

**NYCIDA PROJECT COST/BENEFIT ANALYSIS**

**June 5, 2014**

**APPLICANT**

**Skyline Restoration Inc.  
CGI Northeast, Inc.  
Spring Scaffolding LLC  
Metropolitan Northeast LLC  
11-20 37<sup>th</sup> Avenue  
Long Island City, NY 11101**

**PROJECT LOCATION**

**49-27 31st Street  
Long Island City, NY 11101**

**A. Project Description:**

Skyline Restoration and its affiliates CGI Northeast, Spring Scaffolding, and Metropolitan Northeast (the "Companies") are contractors and manufacturers of scaffolding, waterproofing systems, and concrete products, specializing in façade restoration, roofing, and historic renovation. The Companies seek assistance through the IDA to acquire, renovation, and equip an approximately 43,000 square foot building on an approximately 69,000 square foot parcel of land.

Project costs are estimated to be \$16,000,000 including \$14,000,000 for acquisition, \$2,000,000 in construction hard costs, \$200,000 in soft costs, and \$500,000 in fees.

The Companies plan to relocate 165 full time equivalent employees and expect to hire 45 more within the next three years for a total of 210 full time equivalent employees.

**B. Costs to City (New York City taxes to be exempted):**

Mortgage Recording Tax Benefit:	\$204,750
Land Tax Abatement (NPV, 25 years):	894,372
Building Tax Exemption (NPV, 25 years):	5,796,372
Sales Tax Exemption:	63,000
<b>Total Cost to NYC</b>	<b>\$6,958,494</b>

**C. Benefit to City (Estimated NYC direct and indirect taxes to be generated by Company) (estimated NPV 25 years @ 6.25%):**

**\$26,948,497**



New York City  
Industrial Development Agency



# BENEFITS APPLICATION

Applicant Name: Skyline Restoration, Inc.; CGI Northeast, Inc.; Spring Scaffolding, LLC; Metro Northeast LLC	
Name of operating company (if different from Applicant):	
Operating Company Address: 11-20 37th Avenue Long Island City, New York. 11101	
Website Address: <a href="http://www.skylinerestoration.com">www.skylinerestoration.com</a> ; <a href="http://www.cgineortheast.com">www.cgineortheast.com</a> ; <a href="http://www.springscaffolding.com">www.springscaffolding.com</a> ;	
EIN #: [REDACTED]	NAICS Code:
State and date of incorporation or formation: NY 05/26/1989; NY 11/03/2004; NY 6/9/2011; NY 7/7/2005	Qualified to conduct business in NY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is (check one of the following, as applicable):	
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Natural Person <input type="checkbox"/> 501(c)(3) Organization <input type="checkbox"/> Other: _____	
Are any securities of Applicant publicly traded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## Applicable Financial Assistance (check all that apply)

Please note the following: When Build NYC is the entity providing Financial Assistance, the Project Financial Assistance may be limited to deferral from mortgage recording taxes and tax-exempt conduit bond financing.

<input type="checkbox"/> Bond Financing
<input checked="" type="checkbox"/> Real Estate Tax Benefits
<input checked="" type="checkbox"/> Sales Tax Waiver
<input checked="" type="checkbox"/> Mortgage Recording Tax Deferral

## Applicant Contact Information

	Name/Title	Company	Address	Email	Phone
Applicant Contact Person	Rygo Foss, Esq.	Skyline Restoration Inc.	11-20 37th Avenue Long Island City, NY 11101	[REDACTED]	[REDACTED]
Attorney	Michael Maizes, Esq.	Maizes & Maizes LLP	2027 Williamsbridge Road-2nd Floor Bronx NY 10461	[REDACTED]	[REDACTED]
Accountant	Robert G. Gabriel, CPA	Gabriel & Sciacca, CPA's, LLP	23 Willis Avenue Syosset, NY 11791	[REDACTED]	[REDACTED]
Consultant/Other	Sunil K. Aggarwal	ThinkForward Financial Group	27 Whitehall Street New York, NY 10004	[REDACTED]	[REDACTED]

**Background**

Please provide a brief description of the Applicant's history and nature of its business, including a description of the industry, competitors and services offered, on a separate sheet.

**Proposed Project Activities**

Please provide answers to the following four questions on a separate page.

