

**Hale’s Bus Garage, LLC (“Hale”)**

37 Kirkland Ave, Clinton NY- Town of Kirkland.

Motorcoach charter company

**Proposed Project:**

- Construction of 16,000 SF addition to existing bus garage. Update of inside and outside of existing garage. Installation of semi-automatic bus wash system.

**Estimated Project Total Cost: - \$1,819,050**

Renovations/New Addition: \$1,300,000

Machinery & Equipment: \$300,000

Fees & Permits: \$200,000

Legal Fees: \$10,000

Agency Fee: \$9,050

**Employment:**    Retain: **29 FTE**    Create: **13 FTE**

<b><u>Estimated Incentives Request Total:</u></b>	<b>\$116,250</b>
(1) Commercial PILOT	<b>\$ 26,250</b>
(2) Mortgage Recording Tax Exempt	<b>\$ 11,250</b>
(3) Sales Tax Exemption	<b>\$ 78,750</b>



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## APPLICATION FOR FINANCIAL ASSISTANCE

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**Oneida County Industrial Development Agency**  
584 Phoenix Drive  
Rome, New York 13441-1405  
(315) 338-0393 telephone  
(315) 338-5694 fax

Shawna M. Papale, Executive Director

*A non-refundable application fee of \$500.00 must be submitted at the time of application along with a \$1,000 commitment fee; the \$1,000 commitment fee will be applied to closing fees.*

*Please submit the original and two (2) copies of the **signed and notarized** application, and **signed** SEQR form with the above fees. Cost benefit will be completed based on information from this application.*

*Please also deliver an electronic copy of all.*

***All applications must be submitted at least 10 days prior to meeting.***

HALE'S BUS GARAGE, LLC

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**Project Name**

**Number** (to be provided by the agency)

8-13-18

**Date of Submission**

## **Note to Applicant:**

The information requested by this application is necessary to determine the eligibility of your project for Agency benefits. Please answer **all** questions, inserting "none" or "not applicable" where appropriate. If you are providing an estimate, please indicate by inserting "est" after the figure. Attach additional sheets if more space is needed for a response than is provided.

Return the original signed and notarized application and two copies with a check in the amount of \$1500.00 made payable to: **Oneida County Industrial Development Agency (OCIDA)**, 584 Phoenix Drive, Rome, New York 13441-1405, Attn.: Shawna M. Papale, Executive Director. \$1000 will be applied at closing against the IDA legal fees. In addition, an electronic version of the application (signed), and SEQR form (signed), to [spapale@mvedge.org](mailto:spapale@mvedge.org).

Upon the submission of this application to OCIDA, this applicant becomes a public document. Be advised that any action brought before the OCIDA is public information. All agendas for OCIDA are issued prior to full agency meetings and posted in public domain. If there is information that the applicant feels is proprietary please identify as such and that information will be treated confidentially to the extent permitted by law.

By signing and submitting this Application, the Applicant acknowledges that it received a copy of the Uniform Tax Exemption Policy and the Oneida County IDA Penalty for Failure to Meet Employment Levels as adopted by the Agency and Agency Memorandums pertaining to the benefits of projects financed through the Agency.

A project financed through the Agency involves the preparation and execution of significant legal documents. Please consult with an attorney before signing any documents in connection with the proposed project. You will receive an engagement letter from the OCIDA legal counsel. You will be asked to sign the engagement letter acknowledging you will be responsible for all legal fees of OCIDA legal counsel and that you understand the process. Should you not close and legal services have been rendered by the OCIDA legal counsel, your company will be responsible for those costs.

If your project requires a public hearing, a representative of the applicant is required to be present. A date will be coordinated by the OCIDA legal counsel.

If you have questions how to calculate your company's IDA application fee please consult with the Memorandum to Companies Sale – Leaseback Transactions or please contact the IDA Executive Director.

**Part I: Applicant Information**

**Note:** In responding to the following questions, please keep in mind that the Applicant will be party to all of the documents and is the individual or if entity will be formed which will receive the actual financial assistance from the Agency.

**Applicant**

1(a) Applicant's Legal Name: HALE'S BUS GARAGE, LLC

1(b) Principal Address: 37 KIRKLAND AVE  
CLINTON, NY 13323

1(c) Telephone/Facsimile Numbers: 315-853-8670  
FAX: 315-853-5708

1(d) Email Address: STEPHEN@HALETRANSPORTATIONGROU

1(e) Federal Identification Number: 39-2067004

1(f) Contact Person: STEPHEN E. HALE

1(g) Is the Applicant a  Corporation:  
If yes, Public  Private   
If public, on which exchange is it listed?

- Subchapter S
- Sole Proprietorship
- General Partnership
- Limited Partnership
- Limited Liability Corporation/Partnership
- Single-Member LLC (name and EIN below):

Name: \_\_\_\_\_

- EIN: \_\_\_\_\_
- DISC
- Other(specify) \_\_\_\_\_

1(h) State of Organization (if applicable) NEW YORK

**Applicant's Stockholders, Directors and Officers (or Partners)**

2(a) Provide the following information with respect to parties with 15% or more in equity holdings:

<u>Name</u>	<u>Address</u>	<u>Percentage of Ownership</u>
STEPHEN E. HALE	605 BARBARA DR. CLINTON, NY 13323	100%

2(b) Is the Applicant, or any of the individuals listed in 2(a) above, related directly or indirectly to any other entity by more than 50% common ownership? If so, indicate name of such entity and the relationship.

STEPHEN E. HALE DBA/LAWNSCAPES OWNER SINGLE PROP.

2(c) Is the Applicant affiliated with any other entity, directly or indirectly, other than as listed in the response to 2(a) above? If yes, please indicate name and relationship of such other entity and the address thereof:

## **Applicant's Counsel and Accountant**

### **3(a). Applicant's Attorney**

Name/Title: TONY HALLAK  
Firm: FELT EVANS, LLP  
Address: 4-6 NORTH PARK ROW  
CLINTON, NY 13323  
Telephone/Fax: 315-853-4436 / 315-853-4511(FAX)  
Email: AHallak@felt-evans.com

### **3(b) Applicant's Accountant**

Name/Title: RICHARD ZWEIFEL  
Firm: THE BONADIO GROUP  
Address: 7936 SENECA TURNPIKE  
CLINTON, NY 13323  
Telephone/Fax: 315-292-6750  
Email: RWEIFEL@BONADIO.COM

## **Business Description**

4(a) Describe the nature of your business and principal products and/or services. Attach additional sheets if necessary.

HALE'S BUS GARAGE, LLC IS A MOTORCOACH CHARTER COMPANY WHICH PROVIDES TRANSPORTATION IN WITH VARIOUS SIZE EQUIPMENT TO CUSTOMERS SUCH AS LOCAL SCHOOLS, COLLEGES, UNIVERSITIES, SENIOR GROUPS, WE ALSO HAVE VARIOUS CONTRACTS WITH THE GOVERNMENT, AMTRAK, AIRLINE COMPANIES FOR EMERGENCY TRANSPORTATION NEEDS. WE ALSO PROVIDE TRANSPORTATION FOR THE NCAA ATHLETIC SPORTS AND PROFESSIONAL SPORTS SUCH AS BASEBALL, HOCKEY, WRESTLING, ETC. WE ARE ALWAYS INTERESTED DOING MORE LINE RUN WORK AS WELL IN THIS AREA. WE TRAVEL ALL THROUGHOUT THE NORTHEAST MAINLY AND GREATER IF NEEDED.

## **Part II: Project Information**

5(a) Explain your project in detail. This description should include explanation of all activities which will occur due to this project. Attach additional sheets if necessary.

WE ARE ADDING ONTO THE CURRENT BUS GARAGE LOCATED IN CLINTON, NY WE ARE UPDATING THE INSIDE AND OUTSIDE APPEARANCE OF THE CURRENT GARAGE TO BLEND IN WITH THE NEW ADDITION AND BRING EVERYTHING UP TO CODE. WE WILL HAVE ONE STALL TO BE A STORAGE BAY, 3 STALLS TO BE SERVICE/REPAIR BAYS AND ONE WASHBAY STALL. THIS WILL ALSO SERVE AS STORAGE FOR THE VEHICLES WHEN MECHANICS AREN'T WORKING, WE WILL BE ABLE TO STORE AT LEAST 10 - 12 VEHICLES INSIDE THE BUILDING. WE WILL BE INSTALLING A SEMI AUTOMATIC BUS WAS SYSTEM IN THE BUILDING AS WELL AS THE LATEST TECHNOLOGY TO HELP SERVICE OUR EQUIPMENT. DRAWINGS ARE ATTACHED TO HELP SHOWCASE THE PROPERTY TRANSFORMATION AND THIS WILL SECURE JOB GROWTH IN THIS AREA AS WELL WITH THE ABILITY TO GROW MORE.

