

CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION

IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your firm's eligibility for financing and other assistance from the City of Albany Industrial Development Agency. These answers will also be used in the preparation of papers in this transaction. Accordingly, all questions should be answered accurately and completely by an officer or other employee of your firm who is thoroughly familiar with the business and affairs of your firm and who is also thoroughly familiar with the proposed project. This application is subject to acceptance by the Agency.

TO: CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY
c/o Department of Economic Development
21 Lodge Street
Albany, New York 12207

This application by applicant respectfully states:

APPLICANT: Columbia 425 NS LLC

APPLICANT'S ADDRESS: 302 Washington Avenue Extension

CITY: Albany STATE: NY ZIP CODE: 12203

PHONE NO.: 862-9133 FAX NO.: 862-9443 E-MAIL: jnicolla@aol.com

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION:

IF APPLICANT IS REPRESENTED BY AN ATTORNEY, COMPLETE THE FOLLOWING:

NAME OF ATTORNEY: Debra J. Lambek, Esq.

ATTORNEY'S ADDRESS: 302 Washington Avenue Extension

CITY: Albany STATE: NY ZIP CODE: 12203

PHONE NO.: 862-9133 FAX NO.: 862-9443 E-MAIL: dlambek@columbiadev.com

NOTE: PLEASE READ THE INSTRUCTIONS ON PAGE 2 HEREOF BEFORE FILLING OUT THIS FORM.

INSTRUCTIONS

1. The Agency will not approve any application unless, in the judgment of the Agency, said application and the summary contains sufficient information upon which to base a decision whether to approve or tentatively approve an action.
2. Fill in all blanks, using “none” or “not applicable” or “N/A” where the question is not appropriate to the project which is the subject of this application (the “Project”).
3. If an estimate is given as the answer to a question, put “(est)” after the figure or answer which is estimated.
4. If more space is needed to answer any specific question, attach a separate sheet.
5. When completed, return eight (8) copies of this application to the Agency at the address indicated on the first page of this application.
6. The Agency will not give final approval to this application until the Agency receives a completed environmental assessment form concerning the Project which is the subject of this application.
7. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the applicant feels that there are elements of the Project which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the applicant’s competitive position, the applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.
8. The applicant will be required to pay to the Agency all actual costs incurred in connection with this application and the Project contemplated herein (to the extent such expenses are not paid out of the proceeds of the Agency’s bonds issued to finance the project). The applicant will also be expected to pay all costs incurred by general counsel and bond counsel to the Agency. The costs incurred by the Agency, including the Agency’s general counsel and bond counsel, may be considered as a part of the project and included as a part of the resultant bond issue.
9. The Agency has established an application fee of One Thousand Five Hundred Dollars (\$1,500) to cover the anticipated costs of the Agency in processing this application. A check or money order made payable to the Agency must accompany each application. THIS APPLICATION WILL NOT BE

ACCEPTED BY THE AGENCY UNLESS ACCOMPANIED BY THE
APPLICATION FEE.

FOR AGENCY USE ONLY

1. Project Number	
2. Date application Received by Agency	_____, 20____
3. Date application referred to attorney for review	_____, 20____
4. Date copy of application mailed to members	_____, 20____
5. Date notice of Agency meeting on application posted	_____, 20____
6. Date notice of Agency meeting on application mailed	_____, 20____
7. Date of Agency meeting on application	_____, 20____
8. Date Agency conditionally approved application	_____, 20____
9. Date scheduled for public hearing	_____, 20____
10. Date Environmental Assessment Form ("EAF") received	_____, 20____
11. Date Agency completed environmental review	_____, 20____
12. Date of final approval of application	_____, 20____

SUMMARY OF PROJECT

Applicant: Columbia 425 NS LLC

Contact Person: Joseph R. Nicolla

Phone Number: (518) 862-9133

Occupant: Columbia 425 NS LLC, as landlord and St. Peter's Health Partners Medical Associates, P.C., as tenant

Project Location: 413 and 425 New Scotland Avenue

Approximate Size of Project Site: .45 acres

Description of Project: Assignment of existing lease from Care for Life Foundation, Inc. to St. Peter's Health Partners Medical Associates, P.C. and change in use from senior day-care/medical facility to administrative office facility.

Type of Project: ☐ Manufacturing ☐ Warehouse/Distribution
☒ Commercial ☐ Not-For-Profit
☐ Other-Specify

Employment Impact: Existing Jobs 70

New Jobs 8

Project Cost: \$ n/a

Type of Financing: ☐ Tax-Exempt ☐ Taxable ☒ Straight Lease

Amount of Bonds Requested: \$ n/a

Estimated Value of Tax-Exemptions:

N.Y.S. Sales and Compensating Use Tax:	\$ n/a
Mortgage Recording Taxes:	\$ n/a
Real Property Tax Exemptions:	\$ n/a
Other (please specify):	\$ n/a

I. INFORMATION CONCERNING THE PROPOSED OCCUPANT OF THE PROJECT (HEREINAFTER, THE "COMPANY").

A. Identity of Company:

1. Company Name: Columbia 425 NS LLC

Present Address: 302 Washington Avenue Extension, Albany, NY

Zip Code: 12203

Employer's ID No.: 27-3334850

2. If the Company differs from the Applicant, give details of relationship: n/a

3. Indicate type of business organization of Company:

a. _____ Corporation (If so, incorporated in what country?

What State? _____ Date Incorporated? _____ Type of

Corporation? _____ Authorized to do business in New York?

Yes ____; No ____).

b. _____ Partnership (if so, indicate type of partnership _____,

Number of general partners _____, Number of limited partners ____).

c. ☒ Limited liability company,

Date created? 8/26/2010.

d. _____ Sole proprietorship

4. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? If so, indicate name of related organization(s) and relationship:

The members of the Company are members of many other development projects in and around the Capital District area, such as Columbia

B. Management of Company: Development Companies.

1. List all owners, officers, members, directors and partners (complete all columns for each person):

Joseph R. Nicolla

Richard A. Rosen

DRL Marital Trust u/t/a 1/11/2010

NAME (First, Middle, Last) HOME ADDRESS	OFFICE HELD	OTHER PRINCIPAL BUSINESS	
Joseph R. Nicolla 302 Washington Ave. Ext., Albany NY 12203	General Manager	Columbia Development	Companies
Richard A. Rosen 302 Washington Ave. Ext., Albany NY 12203	Member	Columbia Development	Companies

2. Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation? Yes ____; No X.

3. Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)? Yes ____; No X.

4. Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt? Yes ____; No X.
(If yes to any of the foregoing, furnish details in a separate attachment).

5. If the answer to any of questions 2 through 4 is yes, please, furnish details in a separate attachment.

C. Principal Owners of Company:

1. Principal owners of Company: Is Company publicly held? Yes ____; No X.
If yes, list exchanges where stock traded:

2. If no, list all stockholders having a 5% or more interest in the Company:

NAME	ADDRESS	PERCENTAGE OF HOLDING
see response to Section 1(B)(1) for membership information of the Company		

D. Company's Principal Bank(s) of account: SEFCU

II. DATA REGARDING PROPOSED PROJECT

A. Summary: (Please provide a brief narrative description of the Project.)

1. Assignment of Lease from Care for Life Foundation, Inc. to St. Peter's Health Partners Medical Associates, P.C.
2. Change in use of facility from senior day-care/medical facility to administrative office facility.