1. Please provide a brief overview of the entire proposed Project. If necessary, break down by tax lot to describe activities at each Project Location. See Attached
2. Please provide a brief description of how the proposed Project will affect current operations. See Attached
3. Please provide a brief description of renovations/construction of the proposed Project. See Attached
4. Please provide a brief timeline for the entire proposed Project. See Attached

**Project Financing**

Amounts provided should be aggregates for all Project Locations.

Uses of Funds	Sources of Funds (If needed use an additional sheet to indicate all sources and uses)							Total Uses
	Bond Proceeds	Commercial Financing (Loan 1)	Commercial Financing (Loan 2)	Affiliate/ Employee Loans	Capital Campaign	Company Funds	Other (Identify):	
Land & Building Acquisition		7,600,000	5,000,000			1,400,000		14,000,000
Construction Hard Costs						2,000,000		2,000,000
Construction Soft Costs						200,000		200,000
Fixed Tenant Improvements								
Furnishings & Equipment								
Debt Service Reserve Fund								
Capitalized Interest								
Costs of Issuance								
Fees (explain):						500,000		500,000
Other (explain)								
<b>Total Sources</b>		7,600,000	5,000,000			4,100,000		16,700,000

**Operating Pro Forma (for NYCIDA applicants only)**

Please provide an operating pro forma or other financial analysis demonstrating how NYCIDA assistance is needed in order to make the Project feasible.

**Sourcing**

Please list where machinery, equipment and furnishings will be purchased and what percentage of total machinery, equipment, and furnishings relating to the Project this will represent:

<input type="checkbox"/> New York City	% of Total?	<input type="text"/>
<input type="checkbox"/> New York State (excluding NYC)	% of Total?	<input type="text"/>
<input type="checkbox"/> United States (excluding NYS & NYC)	% of Total?	<input type="text"/>
<input type="checkbox"/> Outside United States	% of Total?	<input type="text"/>
<input checked="" type="checkbox"/> N/A – No equipment is planned to be purchased for this Project		

**Core Application – Proposed Project Packet (1 of 2)**  
 Please complete Proposed Project Packet for EACH Project Location

**Project Location Detail**

Project Location	Project Location # 1 of 1
Borough/Block/Lot: Queens / 289 / 21	Street address and zip code: 49-27 31 <sup>st</sup> Street Long Island City 11101
Zoning: M2-1	Number of Floors: 1
Square footage of existing building: 42,990 SF	Square footage of land: 66,530 SF
Anticipated square footage of building following construction and/or renovation: 42,990 SF	Anticipated square footage of non-building improvements following construction and/or renovation (i.e., parking lot construction): 23,540 SF
Intended use(s) of site (check <u>all</u> that apply): <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Manufacturing/Industrial <input checked="" type="checkbox"/> Office <input type="checkbox"/> Non-profit For ALL USES other than Non-profit or Retail, please also complete Energy Questionnaire	
Is there any improved space which is currently occupied by existing subtenant(s) (whether Affiliates or otherwise)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will any improved space be occupied by subtenant(s) (whether Affiliates or otherwise)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes to either, please attach a separate page and provide details such as (1) name of subtenant business(es) (whether Affiliates or otherwise), (2) square footage of subtenant operations, (3) subtenant lease commencement and termination dates, and (4) copies of leases.	

**Anticipated Ownership of Premises**

1. Please check all that apply:

<input checked="" type="checkbox"/> Applicant or an Affiliate is or expects to be the fee simple owner of the Project Location	(Projected) Acquisition date: 7/1/14
<input type="checkbox"/> Applicant or an Affiliate leases or expects to lease the Project Location	(Projected) Lease signing date:
If you checked the box above, please select one of the following: <input type="checkbox"/> Lease is for an entire building and property <input type="checkbox"/> Lease is for a portion of the building and/or property.	
<input type="checkbox"/> None of the above categories fully describe Applicant's interest or intended interest in the Project Location, which may be more accurately described in a supplementary document (attached).	

2. If an Affiliate owns or controls (or will own or control) a Project Location, then describe such Affiliate by choosing one of the following selections and completing the chart provided below:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> C Corporation          |
| <input type="checkbox"/> S Corporation       | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> 501(c)(3) Organization |
| <input type="checkbox"/> Natural Person      | <input type="checkbox"/> Other (specify): _____    |   |

Name of Affiliate:	EIN # of Affiliate:
Address of Affiliate:	
Affiliation of Affiliate to Applicant:	
Contact Person:	Title of Contact Person:
Phone Number(s):	

**Employment Information**

The following information will be used as part of the Agency's calculation of the benefit of the Project, and as a basis for the comparison with th employment information that the Applicant will be required to report on an annual basis for the term of the Project Agreement.