### **Reasons for Project**

6(a) Please explain in detail why you want to undertake this project.

WE ARE UNDERTAKING THIS PROJECT BECAUSE CLINTON, NY IS A GOOD LOCATION TO BE IN FOR OUR TYPE OF BUSINESS. WE ARE CLOSE TO THE THRUWAY, LOCAL COLLEGES AND STILL CAN BE PRICE COMPETITIVE IN THE SYRACUSE, ALBANY, AND BINGHAMTON MARKETS WITH BEING CENTRALLY LOCATED. WE NEED TO HAVE THIS ADDITION ALSO SO THAT WE CAN HAVE NYS DOT INSPECTIONS TO TAKE PLACE ON PREMISE, CURRENTLY WE CAN NOT INSPECT OUR OWN VEHICLES IN OUR FACILITY IN CLINTON DUE TO HEIGHT RESTRICTIONS ON THE OLD BUILDING. WE NEED TO GAIN INFRASTRUCTURE SO WE CAN KEEP GROWING WITH ADDITIONAL EQUIPMENT WHICH WILL NEED SERVICE TO THEM SO THAT IS WHY WE NEED THE ADDITION FOR THE INCREASE OF JOBS WE WILL ENCOUNTER WE NEED THE STRUCTURE TO SUPPORT IT..

6(b) Why are you requesting the involvement of the Agency in your project?

WE ARE REQUESTING INVOLVEMENT OF THE AGENCY IN THIS PROJECT TO HELP SECURE OUR GROWTH IN THIS INDUSTRY AND GROWTH IN THIS AREA AND MAKE SURE WE BECOME A FIXTURE HERE IN THIS AREA. THIS WILL ENSURE THAT WE CAN MAKE ALL THE NUMBERS WORK FROM OUR BUSINESS AND GROW A BUSINESS WITH MORE EQUIPMENT WHICH WILL IN RETURN GROW OUR WORKFORCE EVERY YEAR AND BECOME A LEADER IN TRANSPORTATION.

6(c) 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 BE REVIEWED AGAIN IF THE AGENCIES INVOLVEMENT DOES NOT HAPPEN. BUT WE HOPE FOR THEIR INVOLVEMENT TO MAKE A BETTER SITUATION FOR EVERYONE INVOLVED. THIS WILL HELP WITH CASH FLOW AND IN RETURN WE CAN BE MORE AGGRESSIVE AND TAKE ON MORE WORK SINCE WE WILL HAVE THE ABILITY TO BUY MORE EQUIPMENT AND HIRE MORE PERSONELL. IF ASSISTANCE IS NOT APPROVED, WE WILL BE LOOKING TO OUR ONEONTA LOCATION IN OTESGO COUNTY AND INCREASE

How will the Applicant's plans be affected or scaled back if Agency approval is not granted?

GROWTH WILL BE MORE COMPROMISED IN THE ONEIDA COUNTY, CLINTON LOCATION AND POSSIBLY NOT OCCUR SO FAST AS WE LIKE IT TOO. CURRENTLY WE TURN DOWN MILLIONS OF DOLLARS OF CONTRACTS A YEAR BECAUSE WE DON'T HAVE A GARAGE TO HANDLE THAT AMOUNT OF WORK FLOW, COME SPRING OF 2019 THAT WILL CHANGE. INSTEAD OF PAYING OUT LESS TO VARIOUS AGENCIES, WE WILL NOT BE ABLE TO PUT THAT MONEY BACK INTO THE BUSINESS FOR FUTURE GROWTH SO GROWTH WILL BE SCALED BACK.

6(d) Is the proposed project reasonably necessary to discourage the Applicant from removing such other plant or facility to a location outside the State of New York?

Yes  No If yes, please explain briefly.

6(e) Will financing by the Agency result in the removal or abandonment of a plant or other facility of the applicant or any related entity presently located in another area of New York State?

Yes  No

If yes, is the proposed project reasonably necessary to preserve the competitive position of the Applicant in its respective industry?  Yes  No

If yes, please provide a statement and evidence supporting the same. Include the name of all taxing jurisdictions in which the abandoned facility or plant lies, and whether Applicant has had any discussions with said taxing jurisdictions regarding the abandonment. Please provide as much detail as possible.



6(f) Has the Applicant or any related entity previously secured financial assistance in Oneida County (whether through the Agency, the Empire State Development Corporation, or any other entity)?  Yes  No

If yes, please explain (indicate date of benefit, location of facility and outstanding balance).

6(g) Has the Applicant or any related entity secured financial assistance anywhere within the United States within the last 90 days or does the Applicant or any related entity anticipate receiving financial assistance within the next 90 days?  Yes  No  
If yes, please explain.

6(h) Check all categories best describing the type of project for all end users at project site (you may check more than one; if checking more than one indicate percentage of square footage the use represents):

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/>            | Manufacturing                                    | Percentage of sq. footage of each use (if more than one category): |
| <input type="checkbox"/>            | Industrial Assembly or Service                   |  |
| <input type="checkbox"/>            | Back office operations                           |  |
| <input type="checkbox"/>            | Research and Development                         |  |
| <input type="checkbox"/>            | Technology/Cybersecurity                         | 16,000   |
| <input type="checkbox"/>            | Warehousing                                      |  |
| <input checked="" type="checkbox"/> | Commercial or Recreational                       |  |
| <input type="checkbox"/>            | Retail   |  |
| <input type="checkbox"/>            | Residential housing (specify) _____              |  |
| <input type="checkbox"/>            | Pollution Control (specify) _____                |  |
| <input type="checkbox"/>            | Environmental (e.g., Brownfield) (specify) _____ |  |
| <input type="checkbox"/>            | Other (specify) _____                            |  |

6(i) Check all categories best describing the **scope of the project**:

- Acquisition of land
- Acquisition of existing building
- Renovations to existing building
- Construction of addition to existing building
- Demolition of existing building or \_\_\_\_\_ part of building
- Construction of a new building
- Acquisition of machinery and/or equipment
- Installation of machinery and/or equipment
- Other (specify) \_\_\_\_\_

6(j) Please indicate the financial assistance you are requesting of the Agency, and provide the estimated value of said assistance. Attach a sheet labeled Annual PILOT that shows the annual utilization of the Real Property Tax Abatement by year and by taxing jurisdiction.

<b>Assistance</b>	<b>Estimated Value</b>
<input checked="" type="checkbox"/> Real Property Tax Abatement	\$ <u>26,250</u>
<input checked="" type="checkbox"/> Mortgage Tax Exemption (.75%) Amount of mortgage: \$ <u>1,500,000</u>	\$ <u>11,250</u>
<input checked="" type="checkbox"/> Sales and Use Tax Exemption ** (8.75%) Value of goods/services to be exempted from sales tax: \$ <u>900,000</u>	\$ <u>78,750</u>
<input type="checkbox"/> Issuance by the Agency of Tax Exempt Bonds	\$ _____

Is the financial assistance requested by the Applicant consistent with the IDA's Uniform Tax Exemption Policy?    Yes     No

If no, please provide a written statement describing the financial assistance being requested and detailing the reasons the IDA should consider deviating from its Policy.

**\*\* Note that the estimate provided above will be provided to the New York State Department of Taxation and Finance. The Applicant acknowledges that the transaction documents will include a covenant by the Applicant that the estimate, above, represents the maximum amount of sales and use tax benefit currently authorized by the Agency with respect to this Application. The Agency may utilize the estimate, above, as well as the proposed total Project Costs as contained within this Application, to determine the Financial Assistance that will be offered. It is the responsibility of the applicant to inform the IDA within 10 days if the project amount changes.**

**Part III: Facility Information** (if project that you are applying for is a housing project please also complete questions 7(m) through 7(q))

**Facility (Physical Information)** If multiple locations please provide information on all.

7(a) Street Address of Facility:

37 KIRKLAND AVE  
\_\_\_\_\_

7(b) City, Town and/or Village (list ALL incorporated municipalities):

CLINTON, NY TOWN OF KIRKLAND  
\_\_\_\_\_

7(c) School District:

CLINTON CENTRAL  
\_\_\_\_\_

7(d) Tax Map Number(s):

337.015-5-1/23/24  
\_\_\_\_\_  
\_\_\_\_\_

**Attach copies of the most recent real property tax bills. Include copies for all taxing jurisdictions for the site/ facility that IDA assistance is being sought.**

7(e) For what purpose was the facility site most recently used (i.e., light manufacturing, heavy manufacturing, assembly, etc.)?

