

County of Oswego Industrial Development Agency

**44 W. Bridge St.
Oswego, NY 13126
(315) 343-1545**

Application for Financial Assistance

2020

Application for Financial Assistance

This Application is required for Bond Financing and/or Straight Lease Transactions. Please answer all questions either by filling in blanks or by attachment. Please file application in duplicate. Information provided herein will not be made public by the Agency prior to the passage of an Official Action Resolution, but may be subject to disclosure under the New York Freedom of Information Act. The entity completing this application shall be referred to herein as either the "Company" or the "Applicant".

A. COMPANY INFORMATION

1. **Company Legal Name:** _____
Address: _____
City, State, Zip: _____
Telephone: _____ **Fax:** _____
Contact Person: _____ **Title:** _____
E-mail Address: _____
Website Address: _____
2. **Employer I.D. Number:** _____
DUNS Number: _____
3. **Legal Counsel:** _____
Address: _____
Telephone: _____ **Fax:** _____
E-Mail Address: _____
4. **Accountant:** _____
Address: _____
Telephone: _____ **Fax:** _____
E-Mail Address: _____
5. **Business Form:**

Private Corporation:	<input type="text"/>	Year Incorporated:	<input type="text"/>	State:	<input type="text"/>
Public Corporation:	<input type="text"/>	Year Incorporated:	<input type="text"/>	State:	<input type="text"/>
Partnership:	<input type="text"/>	Year Formed:	<input type="text"/>	State:	<input type="text"/>
Sole Proprietorship:	<input type="text"/>	Year Established:	<input type="text"/>	State:	<input type="text"/>
LLC:	<input type="text"/>	Year Formed:	<input type="text"/>	State:	<input type="text"/>
LLP:	<input type="text"/>	Year Formed:	<input type="text"/>	State:	<input type="text"/>
6. **Type of Business:** (Describe products produced, services provided, etc.)

N.A.I.C.S. Code: _____

7. Principal Stockholders or partners, if any (owners of 20% or more equity in Company):

Name	Percent Owned
_____	_____
_____	_____
_____	_____
_____	_____

8. If any of the above persons or a group of them owns more than a 50% interest in the Company, list all other organizations which are related to the Company by virtue of such persons having more than a 50% interest in such organizations:

9. Is the Company related to any other organization by reason of more than 50% common ownership? If so, indicate name of related organization and relationship.

10. List parent corporation, sister corporations and subsidiaries, if any.

11. Has the Company (or any related corporation or person) been involved in or benefitted by any prior economic development financing in the municipality in which this Project is located whether by this Agency or another issuer (“municipality” herein means city, town or village, or, if the Project is not in any incorporated city/town/village, to the unincorporated areas of the county in which it is located). If so, explain in full.

12. Has the Company (or any related corporation or person) made a public offering or private placement of its stock within the last year? If so, please provide Offering Statement used.

B. PROJECT DESCRIPTION

1. Project Site (Land)

(a) Indicate approximate size (*in acres or square feet*) of Project Site:

(b) Are there buildings now on the Project site?

Yes _____ No _____

(c) Indicate the present use of the Project site:

(d) Indicate the relationship to present user of Project:

2. Does the Project involve acquisition of an existing building or building?

Yes _____ No _____

If yes, indicate number and size of building(s):

3. Does the Project consist of the construction of a new building or buildings?

Yes _____ No _____

If yes, indicate number and size of building(s):

4. Does the Project consist of additions and/or renovations to existing buildings?

Yes _____ No _____

If yes, indicate nature of expansion and/or renovation:

5. What will the building or buildings to be acquired, constructed or expanded be used for by the Company? *(Please provide a brief narrative description of the project including why the Company is undertaking the project and why the Agency is requesting financial assistance from the Agency. In addition, please include a description of products to be manufactured, assembled or processed and services to be rendered, as applicable.)*

5a. Indicate the type of Project (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Services | <input type="checkbox"/> Finance/insurance/real estate |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Warehouse/Distribution |
| <input type="checkbox"/> Agriculture/forestry/fish | <input type="checkbox"/> Residential/Mixed-Use |
| <input type="checkbox"/> Wholesale/trade | <input type="checkbox"/> Retail/trade |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation/communication/electric/gas and sanitation services |
| <input type="checkbox"/> Other: _____ | |

5b. Will the Project contain retail facilities? ☐ Yes ☐ No

If Yes, will the cost of the retail facilities exceed one-third of the total project costs?

☐ Yes ☐ No

5c. Is the Project located in a distressed Census Tract? ☐ Yes ☐ No

5d. Is the Project site designated as an Empire Zone? ☐ Yes ☐ No

6. If any space in the Project is to be leased to third parties, indicate total square footage of the Project, amount to be leased to each tenant, and proposed use by each tenant and estimated jobs to be created by each tenant.

7. List principal items or categories of equipment to be acquired as part of the Project:

8. Has construction work on this Project begun: Yes_____ No_____

If yes, complete the following:

- | | | | |
|----------------------------|----------|---------|------------------|
| (a) Site clearance | Yes_____ | No_____ | _____ % Complete |
| (b) Foundation | Yes_____ | No_____ | _____ % Complete |
| (c) Footings | Yes_____ | No_____ | _____ % Complete |
| (d) Steel | Yes_____ | No_____ | _____ % Complete |
| (e) Masonry work | Yes_____ | No_____ | _____ % Complete |
| (f) Other (describe below) | Yes_____ | No_____ | _____ % Complete |

9. Describe (Pollution Abatement Project Only, if applicable): N/A

(a) Type of pollution to be abated:

(b) Existing orders of environmental agencies:

(c) Description of method of abatement and construction to be financed:

(d) Major equipment to be acquired:

10. Location of Project:

(a) Are there other plants or facilities of the Company (or a related company or person) within New York State?

Yes _____

No _____

(b) If there are other plants or facilities within New York State, is it expected that any of these other plants or facilities will close or be subject to reduced activity?