B. Location of Proposed Project:

1. Street Address 413 and 425 New Scotland Avenue
2. City of Albany
3. Town of
4. Village of
5. County of Albany

C. Project Site:

1. Approximate size (in acres or square feet) of Project site: .45 acres
Is a map, survey or sketch of the project site attached? Yes ____; No x.
2. Are there existing buildings on project site? Yes x; No ____.
 - a. If yes, indicate number and approximate size (in square feet) of each existing building: one (1) 16,500 sq. ft. building
 - b. Are existing buildings in operation? Yes ____; No x.
If yes, describe present use of present buildings:
 - c. Are existing buildings abandoned? Yes ____; No x. About to be abandoned? Yes ____; No x. If yes, describe:
 - d. Attach photograph of present buildings.

3. Utilities serving project site:
Water-Municipal: municipal
Other (describe)
Sewer-Municipal: municipal
Other (describe)
Electric-Utility: National Grid
Other (describe)
Heat-Utility: National Grid
Other (describe)
4. Present legal owner of project site: Columbia 425 NS LLC
- a. If the Company owns project site, indicate date of purchase:
August 29, 20 11; Purchase price: \$ 750,000.
- b. If Company does not own the Project site, does Company have option signed with owner to purchase the Project site? Yes ____; No _____. If yes, indicate date option signed with owner: _____, 20____; and the date the option expires: _____, 20____. not applicable
- c. If the Company does not own the project site, is there a relationship legally or by common control between the Company and the present owners of the project site? Yes ____; No _____. If yes, describe: not applicable
5. a. Zoning District in which the project site is located: R-2A
- b. Are there any variances or special permits affecting the site? Yes x; No _____. If yes, list below and attach copies of all such variances or special permits: area and use variances

D. Buildings:

1. Does part of the project consist of a new building or buildings? Yes ____; No x. If yes, indicate number and size of new buildings:
2. Does part of the project consist of additions and/or renovations to the existing buildings? Yes ____; No x. If yes, indicate the buildings to be expanded or renovated, the size of any expansions and the nature of expansion and/or renovation:
3. Describe the principal uses to be made by the Company of the building or buildings to be acquired, constructed or expanded:
commercial/administrative purposes

E. Description of the Equipment:

1. Does a part of the Project consist of the acquisition or installation of machinery, equipment or other personal property (the "Equipment")? Yes ____; No x. If yes, describe the Equipment:
2. With respect to the Equipment to be acquired, will any of the Equipment be Equipment which has previously been used? Yes ____; No _____. If yes, please provided detail: not applicable
3. Describe the principal uses to be made by the Company of the Equipment to be acquired or installed: not applicable

F. Project Use:

1. What are the principal products to be produced at the Project? not applicable
2. What are the principal activities to be conducted at the Project?
administration, finance, accounting, recruiting
3. Does the Project include facilities or property that are primarily used in making retail sales of goods or services to customers who personally visit such facilities? Yes ____; No x. If yes, please provide detail:
4. If the answer to question 3 is yes, what percentage of the cost of the Project will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project? ____%
not applicable

5. If the answer to question 3 is yes, and the answer to question 4 is more than 33.33%, indicate whether any of the following apply to the Project: not applicable

- a. Will the Project be operated by a not-for-profit corporation? Yes ____; No _____. If yes, please explain:

n/a

- b. Is the Project likely to attract a significant number of visitors from outside the economic development region in which the Project will be located? Yes ____; No _____. If yes, please explain:

n/a

- c. Would the Project occupant, but for the contemplated financial assistance from the Agency, locate the related jobs outside the State of New York? Yes ____; No _____. If yes, please explain:

n/a

- d. Is the predominant purpose of the Project to make available goods or services which would not, but for the Project, be reasonable accessible to the residents of the city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services? Yes ____; No _____. If yes, please provide detail:

n/a

- e. Will the Project be located in one of the following: (i) an area designed as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (ii) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (x) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of households receiving public assistance, and (y) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates? Yes ____; No _____. If yes, please explain: _____

n/a

6. If the answers to any of subdivisions c. through e. of question 5 is yes, 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 ____; No _____. If yes, please explain:

n/a

7. Will the completion of the Project result in the removal of a plant or facility of the Company or another proposed occupant of the Project (a "Project Occupant") from one area of the State of New York to another area of the State of New York? Yes ; No x. If yes, please explain:

8. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Company located in the State of New York? Yes ; No x. If yes, please provide detail:

9. If the answer to either question 7 or question 8 is yes, indicate whether any of the following apply to the Project: n/a

a. Is the Project reasonably necessary to preserve the competitive position of the Company on such Project Occupant in its industry? Yes ; No . If yes, please provide detail:

n/a

b. Is the Project reasonably necessary to discourage the Company or such Project Occupant from removing such other plant or facility to a location outside the State of New York? Yes ; No . If yes, please provide detail:

n/a

G. Other Involved Agencies:

1. Please indicate all other local agencies, boards, authorities, districts, commissions or governing bodies (including any city, county and other political subdivision of the State of New York and all state departments, agencies, boards, public benefit corporations, public authorities or commissions) involved in approving or funding or directly undertaking action with respect to the Project. For example, do you need a municipal building permit to undertake the Project? Do you need a zoning approval to undertake the Project? If so, you would list the appropriate municipal building department or planning or zoning commission which would give said approvals.

Albany Zoning Board

2. Describe the nature of the involvement of the federal, state or local agencies described above: change in use

H. Construction Status: not applicable

1. Has construction work on this project begun? Yes ____; No _____. If yes, please discuss in detail the approximate extent of construction and the extent of completion. Indicate in your answer whether such specific steps have been completed as site clearance and preparation; completion of foundations; installation of footings; etc.:

n/a

2. Please indicate amount of funds expended on this project by the Company in the past three (3) years and the purposes of such expenditures:

n/a

I. Method of Construction After Agency Approval:

1. If the Agency approves the project which is the subject of this application, there are two methods that may be used to construct the project. The applicant can construct the project privately and sell the project to the Agency upon completion. Alternatively, the applicant can request to be appointed as "agent" of the Agency, in which case certain laws applicable to public construction may apply to the project. Does the applicant wish to be designated as "agent" of the Agency for purposes of constructing the project? Yes ____; No x.

2. If the answer to question 1 is yes, does the applicant desire such "agent" status prior to the closing date of the financing? Yes ____; No _____. n/a

III. INFORMATION CONCERNING LEASES OR SUBLEASES OF THE PROJECT. (PLEASE COMPLETE THE FOLLOWING SECTION IF THE COMPANY INTENDS TO LEASE OR SUBLEASE ANY PORTION OF THE PROJECT).