MOTORCOACH CHARTER BUSINESS

7(f) Zoning Classification of location of the project:

COMERCIAL  
\_\_\_\_\_

7(g) Please describe in detail the facility to be acquired, constructed or renovated (including number of buildings, square footage, number of floors, type of construction,) and attach plot plans, photos or renderings, if available. If there are infrastructure improvements (water, sewer, gas, electrical, etc.) please provide details along with who will carry out those improvements and who will fund them. **Please be as specific as possible.**

IT WILL BE A ONE STORY BUTLER BUILDING BUILT BY GAETANO CONSTRUCTION/C2C CONTSTRUCTION SOLUTIONS OUT OF UTICA, NY. ALL THE DIMENSIONS CAN BE SEEN ON ATTACHED DOCUMENTATION. BERKSHIRE BANK HAS APPROVED THE BUILDING CONSTRUCTION OF THIS BUILDING. IMPROVEMENTS IN ALL ASPECTS OF THE PROPERTY WILL BE IMPROVED, WATER, GAS, SEWER, ELECTRICAL UPGRADES WILL ALL OCCUR ALONG WITH A FIRE SUPRESSION SYSTEM. THE WHOLE STRUCTURE WILL BECOME STATE OF THE ART FOR A MOTORCOACH COMPANY WITH THE LATEST TECHNOLOGIES IN USE IN REPAIRING BUSES.AND THIS WILL LEAD TO JOB GROWTH IN THE AREA. WE ARE ALSO USING ALL LOCAL CONTRACTORS FOR THIS PROJECT TO HELP KEEP THE JOBS LOCAL.

7(h) Has construction or renovation commenced?  Yes  No

If yes, please describe the work in detail that has been undertaken to date, including the date of commencement.

If no, indicate the estimated dates of commencement and completion:

Construction commencement: 11-1-18

Construction completion: 2-1-19

7(i) Will the construction or operation of the facility or any activity which will occur at the site require any local ordinance or variance to be obtained or require a permit or prior approval of any state or federal agency or body (other than normal occupancy and/or construction permits)?  
 Yes  No

If yes, please describe.

Has the Project received site plan approval from the planning department?  
 Yes  No  N/A

If Yes, please provide the Agency with a copy of the planning department approval along with the related State Environmental Quality Review (SEQR) determination. If no, please provide the status of approval:

TOWN OF KIRKLAND PLANNING DEPARTMENT

7(j) Will the project have a significant effect on the environment?  Yes  No

**Important: please attach and sign Part 1 of either the the long or short Environmental Assessment Form to this Application.**

7(k) What is the useful life of the facility? 100 \_\_\_\_\_ years

7(l) Is the site in a former Empire Zone?  Yes  No

If yes, which Empire Zone: \_\_\_\_\_

Is project located in a Federal HUB Zone or distressed area:  Yes  No  
Provide detail.

**Part IV: Housing Project Questionnaire**

**Complete the following questions only if your project is a Housing Project. Please reference the Oneida County Industrial Development Agency Uniform Tax Exemption and Agency Benefits Policy Market Rate Rental Housing Development Initiatives. (Add additional pages as needed).**

7(m) Describe the housing project to be constructed or renovated in detail (type of housing, number of units, etc.):

7 (n) Describe how you will change the current use of the facility or property being utilized for the project. To assist the IDA in their determination of an eligible vacant urban infill site project please provide an extensive explanation as well as photos of what is being removed or replaced with the new construction.

7 (o) Will the project have any impact on the existing infrastructure or upgrades to the current infrastructure (water, sewer, electrical, gas, etc.)? If yes please provide detail and who you are working with at the applicable organization.

7 (p) If your project is a multi-use facility please provide details of the project, project square footage breakdown of non-housing to housing usage, detail the job creation and retention associated with the non-housing component.

7 (q) Does the project provide a community benefit? If yes provide detail substantiating (reference the IDA policy).

**Part V: Retail Project Questionnaire**

To ensure compliance with Section 862 of the New York General Municipal Law, the Agency requires additional information if the proposed Project is one where customers personally visit the Project site to undertake either a retail sale transaction or to purchase services.

- A. Will any portion of the project (including that portion of the cost to be financed from equity or other sources) consist of facilities or property that are or will be primarily used in making sales of goods or services to customers who personally visit the project site?

Yes or  No. If the answer is yes, please continue. If no, proceed to next section.

For purposes of Question A, the term "retail sales" means (i) sales by a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

- B. What percentage of the cost of the Project will be expended on such facilities or property primarily used in making sales of goods or services to customers who personally visit the project? \_\_\_\_\_%. **If the answer is less than 33% do not complete the remainder of the retail determination and proceed to next section.**

**If the answer to A is Yes AND the answer to Question B is greater than 33.33%, indicate which of the following questions below apply to the project:**

1. Will the project be operated by a not-for-profit corporation  Yes or  No.

2. Is the Project location or facility likely to attract a significant number of visitors from outside Oneida County?

Yes or  No

If yes, please provide a third party market analysis or other documentation supporting your response.

3. Is the predominant purpose of the project to make available goods or services which would not, but for the project, be reasonably accessible to the residents of the municipality within which the proposed project would be located because of a lack of reasonably accessible retail trade facilities offering such goods or services?

Yes or  No

If yes, please provide a third party market analysis that demonstrates that a majority of the project's customers are expected to come from outside of Oneida County and the project will not directly compete with existing businesses located in Oneida County.

**All applicants answer the following questions.**

4. Will the project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York?

Yes or  No.

If yes, explain THIS WILL MAKE US STAY IN THIS AREA AND SECURE OUR PRESENCE IN THIS AREA AND INDUSTRY AND MORE JOBS WILL BE ADDED WITH THE EXPANSION AS PLANNED.

5. Is the project located in a Highly Distressed Area?  Yes or  No

**Part VI: Facility (Legal Information)**

8(a) With respect to the **present owner** of the facility, please give the following information and provide a brief statement regarding the status of the acquisition.:

*(Note: the present owner is not necessarily the user of the facility, but that party which holds legal title to the facility.)*

Legal Name: STEPHEN E. HALE

Address: 605 BARBARA DRIVE  
CLINTON, NY 13323

Telephone: 315-527-4890

Balance of Mortgage: \$160,000

Holder of Mortgage: BERKSHIRE BANK

If the Applicant is not the present owner of the facility, please attach any written agreements and contracts concerning the acquisition of the real property and/or equipment.

8(b) Is there a legal relationship, directly or indirectly, by virtue of common control or through related persons, between the Applicant and the present owner of the facility?

Yes  No. If yes, please explain.

8(c) Will a related real estate holding company, partnership or other entity, be involved in the ownership structure of the transaction?

Yes  No. If yes, please explain.

8(d) Will the title owner of the facility/property also be the user of the facility?

Yes  No If no, please explain.

8(e) Is the Applicant currently a tenant in the facility?  Yes  No

8(f) Are you planning to use the entire proposed facility?  
 Yes  No

If no, please give the following information with respect to tenant(s) which will remain in the facility after the completion of the project, including the square footage the Applicant will occupy:

<u>Name of Tenant</u>	<u>Floors Occupied</u>	<u>Square Feet Occupied</u>	<u>Nature of Business</u>
-----------------------	------------------------	-----------------------------	---------------------------

8(g) Are any of the tenants related to the owner of the facility?  
 Yes  No  
If yes, please explain.

8(h) Will there be any other users utilizing the facility?  
 Yes  No  
If yes, please explain. Provide detail of the contractual arrangement including any financial exchange for the use of the site or property.

### Part VII: Equipment

9(a) List the principal items or categories of equipment to be acquired as part of the project. If you are requesting sales tax exemption it is important to be as detailed as possible. (If a complete list is not available at time of application, as soon as one is available but prior to final authorizing resolution, please submit a detailed inventory of said equipment to be covered.) Attach a sheet if needed.

MOBILE LIFT, AUTO. BUS WASH, AIR COMP, FORKLIFT, AC MACHINE, EXHAUST SYSTEM, TRACTOR, OILS/FLUIDS PUMP MACHINES, SHELVING, SOFTWARE, TRUCK

9(b) Please provide a brief description of any equipment which has already been purchased or ordered, attach all invoices and purchase orders, list amounts paid and dates of expected delivery. Attach a sheet if needed.

