

PROJECT APPLICATION

Confidentiality

All information contained in this Application will be treated confidentially to the extent permitted by law (see "Certification" section IV of this Application). Under the New York State Freedom of Information Law, information must

indicate which information pro	mation contains trade secrets (which, if disclosed, would cause irreparable harm). Please vided in this Application constitutes trade secrets with an explanation as to why in a lettion. The letter should be addressed to the New York City Industrial Development Agency.
Are you applying for the:	Bond Program Small Industry Incentive Program Industrial Incentive Program
(SIIP, if annual revenues are I	ess than \$5 million and IIP, if annual revenues are greater than \$5 million)
By what date do you wish to	close the proposed project financing? 3-1-97
I. Applicant Information	Transfer of the state of the st
Applicant's Name: 11 TA	IN MACHINE CORPORATION
Address: 36-27-1	ERNEN BUILENARD LONG ISLAND (ITY N.Y. 11106
Phone/Fax Numbers: (7/3	348 ; 11) 361-3115
IRS Employer ID Number:	20
S.I.C. Code: 34 343	- 89
NY State Dept. of Labor	
Number (if applicable)	ng this application (contact person):
Name: JAMES J.	ROBERTS Title: V.P7848 Fax #: (713) 361-3115
Phone #: (113)361"	13 13 143 143 143 143 143 143 143 143 14
Applicant's operation:	
Brief description of business	: MACHINE SHOP SERVINGTHE ELEVATOR INDUSTRY
REPI ACEMOUT!	NACHINE PARTS, NEW EQUIPMONT, MACHINING
SERVICES	
To describe what kind of enti	ity Applicant is, please check one of the following:
☐ Public Corp. ☐ Private C☐ Limited Liability Company	
Applicant's State of Incorpor	otton or Popistration: NEW YORK
States in which Applicant is	qualified to do business: NATIONALLY
Applicant's Attorney: Name:	
Firm and Address: FELL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Applicant's Associatant: Nam	ne: ROBERT WALDMAN Phone #(516)364-4567 Fax #(516) 364-1326
Applicant's Accountant: Nam	WITZ WALDMAN, BERRETTA 1000 WEODBURY RI
Firm and Address:	Will be will be a second of the second of th

State Environmental Quality Review SHORT ENVIRONMENTAL ASSESSMENT FORM (SUPPLEMENTED) For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project sponsor)		
1. APPLICANT/SPONSOR 2. PROJECT NAME TYST. L. I.C. N.Y. 1101		
3. PROJECT LOCATION: Municipality LONG ISLAND CITY N.Y.C. County QUEENS		
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)		
42-09-9TMST.		
5. IS PROPOSED ACTION: □ New □ Expansion □ Modification/Alteration		
6. DESCRIBE PROJECT BRIEFLY: RELOCATION OF TITAN MACHINE CORPORATION'S TOTAL OPERATION TO PROJECT NAME		
(OKTORATION) TO TAL OF CRATION TO TROJECT NIME		
7. AMOUNT OF LAND AFFECTED: Initially acres Ultimately acres		
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? Yes No If No, describe briefly.		
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? □ Residential Undustrial □Commercial □Agriculture □Park/Forest/Open Space □Other Describe.		
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? PART OF		
**-WE ARE APPLYING FOR AN SBA LOAN AS FINAUCIDE		
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? □ Yes No If yes, list agency name and permit/approval:		
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? Pes proposed action will existing permit/approval require modification?		
13. SUPPLEMENTAL PROJECT DESCRIPTION:		
A. Is site currently vacant or developed? (If developed, indicate current and previous site uses.) DEVELOPED . HAD BEEV USED FOR WAREHOUSING AND B. Proposed building square footage for any new construction or expansion. MACHINE SHOP		
B. Proposed building square footage for any new construction or expansion. WHACHINZSHOF		
C. Dimensions of any new construction.		
D. Number of existing and proposed parking spaces.		
EXISTING -0 - PROPOSED -1		
E. Number of employees currently; number of employees upon completion of the project.		

PART 1 - PROJECT INFORMATION (continued)

14. WHAT ARE THE PEAK HOURS FOR VEHICULAR TRIP GENERATION (e.g., 8 A.M 9 A.M.)? 730 -830 A. M. = 330 -430 A. M.
WHAT IS THE MAXIMUM NUMBER OF VEHICULAR TRIPS GENERATED IN EACH OF THE PEAK HOURS (COMBINATION OF EMPLOYEE, BUSINESS/VISITOR TRIPS)? (OW PAUT TRUCK - 3 PER WEEK. CLIBUTS/CUSTOMERS VANS - 8 PER DAY (AVERAGE)
15. WILL THE PROJECT PRODUCE OPERATING NOISE AUDIBLE OUTSIDE OF (i.e., EXCEEDING) LOCAL AMBIENT NOISE LEVELS? Pes No
16. IS THE PROJECT LOCATED WITHIN THE NEW YORK CITY DESIGNATED COASTAL ZONE? □ Yes XNo
17. WILL THE PROJECT ROUTINELY PRODUCE ODORS NOTICEABLE OUTSIDE OF ANY PROJECT BUILDINGS FOR MORE THAN ONE HOUR PER DAY? Pes XNo
18. WHAT WASTES WILL BE GENERATED BY THE PROJECT? LIST AMOUNTS OF EACH GENERATED ON A DAILY OR MONTHLY BASIS. 12 CUBIC YARDS OF 6ALBAGE PER MONTH
19. IS THE APPLICANT AWARE OF AND/OR HAVE ANY REASON TO BELIEVE THERE ARE ANY HAZARDOUS AND/OR TOXIC OR SIMILAR MATERIAL(S), SUBSTANCE(S) AND/OR WASTE(S), INCLUDING BUT NOT LIMITED TO PETROLEUM PRODUCTS, PRESENT AT THE SITE WHICH MAY POSE A HEALTH OR PHYSICAL HAZARD TO PERSONS EMPLOYED AT OR VISITING THE SITE? U Yes No If yes, please provide specific information regarding all such material(s), substance(s) and/or waste(s) on a separate piece of paper.
20. IS THE APPLICANT AWARE OF AND/OR HAVE ANY REASON TO BELIEVE THERE ARE ANY HAZARDOUS AND/OR TOXIC OR SIMILAR MATERIAL(S), SUBSTANCE(S), AND/OR WASTE(S), INCLUDING BUT NOT LIMITED TO PETROLEUM PRODUCTS, PRESENT AT PROPERTIES IN THE VICINITY OF THE SITE, WHICH MAY POSE A HEALTH OR PHYSICAL HAZARD TO PERSONS EMPLOYED AT OR VISITING THE SITE?
□ Yes ☐ If yes, please provide specific information regarding all such material(s), substance(s) and/or waste(s) on a separate piece of paper.
21. IS THE PROJECT SITE WHOLLY OR PARTIALLY IN A STATE DESIGNATED TIDAL OR FRESHWATER WETLAND OR THE UPLAND BUFFER AREA OF SUCH A WETLAND?
OYES AND SEE ATTHCHED WAP
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/Sponson Name: TITAL MACHINE ORPORATION Date: 5/30/97 Signature: Wolferts
Ongriatore. The second of the

PART 1 - PROJECT INFORMATION (continued)

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I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/Sponsor Name: TITAN MACHINE ORP Date: 6/23/97 Signature: When When the second of the best of MY KNOWLEDGE Applicant/Sponsor Name: TITAN MACHINE ORP Date: 6/23/97