisted Living Memory Care unit. Also, we are planning on convert and renovate 20 existing semi private rooms to private occupancy and to renovate existing dining room and kitchen equipment. This project will serve the Medicaid and SSI population and is a pilot program through the NY State Department of Health to see if this type of facility will save New York State money by keeping this population out of nursing homes. Currently memory care facilities only care for residents who pay privately. Nursing home placement is available but at a considerable higher cost than what we are proposing.

H) Principal use of project upon completion:

- | | | | |
|--|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> manufacturing | <input type="checkbox"/> warehousing | <input type="checkbox"/> research | <input type="checkbox"/> offices |
| <input type="checkbox"/> industrial | <input type="checkbox"/> recreation | <input type="checkbox"/> retail | <input type="checkbox"/> residential |
| <input type="checkbox"/> training | <input type="checkbox"/> data process | <input checked="" type="checkbox"/> other | |

If other, explain: Assisted Living Memory Care

I) Estimated Project Costs, including:

Value of property to be acquired: \$ 0

Value of improvements: \$ 2,020,600

Value of equipment to be purchased: \$ 650,500

Estimated cost of engineering/architectural services: \$ 71,525

Other: \$ 328,842

Total Capital Costs: \$ 3,071,467

Project refinancing; estimated amount
(for refinancing of existing debt only) \$ 0

Sources of Funds for Project Costs:

Bank Financing: \$ 2,500,000

Equity (excluding equity that is attributed to grants/tax credits) \$ _____

Tax Exempt Bond Issuance (if applicable) \$ _____

Taxable Bond Issuance (if applicable) \$ _____

Public Sources (Include sum total of all state and federal grants and tax credits) \$ 600,000

Identify each state and federal grant/credit:

<u>Special Needs - Assisted Living</u>	
<u>Capital Improvements Project - Component B</u>	\$ <u>600,000</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Sources of Funds for Project Costs: \$ 3,100,000

J) Inter-Municipal Move Determination

Will the project result in the removal of a plant or facility of the applicant from one area of the State of New York to another?

Yes or No

Will the project result in the removal of a plant or facility of another proposed occupant of the project from one area of the State of New York to another area of the State of New York?

Yes or No

Will the project result in the abandonment of one or more plants or facilities located in the State of New York?

Yes or No

If Yes to any of the questions above, explain how, notwithstanding the aforementioned closing or activity reduction, the Agency's Financial Assistance is required to prevent the Project from relocating out of the State, or is reasonably necessary to preserve the Project occupant's competitive position in its respective industry:

Project Data

1. Project site (land)

(a) Indicate approximate size (in acres or square feet) of project site.

10,832 sq. ft.

(b) Are there buildings now on the project site? Yes No

(c) Indicate the present use of the project site.

Vacant Land

(d) Indicate relationship to present user of project.

Land and Business Owner

2. Does the project involve acquisition of an existing building or buildings? If yes, indicate number, size and approximate age of buildings:

No

3. Does the project consist of the construction of a new building or buildings? If yes, indicate number and size of new buildings:

Yes, 1 building 10,832 sq. ft.

4. Does the project consist of additions and/or renovations to existing buildings? If yes, indicate nature of expansion and/or renovation:

Yes, convert and renovate 20 existing semi private rooms to private occupancy and renovate existing dining room and kitchen equipment

5. 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. . .

20 Bed Assisted Living Memory Care Unit

. . .including the percentage of building(s) to be used for office space and an estimate of the percentage of the functions to be performed at such office not related to the day-to-day operations of the facilities being financed.)

0%

6. If any space in the project is to be leased to third parties, indicate total square footage of the project amount to be leased to each tenant and proposed use by each tenant.