9(c) What is the useful life of the equipment? 20 years



**Part VIII: Employment Information**

10(a) Estimate how many construction jobs will be created or retained as a result of this project.

Construction Jobs: 10

10(b) Job Information related to project \*\*\*

Estimate below how many jobs will be created and retained as a result of this project, if OCIDA assistance is granted - chart will auto-sum each category

Number of Jobs BEFORE Project	Location 1	Location 2	Location 3	Location 4	Location 5	Total
Address in NYS	37 KIRKLAND AVE CI INTO					
Full-Time Company	8					8
Full-Time Independent Contractors	0					0
Full-Time Leased	0					0
<b>Total Full-Time BEFORE</b>	8	0	0	0	0	<b>8</b>
Part-Time Company	21					21
Part-Time Independent Contractors	0					0
Part-Time Leased	0					0
<b>Total Part-Time BEFORE</b>	21	0	0	0	0	<b>21</b>

\*Continued on next page

- chart will auto-sum each category

<b>Number of Jobs AFTER Project (within 3 years of project completion)</b>	<b>Location 1</b>	<b>Location 2</b>	<b>Location 3</b>	<b>Location 4</b>	<b>Location 5</b>	<b>Total</b>
Full-time Company	12					12
Full-Time Independent Contractors	0					0
Full-Time Leased	0					0
<b>Total Full-Time AFTER</b>	12	0	0	0	0	12
Part-Time Independent Company	30					30
Part-Time Independent Contractors	0					0
Part-Time Leased	0					0
<b>Total Part-Time AFTER</b>	30	0	0	0	0	30

<b>Estimate the number of residents from the Labor Market Area** in which the Project is located that will fill the jobs created within three years of project completion</b>	<b>Location 1</b>	<b>Location 2</b>	<b>Location 3</b>	<b>Location 4</b>	<b>Location 5</b>	<b>Total</b>
Full-Time	12					12
Part-Time	30					30
<b>Total AFTER</b>	42	0	0	0	0	42

\*Continued on next page

- chart will auto-sum each category

<b>SALARY AND BENEFITS</b>	<b>Retained Jobs</b>		<b>Created Jobs</b>	
	<b>Average Annual Salary</b>	<b>Average Fringe Benefits (as a percentage of wages)</b>	<b>Average Annual Salary</b>	<b>Average Fringe Benefits (as a percentage of wages)</b>
Management	\$ 55,000	% 54	\$ 60,000	% 50
Administrative	\$ 30,000	% 67	\$ 35,000	% 57
Production	\$ 45,000	% 22	\$ 50,000	% 20
Independent Contractor	\$	%	\$	%
Other	\$	%	\$	%
<b>Overall Weighted Average</b>	<b>\$ 43,333.33</b>	<b>% 48</b>	<b>\$ 48,333.33</b>	<b>% 42</b>

\*\* Labor Market Area includes Oneida, Lewis, Herkimer, and Madison Counties

\*\*\* By statute, Agency staff must project the number of Full-Time Jobs that would be retained and created if the request for Financial Assistance is granted. A Full-Time Job works 35 hours or more per week. Agency staff converts Part-Time Jobs into Full-Time Equivalent (FTE) by dividing the number of Part-Time Jobs by two(2). Agency staff will project such jobs over the THREE (3)-year time period FOLLOWING Project Completion.

10(c) Please list NIC codes for the jobs affiliated with this project:

**Part IX: Estimated Project Cost and Financing - form will auto sum**

11(a) List the costs necessary for the construction, acquisition or renovation of the facility.

Acquisition of Land (if vacant)	_____
Acquisition of Existing Building(s)	_____
Renovation Costs of Existing Building(s)	1300000
New Construction of Buildings	_____
Machinery and Equipment (other than furniture costs)	300,000
Fixtures	_____
Installation Costs	_____
Fees & Permits (other than your own broker and legal fees)	200000
Legal Fees (IDA legal fees, Applicant legal fees)	10000
Architectural/Engineering Interest on Financing Charges	_____
Other (specify)	_____
Subtotal	1810000
Agency Fee <sup>1</sup>	9050
<b>Total Project Cost</b>	<b>1819050</b>

<sup>1</sup>See Attached Fee Schedule (Page 19) for Agency Fee amount to be placed on this line

11(b) **Sources of Funds for Project Costs (will auto sum):**

Bank Financing: \$ 181,9050

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) \$ \_\_\_\_\_

Identify each state and federal grant/credit:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Sources of Funds for Project Costs: \$ 181,9050

**Real Estate Taxes**

12(a) For each tax parcel which comprises the facility, please provide the following information, using figures from the most recent tax year.

Tax Map #	Current Assessed Value (Land)	Current Assessed Value (Building)	Real Estate Taxes
337.015-5-1/23/24		\$ 450,000	\$ 15,000

12(b) Address of Receiver of Town and/or Village Taxes:

TOWN OF KIRKLAND

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12(c) Address of Receiver of School Taxes:

CLINTON CENTRAL SCHOOLS

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12(d) Will the completion of the proposed project result in the increase of the assessment of any of the parcels named above?  Yes  No

If yes, please indicate which tax account numbers will be affected.

337.015-5-1/23/24

### Financial Information

13(a) Has the Applicant contacted any bank, financial/lending institution or private investor with respect to the financing of the proposed project?

Yes  No

If yes, please provide details.

BERKSHIRE BANK

13(b) Has the Applicant received a commitment letter for said financing?

Yes  No

If yes, please submit a copy of said commitment letter along with this Application.

13(c) Please complete the Cost/Benefit Analysis form and attach to this Application. As you begin completing the form and have questions, please call the IDA office.

## REPRESENTATIONS AND CERTIFICATION BY APPLICANT

The undersigned requests that this Application be submitted for review to the Oneida County Industrial Development Agency (the "Agency") and its Board of Directors.

Approval of the Application can be granted solely by this Agency's Board of Directors. The undersigned acknowledges that Applicant shall be responsible for all costs incurred by the Agency and its counsel in connection with the attendant negotiations whether or not the transaction is carried to a successful conclusion.

The Applicant further understands and agrees with the Agency as follows:

- 1. Annual Sales Tax Filings.** In accordance with Section 858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that, if the 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.
- 2. Annual Employment, Tax Exemption & Bond Status Reports.** The Applicant understands and agrees that, if the 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 as well as tax exemption benefits received with the action of the Agency. For Applicants not responding to the Agency's request for reports by the stated due date, a \$500 late fee will be charged to the Applicant for each 30-day period the report is late beyond the due date, up until the time the report is submitted. Failure to provide such reports as provided in the transaction documents will be an Event of Default under the Lease (or Leaseback) Agreement between the Agency and Applicant. In addition, a Notice of Failure to provide the Agency with an Annual Employment, Tax Exemption & Bond Status Report may be reported to Agency board members, said report being an agenda item subject to the Open Meetings Law.
- 3. Absence of Conflict of Interest.** The Applicant has consulted the Agency website of the list of the Agency members, officers and employees of the Agency. No member, officer, or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as herein after described (if none, state "none"):
- 4. Hold Harmless.** Applicant hereby releases the Agency and its members, officers, servants, agents and employees 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 the processing of the Application, including attorneys' fees, if any.

5. The Applicant acknowledges that the Agency has disclosed that the actions and activities of the Agency are subject to the Public Authorities Accountability Act signed into law January 13, 2006 as Chapter 766 of the 2005 Laws of the State of New York.
6. The Applicant acknowledges that the Agency is subject to New York State's Freedom of Information Law (FOIL). Applicant understands that all Project information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.
7. The Applicant acknowledges that it has been provided with a copy of the Agency's recapture policy (the "Recapture Policy"). The Applicant covenants and agrees that it fully understands that the Recapture Policy is applicable to the Project that is the subject of this Application, and that the Agency will implement the Recapture Policy if and when it is so required to do so. The Applicant further covenants and agrees that its Project is potentially subject to termination of Agency financial assistance and/or recapture of Agency financial assistance so provided and/or previously granted.
8. The 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.

9. 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.
10. 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.
11. The Applicant confirms and hereby acknowledges that as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.
12. The Applicant and the individual executing this Application on behalf of the Applicant acknowledge that the Agency will rely on the representations made herein when acting on this Application and hereby represent 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.

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

Stephen E. Hale, being first duly sworn, deposes and says:

1. That I am the member (Corporate Office) of Hale's Bus Garage, LLC (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.