- Anticipated Facility Operations Start Date: 4/1/2015
- Number of Employees Applicant employed throughout New York City as of the last pay period:  
Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week): 165
- If Applicant currently occupies and operates at the Project Location, how many Full- and Part-time Employees are employed at Project Location?  
Part-time (working between 17.5 and 35 hours per week):  Full-time (working 35 or more hours per week):
- Number of Employees Applicant expect to employ throughout New York City on the Facility Operations Start-Date:  
Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week): 175  
  
How many of these employees are expected to be relocated to the Project Location on or about the Facility Operations Start Date?  
  
Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week): 165
- Estimated New-growth Employment. Complete the following chart to indicate the number of new employees that are expected to be hired at the Project Location in each year. Note: Year 1 is the year following the Facility Operations Start Date; Year 2 is the second year following that date; Year 3 is the third, etc. **Please be sure to include back-up documentation (i.e., historical payroll data) which inform your employment projections.**

Years following Facility Operations Start Date	1	2	3	4	5	6	7	Total New Growth
Permanent Full-time	10	10	15	5	5	5	5	55
Permanent Part-time	0	0	0	0	0	0	0	0

**Wage Information**

The questions in this section apply only to **Permanent Employees** employed or to be employed at the Project Location, and this information should **not include** compensation paid to Principals. Please note this information is required to be provided to the Agency on an annual basis.

- If employees are to be relocated on the Facility Operations Start Date, what will be the average annual compensation per relocated employee?  
Part-time: Full-time: \$60,000
- With regard to the employees currently employed at the Project Location, what is the current average annual compensation per employee?  
Part-time: Full-time:
- For new employees expected to be hired in the first year following the Facility Operations Start-Date, what is the projected average annual compensation per employee?  
Part-time: Full-time: \$60,000
- For all new employees (again, excluding Principals) expected to be hired during the three-year period following the Facility Operations Start Date, please project the following:

**Part-Time**

Average annual compensation per employee:  
Annual salary of highest compensated part-time employee:  
Annual salary of lowest compensated part-time employee:

**Full-Time**

Average annual compensation per employee: \$60,000  
Annual salary of highest compensated full-time employee: \$250,000  
Annual salary of lowest compensated full-time employee: \$40,000

- Generally describe all other forms of compensation and benefits that Permanent Employees will receive. Examples: healthcare, employer-contributions for retirement plans, on-the-job training, reimbursement for educational expenses, etc.

Permanent employees receive health benefits including dental and vision plans and may participate in employer-sponsored 401(k) retirement plan that has employer contribution of 6% of compensation for employees over 21 years of age and after one year of service. There is also the potential for profit sharing, flexible scheduling and vehicle (if applicable). In addition Skyline provides on-the-job training to employees on a regular basis.

## Labor

The Applicant and its Affiliates hereinafter will be referred to collectively as the "Companies" or individually as a "Company." If none of the following questions apply to any of these Companies, answer "NO"; but, for any question that does apply, be sure to specify to which of the Companies the answer is relevant.

1. Have any of the Companies during the current calendar year or any of the five preceding calendar years experienced labor unrest situations, including actual or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?  
 Yes  No      If Yes, please explain on an attached sheet
2. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year or any of the five calendar years preceding the current calendar year?  
 Yes  No      If Yes, please describe and explain current status of complaints on an attached sheet
3. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings or other labor disputes during the current calendar year or any of the five calendar years preceding the current calendar year?  
 Yes  No      If Yes, please explain on an attached sheet
4. Are all employees of the Companies permitted to work in the United States?  
 Yes  No      If No, please provide details on an attached sheet.  
Do the Companies complete and retain all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?  
 Yes  No      If No, please explain on an attached sheet
5. Has the United States Department of Labor, the New York State Department of Labor, the New York City Office of the Comptroller or any other local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their working conditions and/or their wages, inspected the premises of any Company or audited the payroll records of any Company during the current or preceding three year calendar years?  
 Yes  No      If "Yes," please use an attached sheet to briefly describe the nature and date of the inspection and the inspecting governmental entity. Briefly describe the outcome of the inspection, including any reports that may have been issued and any fines or remedial or other requirements imposed upon any of the Companies as a consequence.
6. Have any of the Companies incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?  
 Yes  No      If "Yes," please use an attached sheet to quantify the liability and briefly describe its nature. Refer to any governmental entities that have had regulatory contact with the Company in connection with the liability.
7. Are the practices of any of the Companies now, or have they been at any time during the current or preceding five calendar years, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?  
 Yes  No      If "Yes," provide details on an attached sheet. Note "discrimination" includes sexual harassment.