Yes _____

No _____

If yes, explain in detail on a separate sheet of paper.

(c) If the answer to 10(b) is Yes, please indicate whether the Project is reasonably necessary for the Company to maintain its competitive position in its industry. If so, please explain in detail on a separate sheet of paper.

(d) Has the Company thought about moving to another state?

Yes _____

No _____

If yes, explain in detail.

(e) Will the Project meet zoning requirements at proposed location?

11. Attach copies of preliminary plans or sketches of proposed construction or rehabilitation or both.

12. Does Company or any related corporation or person have a lease on the Project site?

Yes _____

No _____

If yes, attach a copy of the lease.

13. Does the Company now own the Project site?

Yes _____

No _____

If yes, indicate the following:

(a) Date of purchase: _____

(b) Purchase price: _____

(c) Balance of existing mortgage: _____

(d) Holder of mortgage: _____

14. If the Company is not now the Owner of the Project site, does the Company or any related person or corporation have an option to purchase the site and any buildings on the site?

Yes _____ No _____ If yes, indicate the following:

- (a) Date signed: _____
(b) Purchase price: _____
(c) Settlement date: _____

15. Has the Company or any related person or corporation entered into a contract to purchase the site?

Yes _____ No _____ If yes, indicate the following:

- (a) Date signed: _____
(b) Purchase price: _____
(c) Settlement date: _____

16. If the Company is not the owner of Project site, does the Company now lease the site or any building on the site?

Yes _____ No _____ If yes, describe the lease terms:

17. Is there a relationship legally or by virtue of common control or ownership between the Company (and/or its shareholders) and the seller of the Project (and/or its shareholders)?

Yes _____ No _____ If yes, describe this relationship:

C. MEASURE OF ECONOMIC DEVELOPMENT BENEFITS OF PROPOSED PROJECT

1. If Company presently operates in Agency's jurisdiction (Oswego County, NY), give current employment (include contract employees).

Full Time Employees _____ Part-Time Employees _____

Please complete the Projected Employment Plan (Appendix A)

Existing jobs and all jobs projected to be created are by tenant Connexcare.

2. Estimate total Company employment in Agency's jurisdiction after completion of the Project (include contract employees):

	Employees First Year	Employees Second Year	Employees Third Year	Employees Fourth Year	Employees Fifth Year
Full Time	_____	_____	_____	_____	_____
Part-Time	_____	_____	_____	_____	_____

Existing jobs and all jobs projected to be created are by tenant Connexcare.

3. Annual payroll in Agency's jurisdiction (including contract employees):

Connexcare's payroll information

Present annual payroll: \$ _____

Expected annual payroll the first year after completion of the Project: \$ _____

Second year after completion: \$ _____

Third Year after completion: \$ _____

Fourth Year after completion: \$ _____

Fifth Year after completion: \$ _____

4. What, if any, is the dollar amount of your current annual sales for the Project located in Oswego County? \$ _____

What will be your projected sales after the first year of Project completion? \$ _____

after the second year of Project completion? \$ _____

after the third year of Project completion? \$ _____

after the fourth year of Project completion? \$ _____

after the fifth year of Project completion? \$ _____

D. PROJECT COSTS/REQUESTED BENEFITS

1. Give an accurate estimate of cost of all items:

<u>Description</u>	<u>Amount</u>
Land/Building Acquisition	\$ _____
New Construction	\$ _____
Building Renovations	\$ _____
Site Work	\$ _____
Legal Fees	\$ _____
Engineering Fees	\$ _____

Financing Costs	\$ _____
Machinery & Equipment	\$ _____
Furniture and Fixtures	\$ _____
Working Capital	\$ _____
Recording Fees	\$ _____
Other (Specify):	\$ _____
TOTAL	\$ _____

2. Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application?

☐ Yes ☐ No

If yes, give particulars on separate sheet.

3. Amount of project costs to be financed with bonds (if any):

\$ _____ Term _____

4. Are costs of working capital, moving expenses, work in process, or stock in trade included in the proposed uses of the bond proceeds (if applicable)?

5. Will any of the bond proceeds (if applicable) to be borrowed through the Agency be used to repay or refinance an existing mortgage or outstanding loan?

Yes _____ No _____ If yes, explain:

6. What portion, if any, of the cost of the Project is to be financed from funds of the Company other than from the proposed bond issue?

7. Amount of capital the Company has invested in the Project to date:

\$ _____

Amount of capital the Company anticipates investing in the Project through completion: \$ _____

Percentage of the Project to be financed from public sector sources: _____

Percentage of Project to be financed from private sector sources: _____

8. Financial Assistance:

Is the Applicant expecting to be appointed as agent of the Agency for purposes of abating NYS and local Sales and Use Tax? Yes ☐ No ☐

Financial Assistance Requested:

Check all that apply	Type of Exemption/Abatement Requested		Estimated Amount of Exemption/Abatement Requested
<input type="checkbox"/>	Real Property Tax Abatement (PILOT)		**(See below)
<input type="checkbox"/>	Mortgage Recording Tax Exemption (3/4 of 1% of amount mortgaged)	Mortgage Amount: \$ _____	Exemption Amount Requested: \$ _____
<input type="checkbox"/>	Sales and Use Tax Exemption (4% Local, 4% State)	Est. Project Costs subject to State and local Sales and Use Taxes: \$ _____	Exemption Amount Requested: \$ _____
<input type="checkbox"/>	Tax Exempt Bond Financing (Amount Requested)	\$ _____	
<input type="checkbox"/>	Taxable Bond Financing (Amount Requested)	\$ _____	

If you are seeking a Mortgage Recording Tax Exemption list the name of the lender(s):

New York State regulations require the Agency recapture State benefits that exceed the amount listed in this application.