Stephen E Hale  
(Signature of Officer)

Subscribed and affirmed to me under penalties of perjury this 13 day of August, 2018

Margaret P. Lamb  
(Notary Public)

MARGARET P. LAMB  
Notary Public, State of New York  
Reg. No. 01LA6096888  
Qualified in Oneida County  
Commission Expires Aug. 11, 2019

If the application has been completed by or in part by other than the person signing this application for the applicant please indicate who and in what capacity:

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Return the original signed and notarized application and two copies with a check in the amount of \$1500.00 made payable to: **Oneida County Industrial Development Agency (OCIDA)**, 584 Phoenix Drive, Rome, New York 13441-1405, Attn.: Shawna M. Papale, Executive Director. \$1000 will be applied at closing against the IDA closing fee. In addition, please send an electronic version of the application (signed), and SEQR form (signed), to [spapale@mvedge.org](mailto:spapale@mvedge.org).

## **Agency Fee Schedule**

**Commitment Fee:** \$1,000 – due following the initial inducement but prior to scheduling of the public hearing; this amount is non-refundable if the applicant fails to close on the project before the IDA. Upon closing with the IDA this amount is applied to the closing fees.

**Bond Fees:** ½ of 1% of total bond amount

**IDA Agency Fee: PILOT, Mortgage Recording Exemption, Sales Tax Exemption:**

- o Up to a \$1.0 Million project - \$5,000
- o Above \$1.0 Million project up to \$10.0 Million project – ½ of 1% of total project cost.
- o Above \$10.0 Million project – ½ of 1% of total project cost up to \$10.0 Million plus incremental increase of ¼ of 1% of total project above \$10.0 Million.

**Transaction Counsel/Agency Counsel fee:**

Set by Bond/Transaction Counsel based upon the nature and complexity of the transaction. This applies to bond and non-bond transactions (leasebacks, sale-leasebacks, etc).

Transaction Counsel/Agency Counsel fees for bond transactions typically will not exceed 2% of the bond amount or project costs. Transaction Counsel/Agency Counsel fees for a sale-leaseback/lease-leaseback transaction are typically \$8,500 to \$10,000 if no commercial financing is involved or \$10,000 to \$12,000 if commercial financing is involved. You will receive an engagement letter with a quote based upon the scope of your project.

**Annual Fee:**

For the term in which the property remains in the IDA's name, an annual lease payment is due in the amount of \$500. The first payment is due at closing and subsequent payments are due each January 1. For annual fees not paid and delinquent, a late charge of \$50 per month will be levied until such time the fee plus late charges are paid.

**Other fees:**

If Applicant requests the IDA enter into subsequent transactions following closing (i.e., a facility refinance), the IDA will charge a closing fee equal to 1/8 of one percent of the total reissuance, redemption, new or revised mortgage, refinancing, spreading agreement or other transaction with a minimum payment due of \$500. Applicant will also be responsible to pay any legal fees the IDA incurs in connection with said transaction.

Revised 7-12-16

Please complete **either** a Short Form or a Full Form EAF and consult with your project engineer or architect if you have any questions which form is appropriate for your project. **Submit the applicable form with your application.**

## 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.

<b>Part 1 - Project and Sponsor Information</b>			
HALE'S BUS GARAGE, LLC			
Name of Action or Project: HALE'S BUS GARAGE, LLC			
Project Location (describe, and attach a location map): 37 KIRKLAND AVE CLINTON, NY 13323			
Brief Description of Proposed Action: ADDITION TO AN EXISTING STRUCTURE TO INCREASE SPACE TO WORK ON MOTORCOACHES WITH A HIGHER CEILING THAN WE CURRENTLY HAVE.			
Name of Applicant or Sponsor: STEPHEN E. HALE    STEPHEN@HALETRANSPORTATIONGROUP.COM		Telephone: 315-527-4890	
		E-Mail: SEE LEFT	
Address: 605 BARBARA DR			
City/PO: CLINTON		State: NY	Zip Code: 13323
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 type="checkbox"/>
			YES <input 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:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		_____ 1 acres	
b. Total acreage to be physically disturbed?		_____ 1 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ 5 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			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: WILL HAVE NEW INSTALLATION, AIR FILTRATIONS SYSTEM, ENERGY EFFICIENT LIGHTS, ETC.	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?  b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?  b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES  b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES ALL WATER RUNOFF WILL BE COLLECTED AND DIRECTED INTO DENTION PONDS IN FIELD ADJACENT TO BUILDING.	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

<p>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: _____  <u>TO CONTROL WATER RUNOFF AND PREVENT FLOODING. SEE PLANS FOR SIZE.</u></p>	<p><b>NO</b></p> <input type="checkbox"/>	<p><b>YES</b></p> <input checked="" type="checkbox"/>
<p>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: _____</p>	<p><b>NO</b></p> <input checked="" type="checkbox"/>	<p><b>YES</b></p> <input type="checkbox"/>
<p>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: _____</p>	<p><b>NO</b></p> <input checked="" type="checkbox"/>	<p><b>YES</b></p> <input type="checkbox"/>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p>		
<p>Applicant/sponsor name: <u>HALE'S BUS GARAGE, LLC STEPHEN E. HALE</u></p>		<p>Date: <u>8-13-18</u></p>
<p>Signature: _____</p>		

**Full Environmental Assessment Form  
Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Sponsor Information.**

Name of Action or Project: HALE'S BUS GARAGE, LLC		
Project Location (describe, and attach a general location map): 37 KIRKLAND AVE CLINTON, NY 13323 SEE ATTACHED.		
Brief Description of Proposed Action (include purpose or need): ADDITION TO AN EXISTING STRUCTURE TO INCREASE SPACE TO WORK ON MOTORCOACHES WITH A HIGHER CEILING THAN WE CURRENTLY HAVE.		
Name of Applicant/Sponsor: HALE'S BUS GARAGE, LLC STEPHEN E. HALE		Telephone: 315-853-8670
		E-Mail: STEPHEN@HALETRANSPORTATIONGROUP.
Address: 37 KIRKLAND AVE		
City/PO: CLINTON	State: NY	Zip Code: 13323
Project Contact (if not same as sponsor; give name and title/role):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

**B. Government Approvals**

<b>B. Government Approvals, Funding, or Sponsorship.</b> ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)		
<b>Government Entity</b>	<b>If Yes: Identify Agency and Approval(s) Required</b>	<b>Application Date (Actual or projected)</b>
a. City Council, Town Board, or Village Board of Trustees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOWN OF KIRKLAND	APPROVED 7-23-18
b. City, Town or Village Planning Board or Commission <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. City Council, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ONEIDA COUNTY	7-23-18 APPROVED
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources. i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No iii. Is the project site within a Coastal Erosion Hazard Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**C. Planning and Zoning**

<b>C.1. Planning and zoning actions.</b>	
Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • If Yes, complete sections C, F and G. • If No, proceed to question C.2 and complete all remaining sections and questions in Part 1	
<b>C.2. Adopted land use plans.</b>	
a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, identify the plan(s): _____ _____ _____	
c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, identify the plan(s): _____ _____ _____	



**C.3. Zoning**

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance.  Yes  No  
If Yes, what is the zoning classification(s) including any applicable overlay district?  
\_\_\_\_\_

b. Is the use permitted or allowed by a special or conditional use permit?  Yes  No

c. Is a zoning change requested as part of the proposed action?  Yes  No  
If Yes,

i. What is the proposed new zoning for the site? \_\_\_\_\_

**C.4. Existing community services.**

a. In what school district is the project site located? CLINTON CENTRAL SCHOOLS

b. What police or other public protection forces serve the project site?  
THE KIRKLAND POLICE DEPARTMENT

c. Which fire protection and emergency medical services serve the project site?  
CLINTON FIRE DEPARTMENT AND THE CENTRAL ONEIDA COUNTY VOLUNTEER AMBULANCE CORPORATION

d. What parks serve the project site?  
TOWN OF KIRKLAND PARK

**D. Project Details**

**D.1. Proposed and Potential Development**

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? COMMERICAL

- b. a. Total acreage of the site of the proposed action? \_\_\_\_\_ 1 acres
- b. Total acreage to be physically disturbed? \_\_\_\_\_ 1 acres
- c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? \_\_\_\_\_ 5 acres

c. Is the proposed action an expansion of an existing project or use?  Yes  No  
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % 15000 Units: 1

d. Is the proposed action a subdivision, or does it include a subdivision?  Yes  No  
If Yes,  
i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types) \_\_\_\_\_

ii. Is a cluster/conservation layout proposed?  Yes  No

iii. Number of lots proposed? \_\_\_\_\_

iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

e. Will proposed action be constructed in multiple phases?  Yes  No

i. If No, anticipated period of construction: \_\_\_\_\_ 2 months

- ii. If Yes:
- Total number of phases anticipated \_\_\_\_\_
  - Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year
  - Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year
  - Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Does the project include new residential uses?  Yes  No  
 If Yes, show numbers of units proposed.