**Financials**

1. Has Applicant, any Affiliate, or Principal, or any close relative of any Principal, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of non-discretionary benefit from any Public Entities?  
 Yes  No If Yes, please provide details on an attached sheet.
2. Has Applicant, or any Affiliate or Principal, or any existing or proposed occupant at the Project Location(s), obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA/Build NYC and/or other Public Entities?  
 Yes  No If Yes, please provide details on an attached sheet.
3. Has Applicant, or any Affiliate or Principal, ever defaulted on a loan or other obligation to a Public Entity?  
 Yes  No If Yes, please provide details on an attached sheet.
4. Has real property in which Applicant, or Affiliate or Principal, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?  
 Yes  No If Yes, please provide details on an attached sheet.
5. Does Applicant, or any Affiliate or Principal, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.  
 Yes  No If Yes, please provide details on an attached sheet.
6. Has Applicant, or any Affiliate or Principal, failed to file any required tax returns as and when required with appropriate governmental authorities?  
 Yes  No If Yes, please provide details on an attached sheet.

For questions 7 through 12, below, please answer the following questions relating to the Applicant (if the space provided below is insufficient, please provide complete information on an attached sheet):

7. List major customers:

Company Name	Address	City	State	Zip	% of Revenue
FS Residential	622 Third Avenue, 15th Floor New York, NY 10017				<10%
SL Green Realty	420 Lexington Avenue New York, NY 10170				<10%
RAND Engineering & Architecture	159 West 25th Street New York, NY 10001				<10%
NYU Facilities & Construction Management					<10%

8. List major suppliers:

Company Name	Address	City	State	Zip
Extech Building Materials, Inc.	43-87 Vernon Blvd LIC, NY			
Newcastle Building Products	50-15 34th Street LIC, NY			
Allied Building Product Corp				
Garvin Brown Construction Products				

9. List major Funding sources (if applicable):

Company Name	Address	City	State	Zip

10. List unions (if applicable):

Company Name	Address	Contact	Phone	Fax	Other
N/A					

11. List banks:

Company Name	Address	Contact	Phone	Fax	Other
M&T Bank	401 Broadhollow Rd. Suite 101 Melville, NY 11747	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

12. List licensing authorities (if applicable):

Company Name	Address	Contact	Phone	Fax	Other
NYC Dept of Buildings Special Rigger's License	Licensing Unit - Exams 280 Broadway, 6th Floor New York, NY 10007		[REDACTED]		

**Anti-Raiding**

1. Will the completion of the Project result in the relocation of any plant or facility located within New York State, but outside of New York City, to New York City?  Yes  No

If "Yes," please provide the names of the owners and addresses of the to-be-removed plant(s) or facility(ies):

2. Will the completion of the Project result in the abandonment of any plants or facilities located in an area of New York State other than New York City?  Yes  No

If "Yes," please provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):

If the answer to question 1 or 2 is "Yes," please continue and answer questions 3 and 4.

3. Is the Project reasonably necessary to preserve the competitive position of this Applicant, or of any proposed occupants of the Project, in the industry?  Yes  No
4. Is the Project reasonably necessary to discourage the Applicant, or any proposed occupant of the Project, from removing such plant or facility to location outside New York State?  Yes  No

If the answer to question 3 or 4 is "Yes," please provide on a detailed explanation on a separate sheet of paper.



**Certification**

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant and its Affiliates, hereby request, represent, certify, understand, acknowledge and agree as follows:

I request that this Application, together with all materials and data submitted in support of this Application (collectively, these "Application Materials"), be submitted for review to the applicable Agency's Board of Directors (the "Board"), in order to obtain from the Board an expression of intent to provide the benefits requested herein for the Project.

I represent that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant and its Affiliates.