**Is the applicant requesting a payment in lieu of taxes agreement? ☐ Yes ☐ No.

If Yes:

A. Upon acceptance of this application, the Agency staff will create a PILOT schedule and indicate the estimated amount of the total PILOT benefit based upon certain assumptions, including but not limited to, anticipated tax rates and a projected assessed value and attached such information hereto at Appendix "E". AT SUCH TIME, the applicant will be required to certify that it accepts the proposed PILOT schedule and requests such benefit to be granted by the Agency.

***[Complete Question 9 Only if the Proposed Financing Requires a Tax-Exempt
Private Activity Bond Financing in Excess of \$1 Million]***

9. List capital expenditures with respect to other facilities of the Company or any related corporation or person, if the facilities are located in the same municipality:

	<u>Past 3 Years</u>	<u>Next 3 Years</u>	<u>Total</u>
Land	_____	_____	_____
Buildings	_____	_____	_____
Equipment	_____	_____	_____
Engineering	_____	_____	_____
Architecture	_____	_____	_____
Research and Development	_____	_____	_____
Interest during Construction	_____	_____	_____
Other (please explain)	_____	_____	_____
Total	_____	_____	_____

10. Has the Company made any arrangements for the marketing or the purchase of the bond or bonds (if applicable)?

E. PROJECT CONSTRUCTION SCHEDULE

1. What is the proposed date for commencement of construction or acquisition of the Project? _____
2. Give an accurate estimate of the time schedule to complete the Project and when the first use of Project is expected to occur (use additional sheets if necessary).

3. At what time or times and in what amount or amounts is it estimated that funds will be required?

Estimated Date (month/year)

Estimated Amount

Paid as project progresses

4. CONSTRUCTION EMPLOYMENT

Number of construction jobs to be created: _____

F. REPRESENTATIONS: The Company certifies and affirms to the Agency as follows:

1. The Company is in substantial compliance with all applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
2. Is there a likelihood that the Company, but for the contemplated financial assistance from the Agency, would be unable to undertake the project? ____☐ Yes ____☐ No

If no, please explain why the Agency should undertake the project: _____

3. The Company understands and agrees that the submission of knowingly false or misleading statements or information in this Application, and any exhibits or schedules attached hereto, may lead to the immediate termination of any financial assistance and the reimbursement by the applicant of an amount equal to all or part of any tax exemptions claimed by reason of the Agency's involvement in the Project.
4. The Company understands that the Company must identify in writing to the Agency any information it deems proprietary and seeks to have redacted from public review in accordance with Article 6 of the Public Officers Law.
5. The Company confirms and hereby acknowledges that as of the date of this Application, the Company and the Project are in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.
6. The Company acknowledges and affirms that in accordance with Section 862(1) of the Act, projects which result in the removal of an industrial or manufacturing plant of the project occupant from one area of the State to another area of the State or the abandonment of one or more plants or facilities of the project occupant within the State are ineligible for financial assistance from the Agency unless otherwise approved by the Agency as reasonably necessary to preserve the competitive position of the project in its respective industry or to discourage the project occupant from removing such other plant or facility to a location outside the State.
7. The Company certifies that it has read all of the Agency's policies and agrees to comply with same, including but not limited to the Agency's Recapture Policy.

G. ENVIRONMENTAL ASSESSMENT FORM

1. **Please complete Part 1 – Project and Sponsor Information on the “Short Environmental Assessment Form” which is provided as Appendix B. You may be required to complete the “Long Form” in order to comply with the New York State Environmental Review Act (SEQRA).**

H. ATTACH THE FOLLOWING FINANCIAL INFORMATION OF THE COMPANY (APPLICANT):

- 1. Financial statements for last two fiscal years (unless included in Company's Annual Reports).**
- 2. Company's Annual Reports (or Form 10-K's) for the two most recent fiscal years.**
- 3. Quarterly reports (Form 10-Q's) and current reports (Form 8-K's) since the most recent Annual Report, if any).**
- 4. In addition, please attach the financial information described above in items 1, 2 and 3 of any expected Guarantor of the proposed bond issue if different than the Company.**

I. FEE REQUIREMENTS

The Agency requires the following fees to be paid by the Applicant:

- 1. Application Fee of \$500 to be submitted with the completed application.**
- 2. Administrative Fee based upon the following Schedule A:**

Schedule A	
County of Oswego IDA Administrative Fees	
Relative to Bonding and Straight Lease Transactions	
Where IDA Exemptions are Provided	
Project Financing:	.0075 (3/4 of 1%) based upon the amount of project cost and not limited to the amount of bonds issued (if any).
Refunding of Bonds:	.0025 (1/4 of 1%) based upon the amount of bonds issued to retire prior bond issue.
Refinancing:	.00125 (1/8 of 1%) based upon amount refinanced.
All Legal Fees associated with any of the transactions (including bond counsel and IDA counsel) are the responsibility of the Applicant.	
Adopted 4/23/14	

- 3. Annual Administrative Reporting Fee of \$500 to cover administrative reporting requirements to comply with New York State reporting regulations on IDA assisted projects involving Bond Financing and/or Straight Lease Transactions.**

J. CERTIFICATION

The Applicant must submit a completed certification (Corporate or Individual) executed and notarized along with the Application. Certifications are attached as Appendix C (Corporate) and Appendix D (Individual).

K. SUBMISSION OF APPLICATION

Please submit the completed Application along with the required \$500 Application Fee to:

County of Oswego Industrial Development Agency

44 West Bridge Street

Oswego, NY 13126

(315) 343-1545

ATTN: L. Michael Treadwell

Chief Executive Officer

**APPENDIX A
PROJECTED EMPLOYMENT PLAN**

Northern Oswego County Health Services, Inc. dba ConnectCare
Company/Applicant Name

Please complete the following chart describing your projected employment plan following receipt of IDA assistance. Indicate the number of full time equivalent ("FTE") jobs presently at the Company and the number of FTE jobs that will be employed at the project at the end of the first five years after the project has been completed, by category, including full time equivalent independent contractors or employees of independent contractors that work at the project location. Do not include construction workers. Indicate the salary and fringe benefit averages or ranges for each category of jobs.