N/A

7. List principal items or categories of equipment to be acquired as part of the project.
Furnishings for the 20 new rooms, bathroom fixtures, carpets, tile, vinyl flooring, lighting, decorations, wall coverings, kitchen appliances, lounge furniture, dining room furniture, building materials,

8. Has construction work on this project begun?

Complete the following

(a) site clearance	_____ Yes	<u>x</u> _____ No	_____ % complete
(b) foundation	_____ Yes	<u>x</u> _____ No	_____ % complete
(c) footings	_____ Yes	<u>x</u> _____ No	_____ % complete
(d) steel	_____ Yes	<u>x</u> _____ No	_____ % complete
(e) masonry work	_____ Yes	<u>x</u> _____ No	_____ % complete
(f) other (describe below)	_____ Yes	<u>x</u> _____ No	_____ % complete

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III. **FINANCIAL ASSISTANCE REQUESTED**

A) Benefits Requested:

Sales Tax Exemption IRB MRT Exemption Real Property Agreement

B.) Value of Incentives:

IDA PILOT Benefit: Agency staff will indicate the amount of PILOT Benefit based on estimated Project Costs as contained herein and anticipated tax rates and assessed valuation, including the annual PILOT Benefit abatement amount for each year of the PILOT benefit year and the sum total of PILOT Benefit abatement amount for the term of the PILOT as depicted under the heading "Real Property Tax Benefit (Detailed)" of the Application.

Estimated duration of Property Tax exemption: 15 years

Sales and Use Tax:

Estimated value of Sales Tax exemption for facility construction: \$ 81,624

Estimated Sales Tax exemption for fixtures and equipment: \$ 52,040

Estimated duration of Sales Tax exemption: 1 year

Mortgage Recording Tax Exemption Benefit:

Estimated value of Mortgage Recording Tax exemption: \$ 25,000

IRB Benefit:

IRB inducement amount, if requested: \$ _____

Is a purchaser for the Bonds in place?

Yes or No

Percentage of Project Costs financed from Public Sector sources:

Agency staff will calculate the percentage of Project Costs financed from Public Sector sources based upon Sources of Funds for Project Costs as depicted above under the heading "Estimated Project Costs" (Section II(I)) of the Application.

C.) Likelihood of Undertaking Project without Receiving Financial Assistance

Please confirm by checking the box, below, if there is likelihood that the Project would not be undertaken but for the Financial Assistance provided by the Agency?

Yes or No

If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency:

This project will serve the Medicaid and SSI population and is a pilot program through the NY State Department of Health to see if this type of facility will save New York State money by keeping this population out of nursing homes. Currently memory care facilities only care for residents who pay privately. Nursing home placement is available but at a considerable higher cost than what we are proposing.

IV. **EMPLOYMENT PLAN**

	Current # of jobs at proposed project location or to be relocated to project location	IF FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be RETAINED	IF FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be CREATED upon THREE Years after Project completion	Estimate number of residents of the Labor Market Area in which the Project is located that will fill the FTE and PTE jobs to be created upon THREE Years after Project Completion **
Full time (FTE)	0	60	9	9
Part Time (PTE)	0			
Total Payroll	0	\$2,800,064	\$305,873	\$305,873

** For purposes of this question, please estimate the number of FTE and PTE jobs that will be filled, as indicated in the third column, by residents of the Local Labor Marker Area, in the fourth column. The Local Labor Marker Area includes Niagara County, Erie County, Chautauqua County, Cattaraugus County, Allegany County, Wyoming County, Genesee County, and Orleans County.

Salary and Fringe Benefits for Jobs to be Retained and/or Created:

Category of Jobs to be Retained and Created	Number of Jobs Per Category	Average Salary or Range of Salary	Average Fringe Benefits or Range of Fringe Benefits
Management			
Professional	9	\$36,747-2 LPN \$26,100 - 6 HHA \$29,120 - 1 Act.	18% - \$46,659
Administrative			
Production			
Independent Contractor			
Other			

III. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency as follows:

- A. Job Listings In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the proposed project must be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entitle") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JPTA") in which the project is located.
- B. First Consideration for Employment In accordance with Section 858-b(2) of the General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant must first consider persons eligible to participate in JTPA programs who shall be referred by the JPTA Entities for new employment opportunities created as a result of the proposed project.
- C. A liability and contract liability policy for a minimum of three million dollars will be furnished by the Applicant insuring the Agency.
- D. Annual Sales Tax Fillings In accordance with Section 874(8) of the General Municipal Law, the Applicant understands and agrees that, if the proposed project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance,

the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the Applicant.