A. Does the Company intend to lease or sublease more than 10% (by area or fair market value) of the Project? Yes x; No _____. If yes, please complete the following for each existing or proposed tenant or subtenant:

1. Sublessee name: St. Peter's Health Partners Medical Associates, P.C.
Present Address: 319 S. Manning Blvd.
City: Albany State: NY Zip: 12208
Employer's ID No.:
Sublessee is: x Corporation: _____ Partnership: _____ Sole Proprietorship
Relationship to Company: contractual
Percentage of Project to be leased or subleased: 100%
Use of Project intended by Sublessee: administrative facility
Date of lease or sublease to Sublessee: n/a

Term of lease or sublease to Sublessee: 20 years

Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes____; No x. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee. n/a

2. Sublessee name: n/a
 Present Address:
 City: _____ State: _____ Zip: _____
 Employer's ID No.: _____
 Sublessee is: _____
 _____ Corporation: _____ Partnership: _____ Sole Proprietorship
 Relationship to Company: _____
 Percentage of Project to be leased or subleased: _____
 Use of Project intended by Sublessee: _____
 Date of lease or sublease to Sublessee: _____
 Term of lease or sublease to Sublessee: _____
 Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes____; No____. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.
3. Sublessee name: n/a
 Present Address:
 City: _____ State: _____ Zip: _____
 Employer's ID No.: _____
 Sublessee is: _____ Corporation: _____ Partnership: _____ Sole Proprietorship
 Relationship to Company: _____
 Percentage of Project to be leased or subleased: _____
 Use of Project intended by Sublessee: _____
 Date of lease or sublease to Sublessee: _____
 Term of lease or sublease to Sublessee: _____
 Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes____; No____. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

B. What percentage of the space intended to be leased or subleased is now subject to a binding written lease or sublease? 100%

IV. Employment Impact

A. Indicate below the number of people presently employed at the project site and the number that will be employed at the project site at end of the first and second years after the project has been completed (Do not include construction workers). Also indicate below the number of workers employed at the project site representing newly created positions as opposed to positions relocated from other project sites of the applicant. Such information regarding relocated positions should also indicate whether such positions are relocated from other project sites financed by obligations previously issued by the Agency.

*retained jobs/new jobs

TYPE OF EMPLOYMENT					
	PROFESSIONAL MANAGERIAL	SKILLED	SEMI- SKILLED	UNSKILLED	TOTALS
Present Full Time	0	0	0	0	0
Present Part Time	0	0	0	0	0
Present Seasonal	0	0	0	0	0
First Year Full Time	9/2*	60/6*	1	0	78
First Year Part Time	0	0	0	0	0
First Year Seasonal	0	0	0	0	0
Second Year Full Time	9/2*	60/6*	1	0	78
Second Year Part Time	0	0	0	0	0
Second Year Seasonal	0	0	0	0	0

B. Please prepare a separate attachment describing in detail the types of employment at the project site. Such attachment should describe the activities or work performed for each type of employment.

V. Project Cost

A. Anticipated Project Costs. State the costs reasonably necessary for the acquisition of the project site and the construction of the proposed project including the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

<u>Description of Cost</u>	<u>Amount</u>
Land	\$ n/a
Buildings	\$
Machinery and equipment costs	\$
Utilities, roads and appurtenant costs	\$
Architects and engineering fees	\$
Costs of Bond issue (legal, financial	

and printing)	\$ _____
Construction loan fees and interest	
(if applicable)	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL PROJECT COST	\$ <u>n/a</u>

B. Have any of the above expenditures already been made by applicant? n/a
 Yes ____; No _____. (If yes, indicate particular.)

V. BENEFITS EXPECTED FROM THE AGENCY

A. Financing not applicable

1. Is the applicant requesting that the Agency issue bonds to assist in financing the project? Yes ____; No _____. If yes, indicate: n/a
 - a. Amount of loan requested: _____ Dollars;
 - b. Maturity requested: _____ Years.
2. Is the interest on such bonds intended to be exempt from federal income taxation? Yes ____; No _____. n/a
3. If the answer to question 2 is yes, will any portion of the Project be used for any of the following purposes: n/a
 - a. retail food and beverage services: Yes ____; No ____
 - b. automobile sales or service: Yes ____; No ____
 - c. recreation or entertainment: Yes ____; No ____
 - d. golf course: Yes ____; No ____
 - e. country club: Yes ____; No ____
 - f. massage parlor: Yes ____; No ____
 - g. tennis club: Yes ____; No ____
 - h. skating facility (including roller
 - i. skating, skateboard and ice skating): Yes ____; No ____
 - j. racquet sports facility (including handball and racquetball court): Yes ____; No ____
 - k. hot tub facility: Yes ____; No ____
 - l. suntan facility: Yes ____; No ____
 - m. racetrack: Yes ____; No ____
4. If the answer to any of the above questions contained in question 3 is yes, please furnish details on a separate attachment. n/a

5. Is the Project located in the City's federally designated Enterprise Zone? Yes____; No____. n/a

6. Is the applicant requesting the Agency to issue federally tax-exempt Enterprise Zone bonds? Yes____; No____. n/a

B. Tax Benefits not applicable

1. Is the applicant requesting any real property tax exemption that would not be available to a project that did not involve the Agency? Yes____; No____. n/a

2. Is the applicant expecting that the financing of the Project will be secured by one or more mortgages? Yes____; No____. If yes, what is the approximate amount of financing to be secured by mortgages? \$_____. n/a

3. Is the applicant expecting to be appointed agent of the Agency for purposes of avoiding payment of N.Y.S. Sales Tax or Compensating Use Tax? Yes____; No____. If yes, what is the approximate amount of purchases which the applicant expects to be exempt from the N.Y.S. Sales and Compensating Use Taxes? \$_____. n/a

4. What is the estimated value of each type of tax-exemption being sought in connection with the Project? Please detail the type of tax-exemption and value of the exemption.

a.	N.Y.S. Sales and Compensating Use Taxes:	\$	n/a
b.	Mortgage Recording Taxes:	\$	n/a
c.	Real Property Tax Exemptions:	\$	n/a
d.	Other (please specify):		
	_____	\$	
	_____	\$	n/a

5. Are any of the tax-exemptions being sought in connection with the Project inconsistent with the Agency's tax-exemption policy contained in its Rules and Regulations? Yes____; No____. If yes, please explain. n/a

6. Is the Project located in the City's state designated Empire Zone? Yes____; No x.

C. Project Cost/Benefit Information. Complete the attached Cost/Benefit Analysis so that the Agency can perform a cost/benefit analysis of undertaking the Project. Such information should consist of a list and detailed description of the benefits of the Agency undertaking the Project (e.g., number of jobs created, types of jobs created, economic development in the area, etc.). Such information should also consist of a list and detailed description of the costs of the Agency undertaking the Project (e.g., tax revenues lost, buildings abandoned, etc.).

VI. REPRESENTATIONS BY THE APPLICANT. The applicant understands and agrees with the Agency as follows:

A. Job Listings. Except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOC") and with the administrative entity (collectively with the DOC, the "JTPA Entities") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA") in which the Project is located.

B. First Consideration for Employment: 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 Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for new employment opportunities created as a result of the Project.