Permanent Occupations in Company	Current Jobs by Occupation (jobs being retained)													Projection of New Jobs to be Created Annually	
	Estimated Average Salary / Benefits or Salary / Benefits Range for each category	No. of Employees		1st year net of current retained employees		2nd year net of prior years		3rd year net of prior years		4th year net of prior years		5th year net of prior years		Total Net New Jobs for 5 Yr. Period	
		Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Part Time	Full Time	Full Time	Part Time
Professional															
Est. Average Salary or Salary Range for Professionals	1,407,500	7	1	7	1									7	1
Est. Average benefits or benefit range for professionals	439,500														
Clerical															
Est. Average Salary or Salary Range for clerical positions	384,128.94	9	0	2	0									2	0
Est. Average benefits or benefit range for clerical positions	115,238.68														
Sales															
Est. Average Salary or Salary Range for sales positions															
Est. Average benefits or benefit range for sales positions															

APPENDIX A

PROJECTED EMPLOYMENT PLAN (CONT.)

Permanent Occupations in Company	Current Jobs by Occupation (jobs being retained)		PROJECTED EMPLOYMENT PLAN (CONT.)												Projection of New Jobs to be Created Annually	
	Estimated Average Salary / Benefits or Salary / Benefits Range for each category	No. of Employees		1st year net of current retained employees		2nd year net of prior years		3rd year net of prior years		4th year net of prior years		5th year net of prior years		Total Net New Jobs for 5 Yr. Period		
		Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Part Time	Full Time	Full Time	Part Time	
Service																
Est. Average Salary or Salary Range for service positions																
Est. Average benefits or benefit range for service positions																
Manufacturing:																
Skilled																
Est. Average Salary or Salary Range for Mfg. skilled positions	631,434.40	14	0	10	0									10	0	
Est. Average benefits or benefit range for Mfg. skilled positions	189,430.32															
Semi-Skilled																
Est. Average Salary or Salary Range for Mfg. semi-skilled positions																
Est. Average benefits or benefit range for Mfg. semi-skilled positions																
Unskilled																
Est. Average Salary or Salary Range for Mfg. unskilled positions																
Est. Average benefits or benefit range for Mfg. unskilled positions																
Other (Describe)																
Est. Average Salary or Salary Range for Other positions	32,177.60	0	1	3	0									3	0	
Est. Average benefits or benefit range for Other positions	9,653.28															
TOTAL		30	2	22	1									22	1	

LABOR UNION AGREEMENT:

The employees of our firm are not_____ are _____ currently covered by a collective bargaining agreement with:

(Name of International Union and Local Union Number)

Union Contact Person: _____

Address/Phone: _____

Contract Expiration Date: _____

No. of employees covered: _____

LABOR MARKET AREA: Onondaga, Oswego, Oneida, Madison, Cayuga and Jefferson Counties.

Estimate the number of residents from the above Labor Market Area that currently fill the retained jobs identified in Appendix “A”:

Estimate the number of residents from the above Labor Market Area that are expected to fill the net new jobs to be created identified in Appendix “A”:

County of Oswego Industrial Development Agency
Corporate Certification Signature Page

Corporate Seal

William H. Goodrich Manager
Name of Authorized Officer Title

[Signature]
Signature

STATE OF New York)
COUNTY OF Monroe) SS.:

On this 7 day of February, 2024, before me personally came William Goodrich, to be personally known, who being by me duly sworn did depose and say that he/she resides in Fairport, NY; that he/she is the MANAGER of 120 E. First Street Oswego, LLC, the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the members of the Board of Directors of said corporation and he/she signed his/her name thereto by like order.

Tina Brockmann
Notary Public

TINA BROCKMANN
NOTARY PUBLIC-STATE OF NEW YORK
No. 01BR6377864
Qualified in Monroe County
My Commission Expires 07-16-2026

APPENDIX D
County of Oswego Industrial Development Agency
Individual Certification

William H. Goodrich deposes and says that he/she is
(Name)
submitting this application on behalf of 120 E. First Street Oswego, LLC
(Company)

(hereinafter referred to as the "Applicant"); that he/she has read the foregoing and knows the contents thereof; that the same is true, accurate and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of this application as well as, if applicable; information acquired by deponent in the course of her/his duties for the applicant and from the books, and papers of the applicant.

Deponent acknowledges and agrees that Applicant shall be an is responsible for all costs incurred by the County of Oswego Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the Applicant in connection with this application and all matters relating to the Agency's financing and assistance. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act 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 Applicant is unable to consummate the financing arrangements required to carry out the Project, then upon presentation of invoice, Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred with respect to the application, up to that date and time, including fees of bond counsel for the Agency and fees of general counsel for the Agency. Upon successful conclusion of the closing for the financing of the project and the execution of a PILOT Agreement (if applicable), the Applicant shall pay to the Agency an administrative fee set by the Agency not to exceed an amount equal to Schedule A, provided in Section H of the application, which amount, at the option of the Agency, shall be payable at closing. The Applicant also shall pay an Annual Administrative Reporting Fee of \$500.00 to be billed annually by the Agency (if applicable). Fees of bond counsel and the general counsel of the Agency are the responsibility of the Applicant.

An application fee of \$500, payable to the County of Oswego Industrial Development Agency, is due upon submission of the application to the Agency.

120 E. First Street Oswego, LLC

(Company)

(Signature)

STATE OF New York)
COUNTY OF Monroe) SS.:

On February 7, 2024 before me personally came William Goodrich to me known to be the individual described in, and who executed the foregoing instrument, and acknowledged that he executed the same.

Tina Brockmann
Notary Public

TINA BROCKMANN
NOTARY PUBLIC-STATE OF NEW YORK
No. 01BR6377864
Qualified in Monroe County
My Commission Expires 07-16-2026

Appendix “E”

PILOT Schedule

(To be filled in by Agency)

The undersigned, an authorized representative of the applicant with authority to bind the applicant, does hereby agree to the foregoing PILOT schedule and hereby incorporates same into this application and requests the Agency grant, as part of the Financial Assistance awarded to the Project, the foregoing exemptions from real property tax.