I certify to the best of my knowledge and belief, after due investigation, the information contained in these Application Materials is accurate, true and correct and does not contain a misstatement of a material fact or omit to state a material fact necessary to make the statements contained herein not misleading. I understand that an intentional misstatement of fact, or, whether intentional or not, a material misstatement of fact, or the providing of materially misleading information, or the omission of a material fact, may cause the Agency's Board to reject the request made in the Application Materials. I understand that the Agency will rely on the information contained within these Application Materials in producing and publishing a public notice and convening a public hearing. If any information in these Application Materials is found to be incorrect, the Applicant may have to provide new information and a new public notice and public hearing may be required. If a new public notice and public hearing is required, they will be at the Applicant's expense.

I understand the following: that Applicant and Principals will be subject to a background check and actual or proposed subtenants may be subject to a background check, and if such background check performed by the Agency with respect to Applicant or any Affiliates reveals negative information, Applicant consents to any actions that the Agency or NYCEDC may take to investigate and verify such information; that the Agency may be required under SEQRA to make a determination as to the Project's environmental impact and that in the event the Agency determines that the Project will have an environmental impact, Applicant will be required to prepare, at its own expense, an environmental impact statement; that the decision of the Board to approve or to reject the request made in the Application Materials is a discretionary decision; that no Bonds may be issued (if Bonds are being requested) unless such Bonds are approved by the Mayor of the City; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA/Build NYC may be required to disclose the Application Materials and the information contained therein (see the Disclosure Policy section of the Policies and Instructions provided to Applicant and signed by Applicant on or about the date hereof (the "Policies and Instructions")); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials.

I further understand and agree as follows:

That notwithstanding submission of this Application, the Agency shall be under no obligation to present Applicant's proposed Project to its Board for approval. If the Agency presents Applicant's proposed Project to its Board for approval, the Agency does not guaranty that such approval will be obtained. If upon presenting Applicant's proposed Project to its for approval the Agency obtains such approval, such approval shall not constitute a guaranty from the Agency to Applicant that the Project transaction will close.

That preparation of this Application and any other actions taken in connection with the proposed Project shall be entirely at Applicant's sole cost and expense. Under all circumstances, the Application Fee is non-refundable, including but not limited to the circumstance where the Agency decides, in its sole discretion, to not present Applicant's proposed project to the the Agency Board of Directors for Approval.

That each of Applicant and each of its Affiliates (collectively, the "Indemnitors") hereby releases NYCIDA, Build NYC, NYCEDC and their respective directors, officers, employees and agents (collectively, the "Indemnitees") from and against any and all claims that any indemnitor has or could assert and which arise out of, or are related to, any Application Materials, any actions taken in connection therewith or any other actions taken in connection with the proposed Project (collectively, the "Actions"). Each indemnitor hereby indemnifies and holds harmless each of the indemnitees from and against any and all claims and damages brought or asserted by third parties, including reasonable attorneys' fees, arising from or in connection with the Actions. As referred to herein, "third parties" shall include, but shall not be limited to, Affiliates.

That in the event the Agency discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Agency to make such disclosure and hereby releases the Agency from any claim or action that Applicant may have or might bring against the Agency, their directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Agency and the NYCEDC and their respective directors, officers, agents, employees and attorneys harmless (including without limitation for the cost of reasonable attorneys' fees) against claims arising out of such disclosure as such claims may be made by any party including the Applicant, Affiliate, Owner or Principal, or by the officers, directors, employees and agents thereof.

That capitalized terms used but not defined in this Application have the respective meanings specified in the Policies and Instructions.

I acknowledge and agree that the Agency reserves its right in its sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of this Application, to the full extent permitted by applicable law.

Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,

I certify that, using due care, I know of no misstatement of material fact in the Application Materials, and know of no material fact required to be stated in the Application Materials to make the statements made therein not misleading. Certified by Preparer,

This 23<sup>rd</sup> day of April, 2014  
Name of Applicant: Skyline Restoration Inc.  
Signatory: JOHN KALAFATIS  
Title of Signatory: PRESIDENT  
Signature: X

This 23<sup>rd</sup> day of April, 2014  
Name of Preparer: RYGO FOSS  
Signatory: RYGO FOSS  
Title of Signatory: Legal, Skyline Restoration Inc.  
Signature:

617.20  
**Appendix B**  
**Short Environmental Assessment Form**

**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>			
Skyline Restoration and Affiliated Companies			
Name of Action or Project: Skyline Restoration Consolidation at 49-27-31st Street			
Project Location (describe, and attach a location map): 49-27-31st Street, Long Island City, New York 11101; Queens Block 289, Lot 21			
Brief Description of Proposed Action: Acquisition and renovation of a 43,000 sf industrial building on a 69,000 sf lot in an M2-1 zoning district in order to consolidate headquarters office, warehouse and operational functions from 4 nearby owned and leased locations. Replacement, restoration and rehabilitation of various building components for office use, including creation of a 12,700 sf mezzanine office and repaving and improving site drainage for 23,000 sf parking lot.			
Name of Applicant or Sponsor: John Kalafatis		Telephone: 718-937-5353	
		E-Mail: johnk@skylinerestoration.com	
Address: 11-20 37th Avenue			
City/PO: Long Island City		State: NY	Zip Code: 11101
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input checked="" type="checkbox"/>	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: NYC Department of Buildings building permit for interior renovation work will be required.		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		1.527 acres	
b. Total acreage to be physically disturbed?		.54 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0 acres	
4. Check all land uses that occur on, adjoining and near the proposed action. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland			



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ See Phase 1 Report	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: _____ Date: _____		
Signature: _____		

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

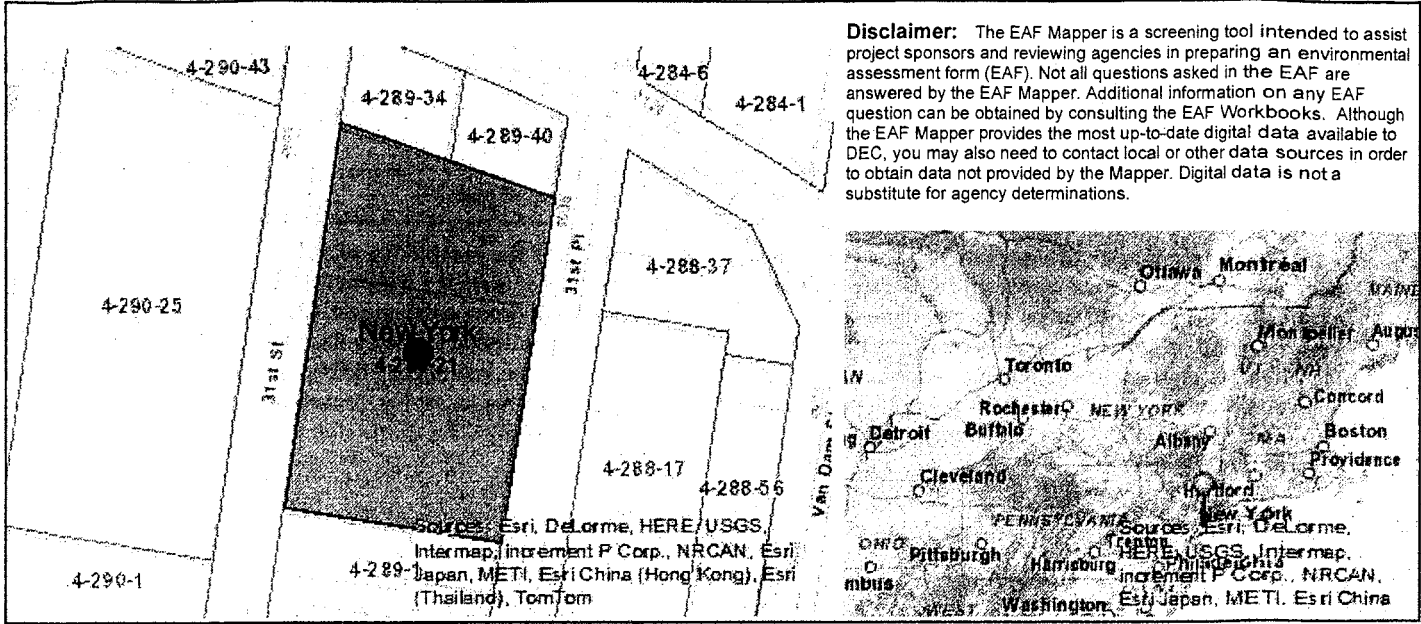
	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use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

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

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

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

**PRINT**



**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National Register of Historic Places]	No
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	Yes