C. City Human Rights Law. The Applicant agrees to endeavor to comply with the provisions of Article XI, Division 2 of the City Code, entitled "The Omnibus Human Rights Law". The Applicant understands that it is not subject to the provisions of The Omnibus Human Rights Law.

D. Annual Sales Tax Filings. In accordance with Section 874(8) 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.

F. Annual Employment 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.

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

(Applicant) COLUMBIA 425 NS LLC

BY: 

Joseph R. Nicolla, Authorized Person

NOTE: APPLICANT MUST ALSO COMPLETE THE APPROPRIATE VERIFICATION
APPEARING ON PAGES 18 THROUGH 21 HEREOF BEFORE A NOTARY PUBLIC AND MUST
SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 22

VERIFICATION

(If Applicant is a Corporation)

STATE OF _____)
) SS.:
COUNTY OF _____)

_____ deposes and says that he is the
(Name of chief executive of applicant)

_____ of _____,
(Title) (Company Name)

the corporation named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. Deponent further says that the reason this verification is made by the deponent and not by said company is because the said company is a corporation. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as an officer of and from the books and papers of said corporation.

(officer of applicant)

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

(Notary Public)

VERIFICATION

(If applicant is sole proprietor)

STATE OF _____)
) SS.:
COUNTY OF _____)

_____, deposes and says
(Name of Individual)

that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application.

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

(Notary Public)

(If applicant is ~~person~~ corporation limited liability company)

Joseph R. Nicolla , deposes and says
(Name of Individual)
that he is one of the members of the firm of Columbia 425 NS LLC

Joseph R. Nicolla

Margaret M. Lanni
(Notary Public)
MARGARET M. LANNI
Notary Public, State of New York
Qualified in Schoharie County
No. 4930041
Commission Expires February 16, 2014

VERIFICATION

(If applicant is limited liability company)

STATE OF _____)
) SS.:
COUNTY OF _____)

_____, deposes and says
(Name of Individual)

that he is one of the members of the firm of _____,
(Partnership Name)

the partnership named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as a member of and from the books and papers of said partnership.

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

(Notary Public)

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS THE HOLD
HARMLESS AGREEMENT APPEARING ON PAGE 22 IS SIGNED BY THE APPLICANT.

HOLD HARMLESS AGREEMENT

Applicant hereby releases City of Albany Industrial Development Agency and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (i) 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 issue of bonds requested therein are favorably acted upon by the Agency, and (ii) the Agency's financing of the Project described therein; 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 find buyers willing to purchase the total bond issue requested, then, and in that event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.

(Applicant) COLUMBIA 425 NS LLC

BY: _____

Joseph R. Nicolla, Authorized Person

Sworn to before me this
18th day of June, 2013

Margaret M. Lanni
(Notary Public)

MARGARET M. LANNI
Notary Public, State of New York
Qualified in Schenectady County
No. 4930641
Commission Expires February 18, 2014

TO: Project Applicants
FROM: City of Albany Industrial Development Agency
RE: Cost/Benefit Analysis

In order for the City of Albany Industrial Development Agency (the "Agency") to prepare a Cost/Benefit Analysis for a proposed project (the "Project"), the Applicant must answer the questions contained in this Project Questionnaire (the "Questionnaire") and complete the attached Schedules. This Questionnaire and the attached Schedule will provide information regarding various aspects of the Project, and the costs and benefits associated therewith.

Since we need this Questionnaire to be completed before we can finalize the Cost/Benefit Analysis, please complete this Questionnaire and forward it to us at your earliest convenience.

PROJECT QUESTIONNAIRE

1. Name of Project Beneficiary ("Company"):	Columbia 425 NS LLC
2. Brief Identification of the Project:	413 and 425 New Scotland Avenue
3. Estimated Amount of Project Benefits Sought:	n/a
A. Amount of Bonds Sought:	\$ _____
B. Value of Sales Tax Exemption Sought	\$ _____
C. Value of Real Property Tax Exemption Sought	\$ _____
D. Value of Mortgage Recording Tax Exemption Sought	\$ _____

PROJECTED PROJECT INVESTMENT

A. Land-Related Costs	n/a
1. Land acquisition	\$ _____
2. Site preparation	\$ _____
3. Landscaping	\$ _____
4. Utilities and infrastructure development	\$ _____
5. Access roads and parking development	\$ _____
6. Other land-related costs (describe)	\$ _____
B. Building-Related Costs	n/a
1. Acquisition of existing structures	\$ _____
2. Renovation of existing structures	\$ _____
3. New construction costs	\$ _____
4. Electrical systems	\$ _____
5. Heating, ventilation and air conditioning	\$ _____
6. Plumbing	\$ _____
7. Other building-related costs (describe)	\$ _____

C.	Machinery and Equipment Costs	n/a
1.	Production and process equipment	\$ _____
2.	Packaging equipment	\$ _____
3.	Warehousing equipment	\$ _____
4.	Installation costs for various equipment	\$ _____
5.	Other equipment-related costs (describe)	\$ _____
D.	Furniture and Fixture Costs	n/a
1.	Office furniture	\$ _____
2.	Office equipment	\$ _____
3.	Computers	\$ _____
4.	Other furniture-related costs (describe)	\$ _____
E.	Working Capital Costs	n/a
1.	Operation costs	\$ _____
2.	Production costs	\$ _____
3.	Raw materials	\$ _____
4.	Debt service	\$ _____
5.	Relocation costs	\$ _____
6.	Skills training	\$ _____
7.	Other working capital-related costs (describe)	\$ _____
F.	Professional Service Costs	n/a
1.	Architecture and engineering	\$ _____
2.	Accounting/legal	\$ _____
3.	Other service-related costs (describe)	\$ _____
G.	Other Costs	n/a
1.	_____	\$ _____
2.	_____	\$ _____
H.	Summary of Expenditures	n/a
1.	Total Land-Related Costs	\$ _____
2.	Total Building-Related Costs	\$ _____
3.	Total Machinery and Equipment Costs	\$ _____
4.	Total Furniture and Fixture Costs	\$ _____
5.	Total Working Capital Costs	\$ _____
6.	Total Professional Service Costs	\$ _____
7.	Total Other Costs	\$ _____

PROJECTED PROFIT

- I. Please provide projected profit as defined by earnings after income tax but before depreciation and amortization: It is anticipated there will not be any difference because the

Agency benefits are passed directly to the Tenant.