- E. Annual Employment Reports The applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site.

- F. Compliance with N.Y. GML Sec. 862(1): Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:

§ 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.

- G. Compliance with Applicable Laws: The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.

- H. False and Misleading Information: The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.

- I. Recapture: Should the Applicant not expend or hire as presented, the Agency may view such information/status as failing to meet the established standards of economic performance. In such events, some or all of the benefits taken by the Applicant will be subject to recapture.

- J. Absence of Conflicts of Interest The applicant has received from the Agency a list of the members, officers, and employees of the Agency. No member, officers or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as herein described.

The Applicant and the individual executing this Application on behalf of applicant acknowledge that the Agency and its counsel will rely on the representations made in this Application when acting hereon and hereby represents that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

MARY ANN MAROTTA
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MA6342396
Qualified in Niagara County
My Commission Expires May 23, 2020

MARY ANN MAROTTA
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MA6342396
Qualified in Niagara County
My Commission Expires May 23, 2020

STATE OF NEW YORK)
COUNTY OF Niagara) ss.:

Mary Ann Marotta, being first duly sworn, deposes and says:

1. That I am the Vice President (Corporate Office) of Briarwood Manor Inc. (Applicant) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.

Mary C. Ferri
(Signature of Officer)

Subscribed and affirmed to me under penalties of perjury
this 21st day of December, 2016.

Mary Ann Marotta
(Notary Public)

This Application should be submitted to the Niagara County Industrial Development Agency, 6311 Inducon Corporate Drive, Suite One, Sanborn, New York 14132.

Attach copies of preliminary plans or sketches of proposed construction or rehabilitation or both.

Attach the following Financial Information of the Company

1. Financial statements for last two fiscal years (unless included in company's Annual Reports).
2. Company's annual reports (or Form 10-K's) for the two most recent fiscal years.
3. Quarterly reports (Form 10Q's) and current reports (Form 8-K's) since the most recent Annual Report, if any.
4. In addition, please attach the financial information described above in items 1, 2 and 3 of any expected Guarantor of the proposed bond issue, if different from the company.

HOLD HARMLESS AGREEMENT

Applicant hereby releases the NIAGARA COUNTY INDUSTRIAL DEVELOPMENT AGENCY and the members, officers, servants, agents and employees thereof (the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the tax exemptions and other assistance requested therein are favorably acted upon by the Agency, (B) the Agency's acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, 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 the Agency or the Applicant are unable to reach final agreement with respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in processing of the Application, including attorneys' fees, if any.

Mark C. Ferrari
(Applicant Signature)

By: _____

Name: Mark C. Ferrari

Title: Vice President

Mary Ann Marotta
(Notary Public)

Sworn to before me this 21st day
of December, 2016

MARY ANN MAROTTA
NOTARY PUBLIC-STATE OF NEW YORK
No. 0131112396
Qualified in Niagara County
My Commission Expires May 23, 2020

Section V: Estimate of Real Property Tax Abatement Benefits* and Percentage of Project Costs financed from Public Sector sources**

**** Section V of this Application will be: (i) completed by IDA Staff based upon information contained within the Application, and (ii) provided to the Applicant for ultimate inclusion as part of this completed Application.**

PILOT Estimate Table Worksheet – Mayer Bros.

Dollar Value of New Construction and Renovation Costs	Estimated New Assessed Value of Property Subject to IDA*	County Tax Rate/1000	Local Tax Rate (Town/City/Village)/1000	School Tax Rate/1000
\$2,020,600	2,000,394	7.825091	16.623600	25.048254