Dated: _____

(Applicant Authorized 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.

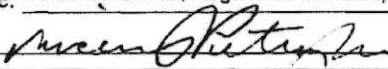
Part 1 - Project and Sponsor Information							
120 East 1st Street ConnexCare Renovation							
Name of Action or Project: ConnexCare Renovation							
Project Location (describe, and attach a location map): 104 & 120 East 1st Street, Oswego, NY 13126							
Brief Description of Proposed Action: Interior renovations of the second and third floors of an existing 4-story brick masonry office building, including exterior site improvements and cleanup. Renovations will convert the existing office space for medical/ health care operations. Site work includes pavement sealing and re-striping, new dumpster enclosure, new handrails for exterior steps, sidewalk repairs, landscaping improvements, and planting. Site disturbance is not over one acre and will not require a NYSDEC SPDES General Permit for storm water management and storm water pollution prevention plan, (SWPPP). Special Use Permit and site plan required for proposed medical offices in a Transitional Business District (TB).							
Name of Applicant or Sponsor: LeChase Development Services, LLC		Telephone: (585) 622-2402 E-Mail: greg.barkstrom@lechase.com					
Address: 205 Indigo Creek Drive							
City/PO: Rochester		State: NY	Zip Code: 14626				
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input checked="" 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: Building Permit(s) for construction, Special Use Permit approval from the Planning Board and site plan required for medical offices in a Transitional Business District (TB).			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3.a. Total acreage of the site of the proposed action?		1.639 acres					
b. Total acreage to be physically disturbed?		.04 acres 3,000 SF					
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1.639 acres parcel 128.55-03-02.2 = 0.419 acres parcel 128.55-03-02.11 = 1.22 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 type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other (specify): Park/ water way (New York Canal System) <input type="checkbox"/> Parkland							

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

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: _____ Storm water discharge does not change from pre-construction conditions. (impervious surfaces are not increased). _____	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: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: Vincent Pietrzak, Registered Landscape Architect Date: 6/12/2023

Signature:  Appel Osborne Landscape Architecture, LLP, Syracuse, NY

(on behalf of the Owner/Applicant)

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 checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" 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.

The project requires Special Use Permit approval for Medical office use. Currently zoned Transitional Business District.

<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 checked="" 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.
<u>City of Oswego Planning Board</u>	<u>July 5, 2023</u>
Name of Lead Agency	Date
<u>Richard Freeman</u>	<u>Chairman</u>
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
<u>Richard Freeman</u>	
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT

RESET



Environmental Resource Mapper

Satellite

[Using this map](#)

Search

Tools

Layers and Legend

State Regulated Freshwater Wetlands
(Outside of the Adirondack Park)

☐ State Regulated Wetland Checkzone

☒ Imperiled Mussels

☐ Mussel Screening Ponded Waters

☐ Mussel Screening Streams

☒ Significant Natural Communities

☐ Natural Communities Near This Location

☒ Rare Plants or Animals

☒ Base Flood Elevation Plus 72/75 Inches Sea-level Rise

☒ Limit to Moderate Wave Action

Other Wetland Layers

Reference Layers

Tell Me More...

Need A Permit?

Contacts



APPLICANT/OWNER AFFIRMATION

I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I FURTHER UNDERSTAND THAT INTENTIONALLY PROVIDING FALSE OR MISLEADING INFORMATION IS GROUNDS FOR DENIAL OF MY APPLICATION.

FURTHERMORE, I UNDERSTAND THAT I (OR A DESIGNATED REPRESENTATIVE) MUST BE PRESENT AT THE MEETING TO REPRESENT THE APPLICATION AND RESPOND TO ANY QUESTIONS FROM THE PLANNING BOARD MEMBERS.