YEAR	Without IDA benefits	With IDA benefits
1	\$ _____	\$ _____
2	\$ _____	\$ _____
3	\$ _____	\$ _____
4	\$ _____	\$ _____
5	\$ _____	\$ _____

PROJECTED CONSTRUCTION EMPLOYMENT IMPACT

- I. Please provide estimates of total construction jobs and the total annual wages and benefits of construction jobs at the Project: n/a

Year	Number of Construction Jobs	Total Annual Wages and Benefits	Estimated Additional NYS Income Tax
Current Year		\$ _____	\$ _____
Year 1		\$ _____	\$ _____
Year 2		\$ _____	\$ _____
Year 3		\$ _____	\$ _____
Year 4		\$ _____	\$ _____
Year 5		\$ _____	\$ _____

PROJECTED PERMANENT EMPLOYMENT IMPACT

- I. Please provide estimates of total number of existing permanent jobs to be preserved or retained as a result of the Project:

Year	Professional	Skilled	Semi-Skilled	Unskilled
Current Year	9	60	1	
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

II. Please provide estimates of total new permanent jobs to be created at the Project:

Year	Professional	Skilled	Semi-Skilled	Unskilled
Current Year				
Year 1	2	6		
Year 2				
Year 3				
Year 4				
Year 5				

III. Please provide estimates for the following:

A. Creation of New Job Skills relating to permanent jobs. Please complete Schedule A.

IV. Provide the projected percentage of employment that would be filled by City of Albany residents:
20%

A. Provide a brief description of how the project expects to meet this percentage: *see below

PROJECTED OPERATING IMPACT

I. Please provide estimates for the impact of Project operating purchases and sales:

Additional Purchases (1 st year following project completion)	\$ 0
Additional Sales Tax Paid on Additional Purchases	\$ 0
Estimated Additional Sales (1 st full year following project completion)	\$ 0
Estimated Additional Sales Tax to be collected on additional sales (1 st full year following project completion)	\$ 0

II. Please provide estimates for the impact of Project on existing real property taxes and new payments in lieu of taxes ("Pilot Payments"): not applicable, there is an existing PILOT.

*Job openings will be listed with the local job development authority which will provide a source of local employment for the Project.

See attached chart.

Year	Existing Real Property Taxes (Without IDA involvement)	New Pilot Payments (With IDA)	Total (Difference)
Current Year			
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			
Year 7			
Year 8			
Year 9			
Year 10			

- III. Please provide a brief description for the impact of other economic benefits expected to be produced as a result of the Project:

Local retail and service industries will benefit from the employees in the building.

CERTIFICATION

I certify that I have prepared the responses provided in this Questionnaire and that, to the best of my knowledge, such responses are true, correct and complete.

I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Agency in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Agency of any changes in such information, and will answer any further questions regarding the Project prior to the closing.

Date Signed: June 13, 2008

Name of Person Completing Project Questionnaire on behalf of the Company.

Name: Joseph R. Nicolla

Title: Authorized Person

Phone Number: 862-9133

Address: 302 Washington Ave. Ext.
Albany NY 12203

Signature: 

SCHEDULE A

CREATION OF NEW JOB SKILLS

Please list the projected new job skills for the new permanent jobs to be created at the Project as a result of the undertaking of the Project by the Company. *retained jobs/new jobs

[illegible]

Should you need additional space, please attach a separate sheet.

2.00%

Initial PILOT

Initial PILOT									
Year	Assessed Value	Property			School			Total Taxes	
		Rate	Total	Percent of	Rate	Total	Percent of		
		per \$1,000	Taxes	Tax Due	per \$1,000	Taxes	Tax Due		
2013	\$ 750,000	\$ 17.43	\$ 13,072	0%	\$ -	\$ 22,198	0%	\$ -	\$ -
2014	\$ 1,244,200	\$ 17.78	\$ 22,119	0%	\$ -	\$ 37,561	0%	\$ -	\$ -
2015	\$ 1,244,200	\$ 18.13	\$ 22,561	0%	\$ -	\$ 38,312	0%	\$ -	\$ -
2016	\$ 1,244,200	\$ 18.50	\$ 23,012	0%	\$ -	\$ 39,079	0%	\$ -	\$ -
2017	\$ 1,244,200	\$ 18.87	\$ 23,473	20%	\$ 4,695	\$ 39,860	20%	\$ 7,972	\$ 12,667
2018	\$ 1,244,200	\$ 19.24	\$ 23,942	40%	\$ 9,577	\$ 40,657	40%	\$ 16,263	\$ 25,840
2019	\$ 1,244,200	\$ 19.63	\$ 24,421	60%	\$ 14,653	\$ 41,471	60%	\$ 24,882	\$ 39,535
2020	\$ 1,244,200	\$ 20.02	\$ 24,909	80%	\$ 19,928	\$ 42,300	80%	\$ 33,840	\$ 53,768
2021	\$ 1,244,200	\$ 20.42	\$ 25,408	100%	\$ 25,408	\$ 43,146	100%	\$ 43,146	\$ 68,554
			\$ 202,917		\$ 74,259	\$ 344,585		\$ 126,103	\$ 200,363



ST PETER'S HEALTH PARTNERS

315 South Manning Boulevard
Albany, New York 12208
ph 518.525.1111

sphp.com

May 7, 2013

Mr. Joseph Nicolla
c/o Columbia 425 NS LLC
302 Washington Avenue Extension
Albany, NY 12203

Re: 413 and 425 New Scotland Avenue

Dear Mr. Nicolla:

I am VP Legal Services for St. Peter's Health Partners. Thank you for helping us in connection with the New Scotland Avenue property. I believe I can answer your questions regarding our plans for the property and intended date of occupancy.

As you are aware, Care For Life Foundation, Inc., the tenant under the Lease Agreement with Columbia 425 NS LLC, and Seton Health Systems, Inc., an intended subtenant, are part of the St. Peter's Health Partners (SPHP) not-for-profit health care system. While both Care For Life Foundation, Inc. and Seton Health Systems, Inc. intended to use the New Scotland Avenue property, at this time, St. Peter's Health Partners Medical Associates, P.C. (SPHPMA), another affiliate within SPHP system, has a more immediate need for the property.

SPHPMA is a New York professional service corporation organized as, operated as, and expected to be recognized as an entity exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code. SPHPMA employs physicians and other health professional to provide health care services within the SPHP geographic service area. It is expected that SPHPMA will use the property for its administrative functions (including finance, information services and central billing operations) that support the health services provided by SPHPMA. Through either an assignment or sublease of the Lease Agreement, it is anticipated that SPHPMA will fulfill Care For Life Foundation, Inc.'s obligations under the Lease Agreement.

We understand the importance of maintaining the arrangements you received with the City of Albany Industrial Development Agency and Capital Resource Corporation related to the property tax abatement and hope that this transition will still fulfill that arrangement. SPHP is appreciative of the positive relationships we have built with the City of Albany and Columbia Development over the years and it is our intent to ensure this continues. If you are in need of additional information related to SPHPMA's occupancy, please let me know and we will provide that to you as soon as possible.

Sincerely,

Robert N. Swidler

cc: Michael Whalen, VP Facilities Management and Supply Chain, SPHP
Kelly Hoffman, Real Estate and Leasing, SPHP
Scott St. George, VP Operations, Acute Care Troy, SPHP
Paul Gordon, Chief Financial Officer, St. Peter's Health Partners Medical Associates, P.C.