*Apply equalization rate to value

PILOT Year	% Payment	County PILOT Amount	Local PILOT Amount	School PILOT Amount	Total PILOT	Full Tax Payment w/o PILOT	Net Exemption
1	20	23,838	50,642	76,307	150,787	229,997	79,210
2	25	24,621	52,304	78,813	155,738	229,997	74,259
3	30	25,404	53,967	81,318	160,689	229,997	69,308
4	35	26,186	55,630	83,823	165,639	229,997	64,358
5	40	26,969	57,293	86,329	170,590	229,997	59,407
6	45	27,752	58,955	88,834	175,541	229,997	54,456
7	50	28,534	60,618	91,339	180,491	229,997	49,506
8	55	29,317	62,281	93,845	185,442	229,997	44,555
9	60	30,099	63,943	96,350	190,393	229,997	39,604
10	65	30,882	65,606	98,855	195,344	229,997	34,653
11	70	31,665	67,269	101,361	200,294	229,997	29,703
12	75	32,447	68,931	103,866	205,245	229,997	24,752
13	50	28,534	60,618	91,339	180,491	229,997	49,506
14	50	28,534	60,618	91,339	180,491	229,997	49,506
15	50	28,534	60,618	91,339	180,491	229,997	49,506
		423,317	899,292	1,355,059	2,677,668	3,449,955	772,287

***** Estimates provided are based on current property tax rates and assessment value (current as of date of application submission) and have been calculated by IDA staff**

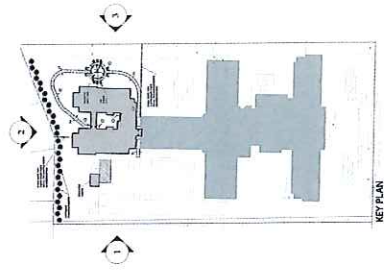
Cost Benefit Analysis:

To be completed/calculated by AGENCY

	<u>Costs =</u> <u>Financial Assistance</u>	<u>Benefits =</u> <u>Economic Development</u>
*Estimated Sales Tax Exemption	\$ <u>133,664</u>	New Jobs Created Permanent <u>9</u> Temporary _____
		Existing Jobs Retained Permanent <u>60</u> Temporary _____
Estimated Mortgage Tax Exemption	\$ <u>25,000</u>	Expected Yearly Payroll \$ 3,105,937
Estimated Property Tax Abatement	\$ <u>772,287</u>	Expected Gross Receipts \$ _____
		Additional Revenues to School Districts <u>\$1,355,059</u>
		Additional Revenues to Municipalities <u>\$423,317</u> <u>\$899,292</u>
		Other Benefits <u>\$600,000 NYS DOH</u>
Estimated Interest Savings IRB Issue	\$ N/A	Private Funds invested <u>\$3,071,467</u>
		Likelihood of accomplishing proposed project within three (3) years <input type="checkbox"/> Likely or <input checked="" type="checkbox"/> Unlikely

* Estimated Value of Goods and Services to be exempt from sales and use tax as a result of the Agency's involvement in the Project. PLEASE NOTE: These amounts will be verified and there is a potential for a recapture of sales tax exemptions (see "Recapture" on page 11).

\$ 133,664 (to be used on the NYS ST-60)



EXTERIOR ELEVATIONS

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: Briarwood Manor Special Needs ALP			
Project Location (describe, and attach a location map): 1001 Lincoln Avenue Lockport, New York 14094 (see survey and conceptual site plan)			
Brief Description of Proposed Action: To construct approximately a 10,000 square foot special needs ALP wing on our existing Assisted Living Programs that is located at 1001 Lincoln Avenue Lockport, New York 14094.			
Name of Applicant or Sponsor: Briarwood Manor Inc.		Telephone: 716-433-1513 E-Mail: mferreri@briarwoodmanor.com	
Address: 1001 Lincoln Avenue			
City/PO: Lockport		State: New York	Zip Code: 14094
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: City of Lockport, County of Niagara, New York State Department of Health			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		4.059 acres	
b. Total acreage to be physically disturbed?		.22 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		8.0 acres	
4. Check all land uses that occur on, adjoining and near the proposed action. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Mark C. Ferreri</u>		Date: <u>12-22-2016</u>
Signature: <u><i>Mark C. Ferreri</i></u>		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input checked="" type="checkbox"/>	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.
_____	_____
Name of Lead Agency	Date
_____	_____
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)

PRINT