Jay Bauder, Director of
Signature (Applicant) *Pool & Hot Tub Development*

6/12/23
Date

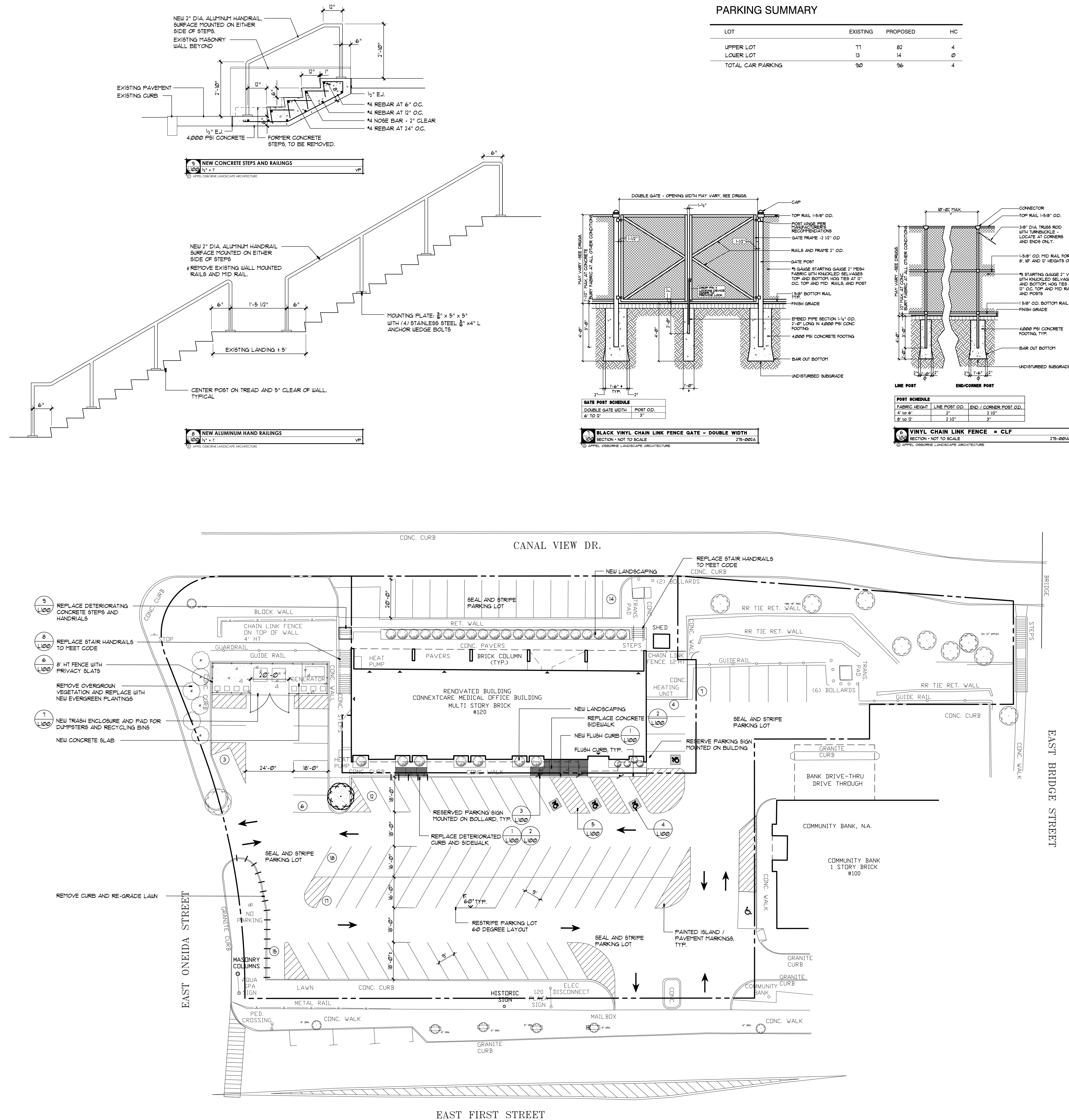
IF APPLICANT IS NOT THE OWNER OF RECORD FOR SUBJECT PARCEL:

I, THE UNDERSIGNED, HEREBY AFFIRM THAT I AM THE OWNER OF RECORD FOR THE SUBJECT PARCEL AT THE TIME OF APPLICATION. FURTHERMORE, I AM FAMILIAR WITH THE REQUEST BY THE APPLICANT AND AUTHORIZE SAID APPLICANT TO REPRESENT THE INTEREST OF THE OWNER(S) IN FURTHERANCE OF THIS REQUEST.

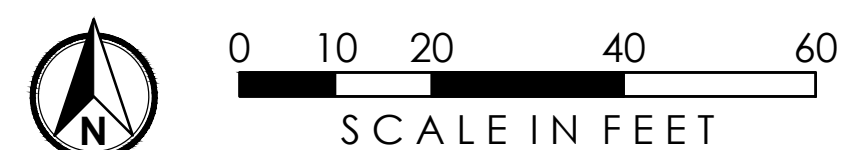
M. C. Jend
Signature (Owner)

6/12/23
Date

Regular meetings of the Planning Board are generally held on the first Tuesday of every month. The meetings are held at 6:30 p.m., in the Third Floor Conference Room of City Hall. Applicants will receive a copy of the agenda in the mail approximately one (1) week prior to the meeting.