**ST. PETER'S HEALTH PARTNERS
MEDICAL ASSOCIATES, P.C.
315 S. MANNING BOULEVARD
ALBANY, NEW YORK 12208**

July 25, 2013

Mr. Michael Yevoli
Chief Executive Officer
City of Albany Industrial Development Agency
21 Lodge Street
Albany, New York 12207

Re: 425 New Scotland Avenue, City of Albany ("Project")

Dear Mr. Yevoli:

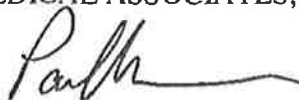
This letter is in response to your request for additional information concerning employment at 425 New Scotland Avenue. As you know, St. Peter's Health Partners Medical Associates, P.C. ("St. Peter's") intends to locate its finance, information services and central billing operations into the Project. The employees are currently spread out over various locations, which presents operational challenges for the Medical Group. Having these essential Physician services divided among many locations has created both inefficiencies and duplication of services. The medical industry has become acutely competitive over the past three years and this consolidation of functions is essential for St. Peter's Health Partners Medical Associates to maintain its competitive position in its industry.

St. Peter's currently occupies three different spaces at Executive Woods in the Town of Colonie. The leases for all three spaces expired. The landlord of these spaces has agreed to let St. Peter's Health Partner's Medical Associates remain on a month-to-month basis pending final decisions regarding consolidation. Remaining in these spaces is not an option available to St. Peter's. We would like to place these existing employees at the Project in the City of Albany.

In addition to relocating current employees, St. Peter's intends to create a minimum of eight (8) new positions.

ST. PETER'S HEALTH PARTNERS
MEDICAL ASSOCIATES, P.C.

BY:



Name: Paul J. Gordon

Title: CFO Physician Enterprise/SPHPMA



**ST PETER'S HEALTH
PARTNERS**

315 South Manning Boulevard
Albany, NY 12208
P: 518.525.1111
email: sphp@sphp.com

www.sphp.com

August 12, 2013

Mr. Michael Yevoli
Commissioner, City of Albany of Planning and Development
21 Lodge Street
Albany, NY 12207

RE: 425 New Scotland Avenue
City of Albany, NY

Dear Mr. Yevoli:

As you know St. Peter's Hospital would like to utilize the building located at 425 New Scotland Avenue, City of Albany ("Project Site") for hospital financial, information services and billing services. Since there are only 17 on-site parking spaces but approximately 78 employees slotted to work at this facility, **St. Peter's has developed a parking plan to ensure employees do not utilize resident parking spaces in the surrounding neighborhood.**

St. Peter's Hospital currently maintains over 2,500 parking spaces for patients, visitors and staff on-campus at 315 South Manning Boulevard in the City of Albany. This parking provides a safe and convenient solution to **the hospital's** parking needs without monopolizing parking spaces on the surrounding streets. There is ample additional parking available on-campus to satisfy the parking needs for the Project. **Therefore, St. Peter's** intends to extend its current shuttle services to the Project Site and require project employees to use this shuttle. Employees working at the Project Site will be prohibited from parking at 425 New Scotland Avenue and on the streets in the neighborhood of the project.

St. Peter's currently offers free shuttle service to the hospital and surrounding medical office buildings. St. Peter's will expand its existing shuttle service from the Project Site to the 315 South Manning Boulevard parking lots and garages and require staff to use this service. By expanding its current shuttle service to include pickup and delivery of 425 New Scotland staff, the hospital will ensure that neighboring residents do not lose use of the existing on-street parking adjacent to the Project Site. Shuttle stops will be scheduled at the beginning and end of each workday as well as three times in the morning and three times in the afternoon to provide the staff convenient daytime access to their vehicles. In addition, a dedicated phone line will be established for unscheduled or emergency shuttle requests.

Lastly, it should be noted that the distance between 425 New Scotland Avenue and the St. Peter's campus is less than 1.5 miles. This proximity, coupled with the frequency and convenience that this plan provides will enable **St. Peter's** to utilize this vacant building while maintaining its respectful presence in the community it serves.

Should you require any additional information, please do not hesitate to contact me at 518-525-1042.

Michael F. Whelan
VP, Facilities Management & Supply Chain
St. Peter's Health Partners

NOTIFICATION OF LOCAL ACTION DECISION OF THE CITY OF ALBANY BOARD OF ZONING APPEALS

► Important Note: This is not a building permit. All building permits must be approved and issued by the Division of Building & Codes prior to the start of any construction.

ADDRESS OF SUBJECT PROPERTY: 413 & 425 New Scotland Ave.

IN THE MATTER OF: Use Variance and Area Variance to allow the +/- 20,750 square foot structure at the site to be occupied as office space providing seventeen (17) off-street parking spaces.

APPLICANT: Columbia 425 NS, LLC c/o Hershberg & Hershberg

ADDRESS: 18 Locust St., Albany, NY 12210

CASE NUMBER: 8-13, 4124

DATE APPLICATION RECEIVED: 7/10/13

DATE OF HEARING: 8/14/13

DATE OF DECISION: 8/14/13

WARD: 9

DECISION: Approved w/Conditions

N.A.: New Scotland/Woodlawn

HISTORIC/ SPECIAL DISTRICT(S): Traditional Neighborhood Design Overlay District

The request is Approved, by the following vote:

For: 6	Apostol: Y	Ray: Y
Against: 0	Cronin: Y	Tucker-Ross: Y
Abstain: 0	Moran: Y	Viele: Y

Site Description

The properties in question are located on the northeast and northwest corners, respectively, of New Scotland Avenue and West Erie Street in an R-2A One- and Two-Family Residential zoning district and the Traditional Neighborhood Design Overlay District. 413 New Scotland Avenue is a 44'x 165' lot currently improved as an 18-space parking lot. 425 New Scotland Avenue is a 99'x 200' lot improved with a three-story, 20,736 square foot former school.

Relevant Considerations

The applicant is seeking a Use Variance to allow for the conversion of the structure at the subject property for use as office. The property is located in an R-2A zoning district, which does not permit the proposed office use. The building was constructed as a parochial school associated with Saint Theresa of Avila Parish that has since closed. The applicant, Columbia 425 NS, LLC acquired the property from the Roman Catholic Diocese on August 29, 2011 for \$750,000.

The Board previously granted a Special Use Permit on October 13, 2010 in Case #9-10, 1915 to allow for the establishment of an adult day care center at the property. The applicant was the recipient of that approval and describes the reasoning behind its current request as follows:

"The Applicant intends to change the use of this building from adult day care with administrative offices to administrative offices for St. Peter's Health Partners Medical Associates, P.C. (SPHPMA). Since the Care For Life Foundation, Inc., the tenant under the Lease Agreement with Columbia 425 NS LLC, proposed occupation of this building a merger took place. After completing the Merger - St. Peter's Health Partners began an ongoing overall assessment of all services provided under our corporate umbrella inclusive of services that were in the planning stage in order to determine what - if any - overlap or redundancies existed. As part of this process a strategic decision was made to not move forward with this project and to determine other potential uses for this location. While both

I, G. Michael Apostol, representing the Board of Zoning Appeals of the City of Albany, hereby certify that the foregoing is a true copy of a decision of the Board made at a meeting thereof duly called and held on August 14, 2013.

Signed: G. Michael Apostol Date: 8/14/13

► Important Note: Unless otherwise specified by the Board, this decision shall expire and become null and void if the applicant fails to obtain any necessary zoning, building, or other permits or comply with the conditions of such decision within six (6) months of the date of signature.