	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion	_____	_____	_____	_____
of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)?  Yes  No  
 If Yes,

i. Total number of structures 1

ii. Dimensions (in feet) of largest proposed structure: 20 height; 100 width; and 150 length

iii. Approximate extent of building space to be heated or cooled: 15000 square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage?  Yes  No  
 If Yes,

i. Purpose of the impoundment: \_\_\_\_\_

ii. If a water impoundment, the principal source of the water:  Ground water  Surface water streams  Other specify: \_\_\_\_\_

iii. If other than water, identify the type of impounded/contained liquids and their source. \_\_\_\_\_

iv. Approximate size of the proposed impoundment. Volume: \_\_\_\_\_ million gallons; surface area: \_\_\_\_\_ acres

v. Dimensions of the proposed dam or impounding structure: \_\_\_\_\_ height; \_\_\_\_\_ length

vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): \_\_\_\_\_

**D.2. Project Operations**

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both?  Yes  No  
 (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)

If Yes:

i. What is the purpose of the excavation or dredging? \_\_\_\_\_

ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?

- Volume (specify tons or cubic yards): \_\_\_\_\_
- Over what duration of time? \_\_\_\_\_

iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. \_\_\_\_\_

iv. Will there be onsite dewatering or processing of excavated materials?  Yes  No  
 If yes, describe. \_\_\_\_\_

v. What is the total area to be dredged or excavated? \_\_\_\_\_ acres

vi. What is the maximum area to be worked at any one time? \_\_\_\_\_ acres

vii. What would be the maximum depth of excavation or dredging? \_\_\_\_\_ feet

viii. Will the excavation require blasting?  Yes  No

ix. Summarize site reclamation goals and plan: \_\_\_\_\_

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area?  Yes  No  
 If Yes:

i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): \_\_\_\_\_

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

iii. Will proposed action cause or result in disturbance to bottom sediments?  Yes  No  
If Yes, describe: \_\_\_\_\_

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation?  Yes  No  
If Yes:

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_
- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_
- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

c. Will the proposed action use, or create a new demand for water?  Yes  No

If Yes:

i. Total anticipated water usage/demand per day: \_\_\_\_\_ gallons/day

ii. Will the proposed action obtain water from an existing public water supply?  Yes  No

If Yes:

- Name of district or service area: \_\_\_\_\_
- Does the existing public water supply have capacity to serve the proposal?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No
- Do existing lines serve the project site?  Yes  No

iii. Will line extension within an existing district be necessary to supply the project?

If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_
- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site?  Yes  No

If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

vi. If water supply will be from wells (public or private), maximum pumping capacity: \_\_\_\_\_ gallons/minute.

d. Will the proposed action generate liquid wastes?  Yes  No

If Yes:

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): \_\_\_\_\_

iii. Will the proposed action use any existing public wastewater treatment facilities?  Yes  No

If Yes:

- Name of wastewater treatment plant to be used: \_\_\_\_\_
- Name of district: \_\_\_\_\_
- Does the existing wastewater treatment plant have capacity to serve the project?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No

Yes  No  
 Yes  No

• Do existing sewer lines serve the project site?  
 • Will line extension within an existing district be necessary to serve the project?  
 If Yes:  
 • Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_  
 SAME LOCATION NO EXTENSION NEEDED

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iv. Will a new wastewater (sewage) treatment district be formed to serve the project site?  Yes  No  
 If Yes:  
 • Applicant/sponsor for new district: \_\_\_\_\_  
 • Date application submitted or anticipated: \_\_\_\_\_  
 • What is the receiving water for the wastewater discharge? \_\_\_\_\_  
 v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 vi. Describe any plans or designs to capture, recycle or reuse liquid waste: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction?  Yes  No  
 If Yes:  
 i. How much impervious surface will the project create in relation to total size of project parcel?  
 \_\_\_\_\_ Square feet or \_\_\_\_\_ acres (impervious surface)  
 \_\_\_\_\_ Square feet or \_\_\_\_\_ acres (parcel size)  
 ii. Describe types of new point sources. \_\_\_\_\_  
 \_\_\_\_\_  
 iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 • If to surface waters, identify receiving water bodies or wetlands: \_\_\_\_\_  
 \_\_\_\_\_  
 • Will stormwater runoff flow to adjacent properties?  Yes  No

---

iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?  Yes  No

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f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations?  Yes  No  
 If Yes, identify:  
 i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) \_\_\_\_\_  
 ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) \_\_\_\_\_  
 iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) \_\_\_\_\_

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g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit?  Yes  No  
 If Yes:  
 i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year)  Yes  No  
 ii. In addition to emissions as calculated in the application, the project will generate:  
 • \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)  
 • \_\_\_\_\_ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)  
 • \_\_\_\_\_ Tons/year (short tons) of Perfluorocarbons (PFCs)  
 • \_\_\_\_\_ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)  
 • \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)  
 • \_\_\_\_\_ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)?  Yes  No

If Yes:

- i. Estimate methane generation in tons/year (metric): \_\_\_\_\_
- ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): \_\_\_\_\_

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations?  Yes  No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): \_\_\_\_\_

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services?  Yes  No

If Yes:

- i. When is the peak traffic expected (Check all that apply):  Morning  Evening  Weekend  
 Randomly between hours of \_\_\_\_\_ to \_\_\_\_\_.
- ii. For commercial activities only, projected number of semi-trailer truck trips/day: \_\_\_\_\_
- iii. Parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Net increase/decrease \_\_\_\_\_
- iv. Does the proposed action include any shared use parking?  Yes  No
- v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: \_\_\_\_\_

vi. Are public/private transportation service(s) or facilities available within 1/2 mile of the proposed site?  Yes  No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles?  Yes  No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes?  Yes  No

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy?  Yes  No

If Yes:

- i. Estimate annual electricity demand during operation of the proposed action: \_\_\_\_\_
- ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): \_\_\_\_\_
- iii. Will the proposed action require a new, or an upgrade to, an existing substation?  Yes  No

l. Hours of operation. Answer all items which apply.

i. During Construction:

- Monday - Friday: \_\_\_\_\_ 8-5 \_\_\_\_\_
- Saturday: \_\_\_\_\_
- Sunday: \_\_\_\_\_
- Holidays: \_\_\_\_\_

ii. During Operations:

- Monday - Friday: \_\_\_\_\_ 8-5 \_\_\_\_\_
- Saturday: \_\_\_\_\_
- Sunday: \_\_\_\_\_
- Holidays: \_\_\_\_\_

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both?  Yes  No

If yes:

i. Provide details including sources, time of day and duration:  
 \_\_\_\_\_  
 \_\_\_\_\_

ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen?  Yes  No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_

---

n. Will the proposed action have outdoor lighting?  Yes  No

If yes:

i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:  
 \_\_\_\_\_  
 \_\_\_\_\_

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen?  Yes  No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_

---

o. Does the proposed action have the potential to produce odors for more than one hour per day?  Yes  No  
 If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures:  
 \_\_\_\_\_  
 \_\_\_\_\_

---

p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage?  Yes  No

If Yes:

i. Product(s) to be stored \_\_\_\_\_

ii. Volume(s) \_\_\_\_\_ per unit time \_\_\_\_\_ (e.g., month, year)

iii. Generally describe proposed storage facilities: \_\_\_\_\_  
 \_\_\_\_\_

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q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation?  Yes  No

If Yes:

i. Describe proposed treatment(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ii. Will the proposed action use Integrated Pest Management Practices?  Yes  No

---

r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)?  Yes  No

If Yes:

i. Describe any solid waste(s) to be generated during construction or operation of the facility:

- Construction: \_\_\_\_\_ tons per \_\_\_\_\_ (unit of time)
- Operation : \_\_\_\_\_ tons per \_\_\_\_\_ (unit of time)

ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:

- Construction: \_\_\_\_\_  
 \_\_\_\_\_
- Operation: \_\_\_\_\_  
 \_\_\_\_\_

iii. Proposed disposal methods/facilities for solid waste generated on-site:

- Construction: \_\_\_\_\_  
 \_\_\_\_\_
- Operation: \_\_\_\_\_  
 \_\_\_\_\_

s. Does the proposed action include construction or modification of a solid waste management facility?  Yes  No

If Yes:

- i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_
- ii. Anticipated rate of disposal/processing:
  - \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
  - \_\_\_\_\_ Tons/hour, if combustion or thermal treatment
- iii. If landfill, anticipated site life: \_\_\_\_\_ years

t. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste?  Yes  No

If Yes:

- i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_
- ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_
- iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month
- iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_
- v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility?  Yes  No

If Yes: provide name and location of facility: \_\_\_\_\_

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: \_\_\_\_\_

**E. Site and Setting of Proposed Action**

**E.1. Land uses on and surrounding the project site**

- a. Existing land uses.
  - i. Check all uses that occur on, adjoining and near the project site.
    - Urban  Industrial  Commercial  Residential (suburban)  Rural (non-farm)
    - Forest  Agriculture  Aquatic  Other (specify): \_\_\_\_\_
  - ii. If mix of uses, generally describe: \_\_\_\_\_

**b. Land uses and covertsypes on the project site.**

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	1	1	
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____			

c. Is the project site presently used by members of the community for public recreation?  Yes  No  
i. If Yes: explain: \_\_\_\_\_

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site?  Yes  No  
If Yes,  
i. Identify Facilities: \_\_\_\_\_  
\_\_\_\_\_

e. Does the project site contain an existing dam?  Yes  No  
If Yes:  
i. Dimensions of the dam and impoundment:  
• Dam height: \_\_\_\_\_ feet  
• Dam length: \_\_\_\_\_ feet  
• Surface area: \_\_\_\_\_ acres  
• Volume impounded: \_\_\_\_\_ gallons OR acre-feet  
ii. Dam's existing hazard classification: \_\_\_\_\_  
iii. Provide date and summarize results of last inspection: \_\_\_\_\_  
\_\_\_\_\_

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility?  Yes  No  
If Yes:  
i. Has the facility been formally closed?  Yes  No  
• If yes, cite sources/documentation: \_\_\_\_\_  
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: \_\_\_\_\_  
\_\_\_\_\_

iii. Describe any development constraints due to the prior solid waste activities: \_\_\_\_\_  
\_\_\_\_\_

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste?  Yes  No  
If Yes:  
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: \_\_\_\_\_  
\_\_\_\_\_

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site?  Yes  No  
If Yes:  
i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply:  Yes  No  
 Yes – Spills Incidents database Provide DEC ID number(s): \_\_\_\_\_  
 Yes – Environmental Site Remediation database Provide DEC ID number(s): \_\_\_\_\_  
 Neither database  
ii. If site has been subject of RCRA corrective activities, describe control measures: \_\_\_\_\_  
\_\_\_\_\_

iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database?  Yes  No  
If yes, provide DEC ID number(s): \_\_\_\_\_  
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): \_\_\_\_\_  
\_\_\_\_\_



v. Is the project site subject to an institutional control limiting property uses?  Yes  No

- If yes, DEC site ID number: \_\_\_\_\_
- Describe the type of institutional control (e.g., deed restriction or easement): \_\_\_\_\_
- Describe any use limitations: \_\_\_\_\_
- Describe any engineering controls: \_\_\_\_\_
- Will the project affect the institutional or engineering controls in place?  Yes  No
- Explain: \_\_\_\_\_

**E.2. Natural Resources On or Near Project Site**

a. What is the average depth to bedrock on the project site? \_\_\_\_\_ feet

b. Are there bedrock outcroppings on the project site?  Yes  No

If Yes, what proportion of the site is comprised of bedrock outcroppings? \_\_\_\_\_ %

c. Predominant soil type(s) present on project site: \_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

d. What is the average depth to the water table on the project site? Average: \_\_\_\_\_ feet

e. Drainage status of project site soils:  Well Drained: \_\_\_\_\_ 100 % of site  
 Moderately Well Drained: \_\_\_\_\_ % of site  
 Poorly Drained \_\_\_\_\_ % of site

f. Approximate proportion of proposed action site with slopes:  0-10%: \_\_\_\_\_ 50 % of site  
 10-15%: \_\_\_\_\_ 50 % of site  
 15% or greater: \_\_\_\_\_ % of site

g. Are there any unique geologic features on the project site?  Yes  No

If Yes, describe: \_\_\_\_\_

**h. Surface water features.**

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?  Yes  No

ii. Do any wetlands or other waterbodies adjoin the project site?  Yes  No

If Yes to either *i* or *ii*, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?  Yes  No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Lakes or Ponds: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Wetlands: Name \_\_\_\_\_ Approximate Size \_\_\_\_\_
- Wetland No. (if regulated by DEC) \_\_\_\_\_

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies?  Yes  No

If yes, name of impaired water body/bodies and basis for listing as impaired: \_\_\_\_\_

i. Is the project site in a designated Floodway?  Yes  No

j. Is the project site in the 100 year Floodplain?  Yes  No

k. Is the project site in the 500 year Floodplain?  Yes  No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer?  Yes  No

If Yes:  
i. Name of aquifer: \_\_\_\_\_

m. Identify the predominant wildlife species that occupy or use the project site: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

n. Does the project site contain a designated significant natural community?  Yes  No  
 If Yes:  
 i. Describe the habitat/community (composition, function, and basis for designation): \_\_\_\_\_  
 ii. Source(s) of description or evaluation: \_\_\_\_\_  
 iii. Extent of community/habitat:  
 • Currently: \_\_\_\_\_ acres  
 • Following completion of project as proposed: \_\_\_\_\_ acres  
 • Gain or loss (indicate + or -): \_\_\_\_\_ acres

o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species?  Yes  No

p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern?  Yes  No

q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing?  Yes  No  
 If yes, give a brief description of how the proposed action may affect that use: \_\_\_\_\_  
 \_\_\_\_\_

**E.3. Designated Public Resources On or Near Project Site**

a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304?  Yes  No  
 If Yes, provide county plus district name/number: \_\_\_\_\_

b. Are agricultural lands consisting of highly productive soils present?  Yes  No  
 i. If Yes: acreage(s) on project site? \_\_\_\_\_  
 ii. Source(s) of soil rating(s): \_\_\_\_\_

c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark?  Yes  No  
 If Yes:  
 i. Nature of the natural landmark:  Biological Community  Geological Feature  
 ii. Provide brief description of landmark, including values behind designation and approximate size/extent: \_\_\_\_\_  
 \_\_\_\_\_

d. Is the project site located in or does it adjoin a state listed Critical Environmental Area?  Yes  No  
 If Yes:  
 i. CEA name: \_\_\_\_\_  
 ii. Basis for designation: \_\_\_\_\_  
 iii. Designating agency and date: \_\_\_\_\_

<p>e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District</p> <p>ii. Name: _____</p> <p>iii. Brief description of attributes on which listing is based: _____</p>
<p>f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>
<p>g. Have additional archaeological or historic site(s) or resources been identified on the project site? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Describe possible resource(s): _____</p> <p>ii. Basis for identification: _____</p>
<p>h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Identify resource: _____</p> <p>ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____</p> <p>iii. Distance between project and resource: _____ miles.</p>
<p>i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Identify the name of the river and its designation: _____</p> <p>ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>