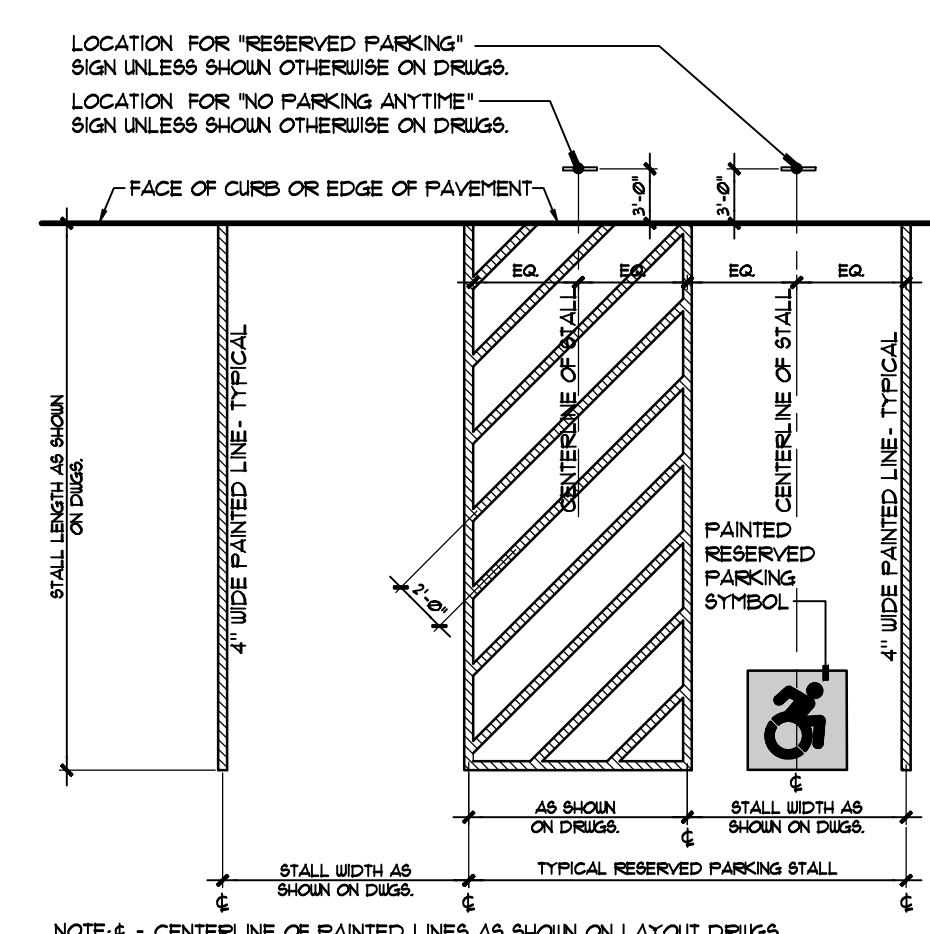


CONNEXTCARE - SITE IMPROVEMENT PLAN

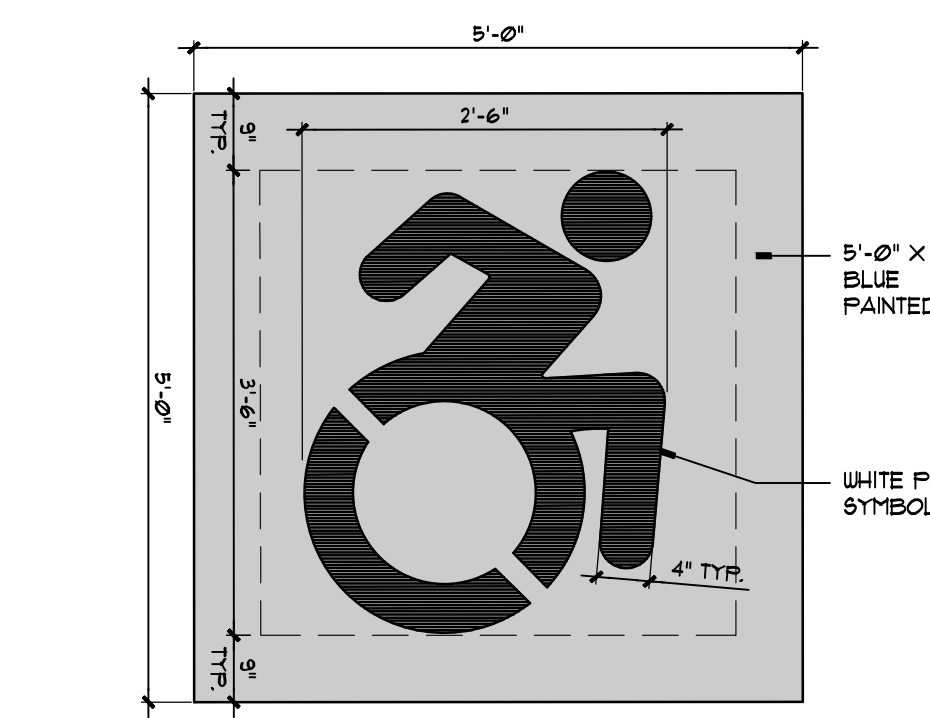


PARKING SUMMARY

LOT	EXISTING	PROPOSED	HC
UPPER LOT	11	82	4
LOWER LOT	13	14	0
TOTAL CAR PARKING	24	96	4



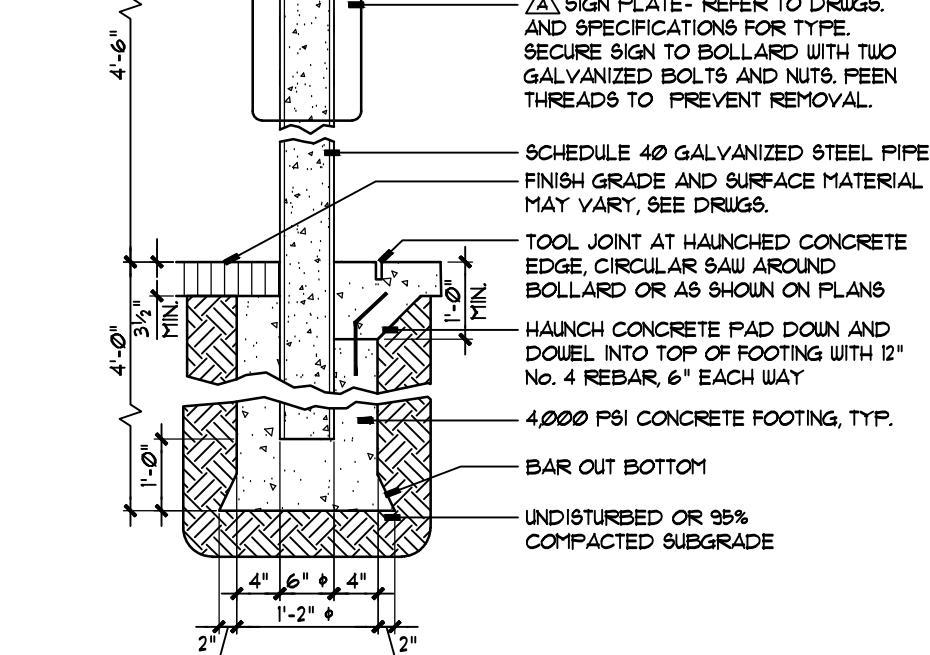
5 PARKING STALL MARKING-TYPICAL
SECTION - NOT TO SCALE
3330-0004



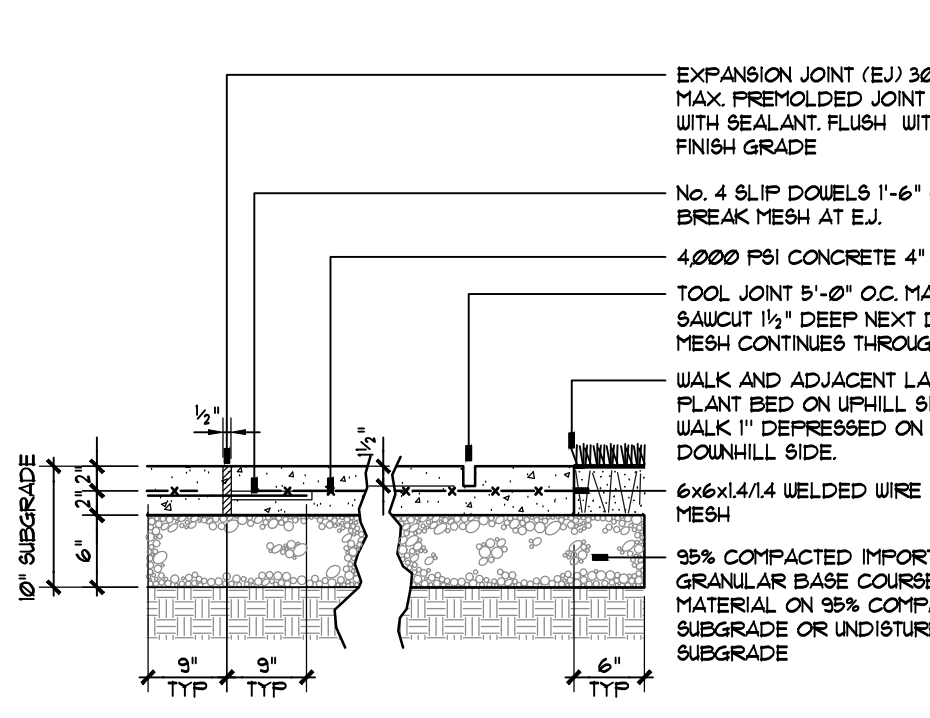
4 PAINTED RESERVE PARKING SYMBOL
PLAN - NOT TO SCALE