SHORT ENVIRONMENTAL ASSESSMENT FORM

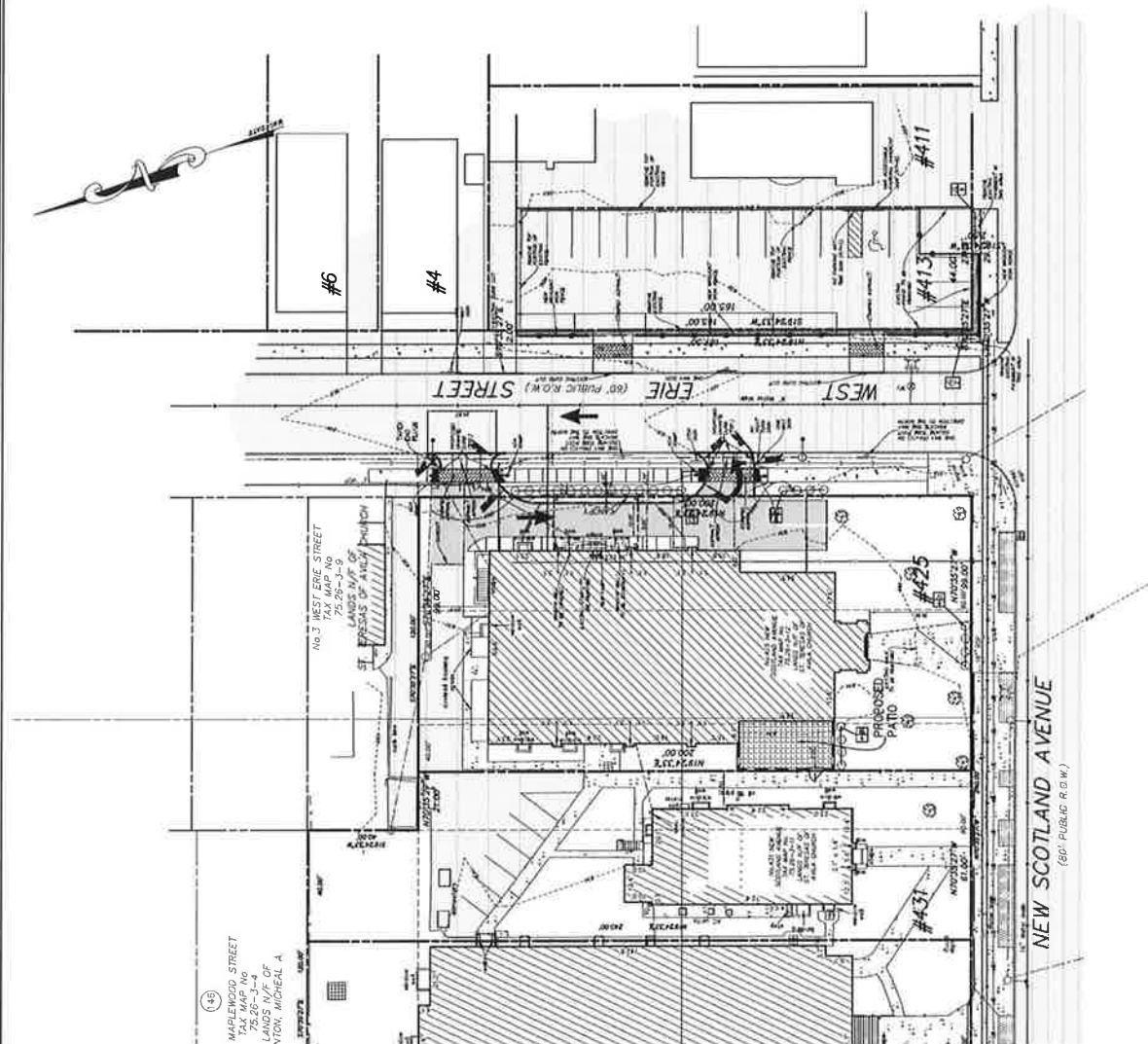
INSTRUCTIONS:

In order to answer the questions in this short EAF it is assumed that the preparer will use currently available information concerning the project and the likely impacts of the action. It is not expected that additional studies research or other investigations will be undertaken.

ENVIRONMENTAL ASSESSMENT

- | | | | |
|-----|--|-------------------|-------------|
| 1. | Will the project result in a large physical change to the project site or physically alter more than 10 acres of land?..... | ___ Yes | <u>X</u> No |
| 2. | Will there be a major change to any unique or unusual landform found on this site?..... | ___ Yes | <u>X</u> No |
| 3. | Will project alter or have a large effect on an existing body of water?..... | ___ Yes | <u>X</u> No |
| 4. | Will project have a potentially large impact on groundwater quality? | ___ Yes | <u>X</u> No |
| 5. | Will project significantly affect drainage flow or air quality?..... | ___ Yes | <u>X</u> No |
| 6. | Will project affect any threatened or endangered plant or animal species... | ___ Yes | <u>X</u> No |
| 7. | Will project result in a major adverse impact on air quality?..... | ___ Yes | <u>X</u> No |
| 8. | Will project have a major effect on visual character of the community or scenic views or vistas known to be or important to the community?... | ___ Yes | <u>X</u> No |
| 9. | Will project adversely impact any site or structure of historic, prehistoric or paleontological importance or any site designated as a critical environmental area by a local agency?..... | ___ Yes | <u>X</u> No |
| 10. | Will project have a major effect on existing or future recreational opportunities? | ___ Yes | <u>X</u> No |
| 11. | Will project result in major traffic problems or cause a major impact on existing transportation systems?..... | ___ Yes | <u>X</u> No |
| 12. | Will project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbances as a result of the project's operation?..... | ___ Yes | <u>X</u> No |
| 13. | Will project have any impact on public health or safety?..... | ___ Yes | <u>X</u> No |
| 14. | Will project affect the existing community by directly causing a growth? in permanent population of more than 5% over a one-year period <u>or</u> have a major negative effect on the character of the community or neighborhood?..... | ___ Yes | <u>X</u> No |
| 15. | Is there any public controversy concerning the project?..... | X Unknown ___ Yes | ___ No |

PREPARER'S SIGNATURE: _____ TITLE: Engineer for the applicant.
Daniel R. Hershberg, P.E.&L.S.
REPRESENTING: Columbia 425 NS, LLC DATE: June 14, 2013

[illegible]

description	sq. ft.	acres	%
gross site area	19,800	0.455	100.00
imperial area	14,178	0.325	71.67
building coverage	8,963	0.206	45.27
parking/warehouse	5,215	0.120	26.34
permitted area	5,622	0.129	28.39

description	s.f.	acreage	%
gross site area	7,250	0.166	100.00
impervious area	7,250	0.166	100.00
building coverage	0	0	0
driveway/sidewalk coverage	7,250	0.166	100.00
parking area			0.00

ZONING REQUIREMENTS TABLE	
ZONE	R-2A
MAXIMUM COVERAGE	35%
SETBACKS	20' FRONT SIDE REAR
HEIGHT	5' ONE SIDE, 16' TOTAL 2 1/2' STORIES 35' MAX.



