
*SMALL ALTERNATE ENERGY
FACILITY PROJECTS*

*PAYMENT IN LIEU OF TAX
(PILOT)
APPLICATION*

for assistance through

the
County of Chautauqua
Industrial Development Agency

County of Chautauqua Industrial Development Agency
201 West Third Street, Suite 115
Jamestown, New York 14701

Phone: 716-661-8900

Fax: 716-664-4515

**Application for Financial Assistance
through the
County of Chautauqua
Industrial Development Agency**

The following application is for a Pilot in Lieu of Taxes (PILOT) Agreement. Please note this abatement does not pertain to special district taxes and ad valorem levies. For more information, consult the County of Chautauqua Industrial Development Agency's Uniform Tax Exemption Policy (UTEPP) Guidelines, found at: ccida.com/policies.

The information listed on this form is necessary to determine the eligibility of the project applicant. Please fill in all blanks, using "NONE" or "NOT APPLICABLE" where necessary. If an estimate is given, put "EST" after the figure. Attach additional sheets if necessary. All information completed with this form will be treated confidentially. This application is only for the purpose of determining whether the applicant is eligible for consideration by the Board of Directors of the County of Chautauqua Industrial Development Agency. Return one (1) copy of this application to the County of Chautauqua Industrial Development Agency at the address listed on the cover of this document.

PART 1

A. Applicant

Federal ID # 16-1305517

Applicant Name: Steve St. George

Address: PO Box 348
Fredonia, NY 14063

Telephone (work/home): 716.672.2488

Telephone (cell): 716.679.8598

Email Address: steve@sstgeorge.com

Individual completing this application:

Name: Randall Turner

Title: Controller

1. Legal Counsel (List name, address, and telephone number):
Biltekoff Law Office, LLC
43 Court St., Ste 930
Buffalo, NY 14202 (716) 427-3012

2. Ownership (check appropriate categories):

Corporation Partnership Other (Specify): Individual
Sole Proprietorship Subchapter S

3. List principal stockholders and percentage of ownership, if applicable:

<u>Name</u>	<u>Percentage</u>	<u>Home Address</u>
Steve St. George	100%	PO Box 348 Fredonia, NY 14063

4. Is the business a subsidiary of, or affiliated directly or indirectly with, any other organization?
 Yes No If "Yes," indicate relationship and name/address of the related organization(s) on a separate sheet. **S. St. George Enterprises, Inc.**

5. Complete the following information, if applicable:

<u>Officers</u>	<u>Name</u>	<u>Address</u>	<u>Other Principal Business Affiliations</u>
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B. Business/Land Description

1. Describe type of business/land use, and principle products and services:
(For example, "single family residence" or "agricultural producer of grapes")
Site Work Construction Company Office & Shop

C. Present Location

- Describe the present location, including square footage, number of buildings, number of floors, address, address, etc.
(For example, "windmill is/will be located on ____ acres agricultural property located at ____." or "____ sq. ft. solar panels are/will be installed on the attached garage at address ____.")

70 Acres, 20,000SF Office & Shop, 19,999SF Cold Storage. 7500SF of Solar Panels to be installed on Truck Storage Pole Barn Building

- List the current annual taxes by respective taxing jurisdictions for building(s) and land combined. In the last column, indicate if the parcel is the Project location:

	<u>County/Town</u>	<u>Village</u>	<u>School</u>	Project Parcel?
Parcel ID #065889	17,770.09	0	30,615.35	X
Parcel ID #				<input type="checkbox"/>
Parcel ID #				<input type="checkbox"/>
Parcel ID #				<input type="checkbox"/>
Parcel ID #				<input type="checkbox"/>

PART 2

A. Describe the Project

- Include a general, functional description (examples: wind turbine/solar panel brand; base or installation square footage; height to tip of blade; energy offset by project, sq. ft. additional facilities/maintenance buildings) and prospective location /address.

Sample language for a project not yet installed:

Installation of a ____ kW wind turbine on ____-foot self-supported lattice tower located at: ____

Installation of 7500 sq. ft. of solar panels on truck garage located at: rear west side of property

Sample language for a project already installed:

Incentives/financing related to a previously installed ____ kW wind turbine on ____-foot self supported lattice tower located at: ____

Incentives/financing related to the previous installation of ____ sq. ft. of solar panels on garage located at: ____

2. Indicate if the project serves:
 Business Residence

B. Type of Project

1. Check category which best describes your project:

- | | |
|--|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Industrial Assembly | <input type="checkbox"/> Pollution Control |
| <input type="checkbox"/> Research | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Agricultural | <input checked="" type="checkbox"/> Other (Specify): Site Work Contractor |

C. Proposed Location

1. Does the project consist of (check appropriate categories):

- | | | |
|--|---|--|
| a. Construction of a new building | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Renovations to an existing building | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Construction of an addition to an existing building | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Acquisition of an existing building | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Construction of a stand-alone unit (e.g. turbine on concrete pad) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

4. Does the project site currently have existing occupant(s)?
 Yes No

If "Yes," list all lessees, the amount of space occupied by each, and the date of termination of such leases on a separate sheet. **S. St. George Enterprises, Inc. all of property. 12/31/2030**

D. Location Maintenance

2. What is the estimated useful life of the:

- | | |
|---|-----------------|
| a. Facility (utility building if applicable): | 30 years |
| b. Equipment (windmill, solar panels, etc.): | 25 years |

E. Employment

1. Employment at present time, if applicant is now in existence within Chautauqua County, and an estimate of such employment at the proposed location at the end of one and two years:

	<u>Present</u>	<u>First Year</u>	<u>Second Year</u>
Full Time	Unchanged	Unchanged	Unchanged
Part Time			
Seasonal			

2. Estimate the annual payroll:

At present \$ 3.4M

In one year \$ 3.5M

F. Project Costs

1. List the costs necessary for the construction, acquisition, or renovation of the project. (The project costs should **not** include working capital needs or moving expenses.)

Description Amount

Land	\$
Building(s)	\$
Renovation	\$
Machinery and Equipment (Windmill/Solar Panels)	\$ 245,153
Installation	\$
Other (specify)	\$
Subtotal	\$
Agency Administrative Fee	\$ 0.00
<u>Total Project Cost</u>	\$ 245,153

G. Project Schedule

1. Indicate the estimated days for:
 - a. Commence of construction: ASAP
 - b. Completion of construction: 4 Weeks

H. Other Agency Involvement

1. Have you contacted any other governmental agency in reference to this project?
(Examples: NYSERDA, Town/Village Zoning, Planning, etc.)
X Yes No

If "Yes," please indicate the agency and the nature of the inquiry below:
CCIDA

2. Has a State Environmental Quality Review (SEQR) been completed for this project?
X Yes No

CERTIFICATION

I certify that I have prepared the responses provided in this Application 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 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: <u>6/18</u> , 20 <u>20</u> .	Name of Person Completing Project Application on behalf of the Applicant.
	Name: Randall Turner_____
	Title: Controller_____
	Phone Number: (716) 672-2488_____
	Signature: 