**F. Additional Information**

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

**G. Verification**

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

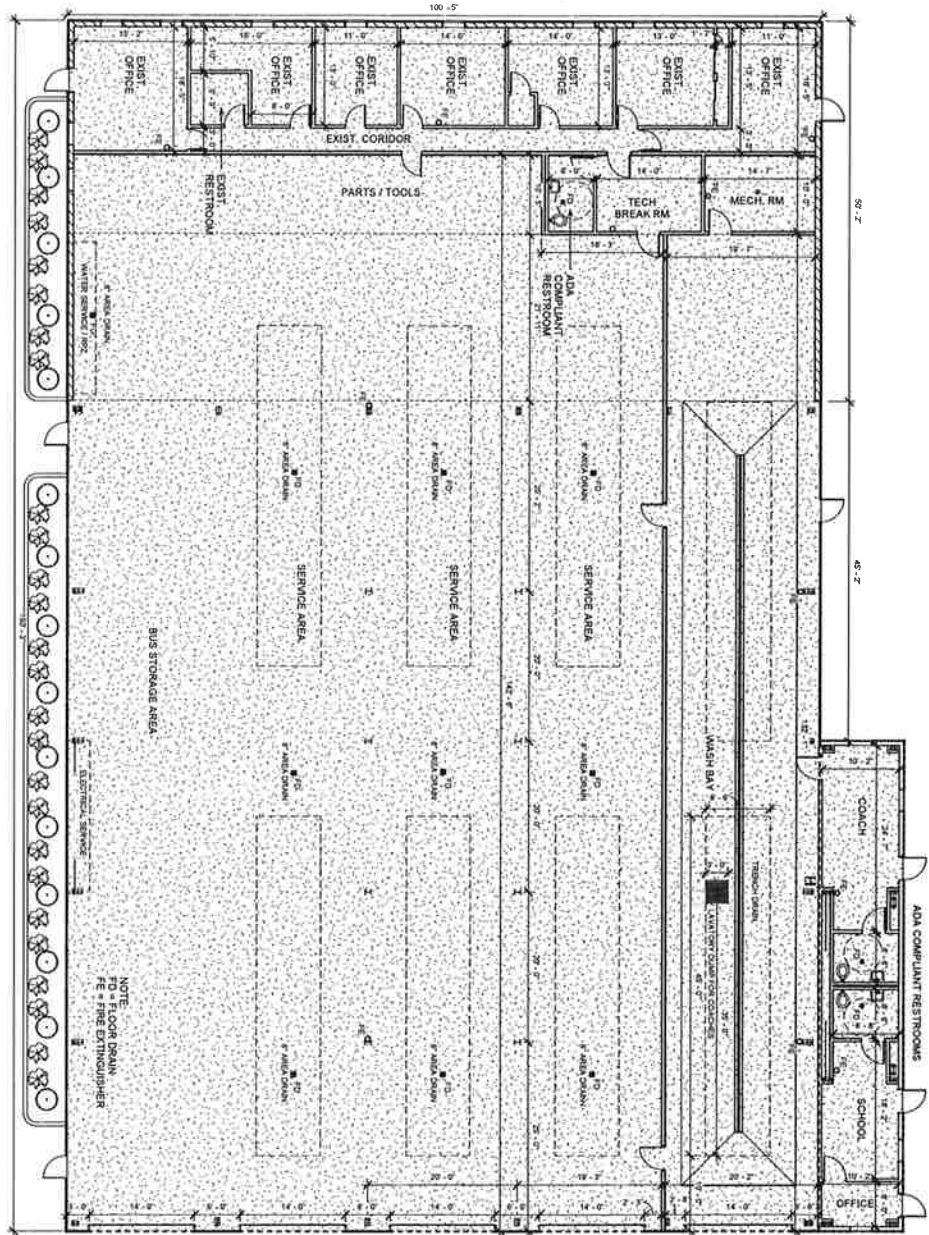
Applicant/Sponsor Name HALE'S BUS GARAGE, STEPHEN E. HALE Date 8-13-18

Signature *Stephen E. Hale* Title MEMBER

**PRINT FORM**







NO.	Description	QTY

Hale Transportation  
Bus Garage Addition  
Preliminary Floor Plan

A101

**C-C Construction Solutions, LLC.**  
Concept to Completion for CNY  
**YOUR BUTLER BUILDER**  
110 Lomond Place, Utica, New York 13502  
315-801-5185

ONEIDA COUNTY INDUSTRIAL DEVELOPMENT AGENCY □

COST/BENEFIT ANALYSIS

Required by §859-a(3) of the  
New York General Municipal Law

Date

8/15/2018

Name of Applicant:

Hales Bus Garage, LLC  
37 Kirkland Ave  
Clinton, NY 13323

Name of All Sublessees or Other Occupants of  
Facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principals or Parent of Applicant:

Stephen E. Hale

Products or Services of Applicant to be produced  
or carried out at facility:

\_\_\_\_\_  
\_\_\_\_\_

Estimated Date of Completion of Project:

Feb-19

Type of Financing/ Structure:

\_\_\_\_\_ Tax-Exempt Financing  
\_\_\_\_\_ Taxable Financing  
x \_\_\_\_\_ Sale/ Leaseback  
\_\_\_\_\_ Other: \_\_\_\_\_

Type of Benefits being Sought by Applicant:

\_\_\_\_\_ Taxable Financing  
\_\_\_\_\_ Tax-Exempt Bonds  
X \_\_\_\_\_ Sales Tax Exemption on Eligible Expenses Until Completion  
X \_\_\_\_\_ Mortgage Recording Tax Abatement  
X \_\_\_\_\_ Real Property Tax Abatement

**Project Costs**

Land	\$	-		
Existing Building	\$	-		
Existing Bldg. Rehab	\$	1,300,000.00		
Construction of New Building Addition or Expansion	\$	-		
Engineering/ Architectural Fees	\$	-		
Fees and Permits	\$	200,000.00		
Fixtures(Tenant fit-out of space)	\$	-		
Equipment	\$	300,000.00		
Legal Fees (Bank, Bond, Transaction, Credit Provider, Trustee	\$	10,000.00	See Agency Fee Schedule Page on Application	
Finance Charges (Title Insurance, Environmental Review, Bank Commitment Fee, Appraisal, Etc.)	\$	-		
<u>Contingency</u>	\$	-		
Subtotal	\$	1,810,000.00		
Agency Fee*	\$	9,050.00	<u>IDA Agency Fee: PILOT, Mortgage Recording Exemption, Sales Tax Exemption:</u>	
			○ Up to a \$1.0 Million project - \$5,000	○ Above \$1.0 Million project up to \$10.0 Million project – ½ of 1% of total project cost.
				○ Above \$10.0 Million project – ½ of 1% of total project cost up to \$10.0 Million plus incremental increase of ¼ of 1% of total project above \$10.0 Million.
<b>TOTAL COST OF PROJECT</b>	<b>\$</b>	<b>1,819,050.00</b>		

**Assistance Provided by the Following:**

EDGE Loan:	
MVEDD Loan:	
Grants - Please indicate source & Amount:	\$ -
Other Loans - Please indicate source & Amount:	\$0

ESD, ESC Base Redevelopment  
M&T, UIDC, RIDC, EDGE, MVEDD



**Company Information**

		<b>Average Salary of these Positions</b>
Existing Jobs	29.00	43333.33
Created Jobs (over three years)	13.00	48333.33
Retained Jobs	29.00	43333.33

**Earnings Information for Oneida County**

Average Salary of Direct Jobs for Applicant	\$ 43,333.33
Average of County Indirect Jobs	\$ 25,000.00
Average of Construction Jobs	\$ 32,000.00

Note: \$1,000,000 in construction expenditures generates 15 person - years of employment

Construction Person Years of Employment:	\$ 6.50
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**Calculation of Benefits (3 Year Period)**

	Total Earnings	Revenues
Direct Jobs		
Created	\$ 1,689,999.87	71824.99448
Existing	\$ 3,769,999.71	160224.9877
Indirect Jobs		
Created	\$ 2,437,500.00	103593.75
Existing	\$ 5,437,500.00	231093.75
Construction - only one year		
Person Years	\$ 208,000.00	8840
<b>TOTALS Calculation of Benefits (3 Year Period)</b>	<b>\$ 13,542,999.58</b>	<b>575577</b>

**TAXABLE GOODS & SERVICES**

	Spending Rate	Expenditures	State & Local Sales Tax Revenues
Direct Jobs			
Created \$	0.36	608399.9532	59318.99544
Existing \$	0.36	1357199.896	118754.9909
Indirect Jobs			
Created \$	0.36	877500	85556.25
Existing \$	0.36	1957500	171281.25
Construction - only one year			
Person Years \$	0.36	74880	6552
<b>TOTAL TAXABLE GOODS &amp; SERVICES</b>		<b>4875480</b>	<b>441463</b>

Local (3 year) real property tax benefit (assuming 60% of jobs existing and created own a residence) with an average assessment of \$80,000 and the remainder of jobs existing created pay real property taxes through rent based on an average assessment per apartment of \$50,000.

Tax Rate for School District where facility is located:	39.9393
Tax Rate for Municipality where facility is located:	6.228512
Tax Rate for County:	10.422638
	<b>Rate Total</b>
	56.59045
Real Property Taxes Paid:	<b>\$ 161,622.33</b>

**COSTS:**

Real Property Taxes Abated on Improvements Only (10 yr. Period):	26,250	Amount of Taxes that would be abated by applying PILOT.
Mortgage Tax Abated (.075%)	11,250	
Estimated Sales Tax Abated During Construction Period (8.75%)	78,750	

NOTE: If there is a tax-exempt financing of all or a portion of the project cost, there is a neutral cost/benefit because of lower interest rates by reason of exclusion of interest from gross income of bondholders for purposes of Federal and State income taxes. Taxable financing carries the same cost/benefit for State Income Tax purposes. Such cost/benefits cannot be quantified.