HERSBERG & HERSCBERG
16 Locust Street
Albany, New York 12202
Telephone: 518/262-1111
Fax: 518/262-1112



DATE	REVISIONS
12/12/00	1. INITIAL DESIGN
12/12/00	2. REVISED DESIGN
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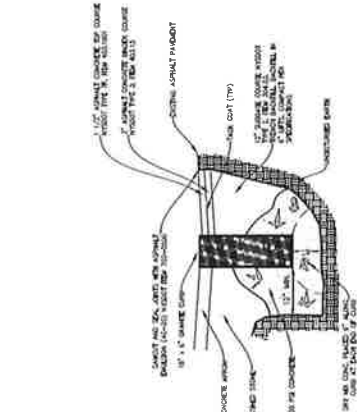
PROPOSED SITE PLAN
413 & 425 NEW SCOTLAND AVENUE
ALBANY, NEW YORK

C-2

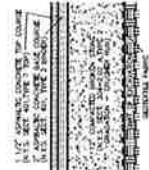
BITE PLAN GENERAL NOTES

1. ALL WORK SHALL BE DONE IN STRICT COMPLIANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, STANDARDS, ORDINANCES, RULES AND REGULATIONS.
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
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4. ALL STORM SEWERS AND SANITARIAN SEWERS TO BE CONSTRUCTED IN COMPLIANCE WITH THE LOCAL JURISDICTION'S CODES AND REGULATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
6. MISCELLANEOUS WORK NOT SPECIFICALLY SHOWN ON THE CONTRACT DRAWINGS SUCH AS PATTERING, BLOCKING, TRIMMING, ETC. SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR.
7. ALL DISTURBED AREAS SHALL BE RESTORED TO ORIGINAL OR BETTER CONDITION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
8. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
9. ALL SIGHT TRIANGLES IN TRUCKS EXCAVATED IN EXISTING ROADWAYS SHALL BE PLACED IN MAXIMUM SIX (6) INCH LIFT AND COMPACTED BY MEANS OF A MECHANICAL COMPACTOR BETWEEN LIFTS.
10. WHEN BACKFILLING AROUND PROPOSED OR EXISTING STRUCTURES, THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
11. SEWER MARKS IN RELATION TO WATER MAINS: WHERE POSSIBLE, SEWERS SHALL BE MARKED WITH A MINIMUM SIX (6) INCH LIFT AND COMPACTED BY MEANS OF A MECHANICAL COMPACTOR BETWEEN LIFTS.
12. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
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16. ALL EXISTING DRAINAGE SHALL BE MAINTAINED, EXCEPT WHERE IT IS SHOWN TO BE ABANDONED.
17. THE CONTRACTOR SHALL USE DUST CONTROL MEASURES DURING CONSTRUCTION.
18. THE CONTRACTOR SHALL SUBMIT SHOP DRAWINGS OF ALL SPOT WELDS, JOINTS, AND CONNECTIONS TO THE LOCAL JURISDICTION FOR REVIEW AND APPROVAL. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
19. ALL LAYOUT TO BE PERFORMED BASED UPON ASSUMED COORDINATE SYSTEM WHICH IS UNOBTAINED TO THIS PROJECT.
20. THE CONTRACTOR SHALL VERIFY THAT NO OTHER CONNECTIONS EXIST WITHIN THE PROJECT AREA. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
21. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTION.
22. NO TIES SHALL BE REQUIRED WITHOUT THE ARCHITECT'S/ENGINEER'S CONSENT.
23. SHOP DRAWINGS AND CONNECTIONS ARE BASED ON NAD 83 DATUM.

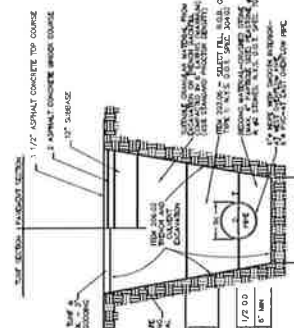
CONSTRUCTION ISSUE



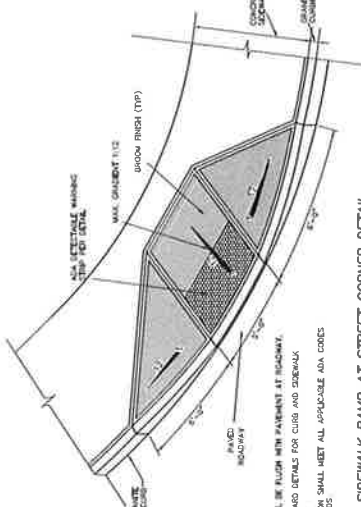
NEW GRANITE CURB CUT AND PAVEMENT REPAIR DETAIL
NOT TO SCALE



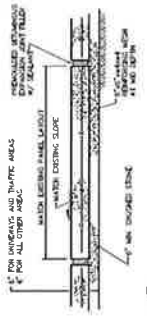
PAVEMENT DETAIL
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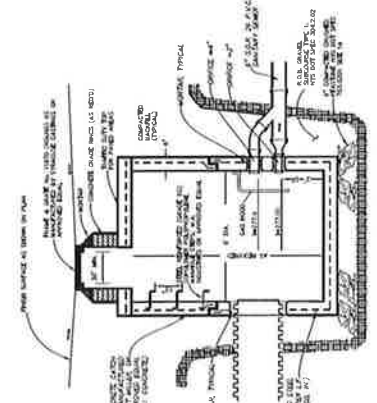
TYPICAL TRENCH DETAIL
NOT TO SCALE



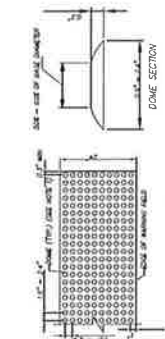
SIDEWALK RAMP AT STREET CORNER DETAIL
NOT TO SCALE



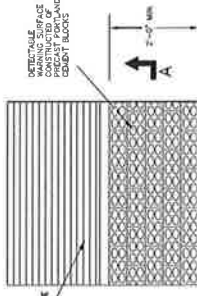
SIDEWALK REPLACEMENT DETAIL
NOT TO SCALE



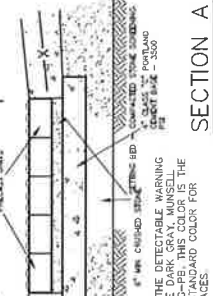
DETENTION BASIN DETAIL
NOT TO SCALE



DETECTABLE SURFACE DETAIL
NOT TO SCALE



PLAN



SECTION A

ADA DETECTABLE WARNING STRIP DETAIL
NOT TO SCALE



HERSBERG & HERSBERG
Civil Engineers
and Land Surveyors

180 West Street
Albany, New York 12202

A LICENSED PROFESSIONAL
ENGINEER & LAND SURVEYOR
STATE OF NEW YORK



REVISIONS
DATE
REMARKS

EXISTING CONDITIONS PLAN
413 & 425 NEW SCOTLAND AVENUE
ALBANY, NEW YORK

CONSTRUCTION ISSUE

C-3