3330-0004



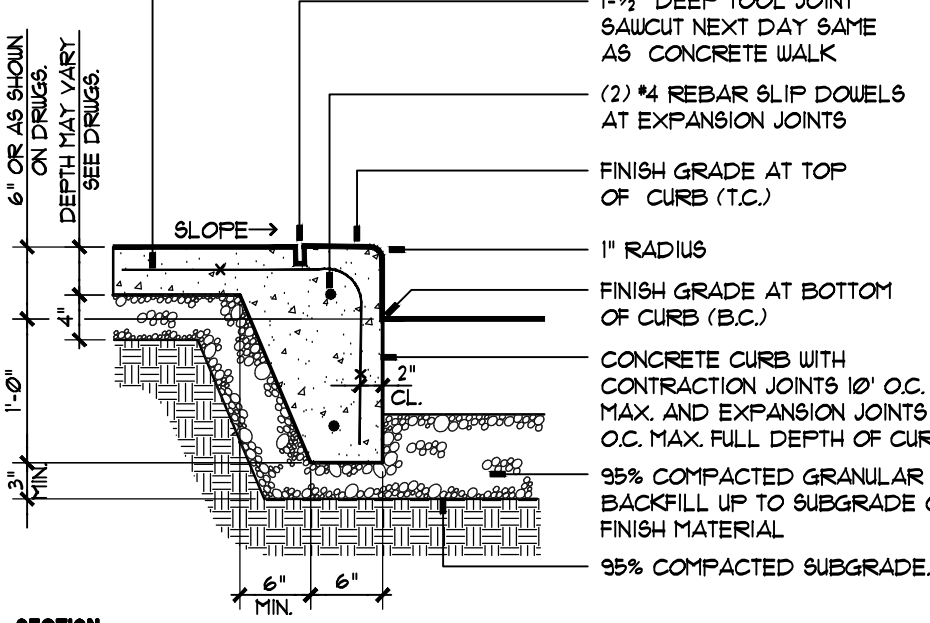
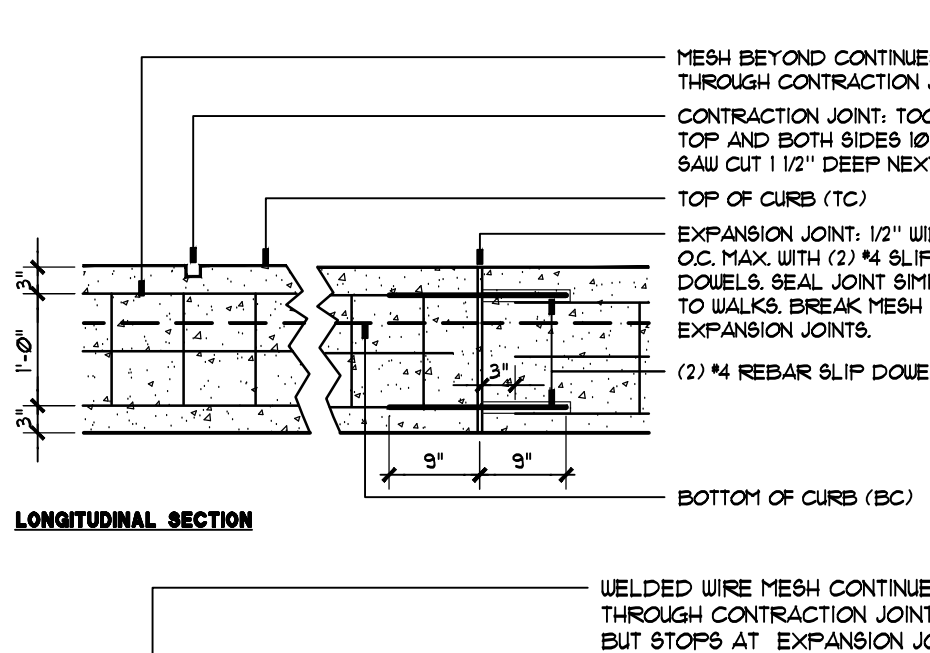
6 METAL BOLLARD WITH TRAFFIC SIGN
SECTION - NOT TO SCALE
VP



2 CONCRETE WALK - STANDARD
SECTION - NOT TO SCALE
3310-100



1 CONCRETE CURB - INTEGRAL
SECTION - NOT TO SCALE
3310-0044



3 CONCRETE CURB - INTEGRAL
SECTION - NOT TO SCALE
3310-0044

4 PAINTED RESERVE PARKING SYMBOL
PLAN - NOT TO SCALE
3330-0004

5 PARKING STALL MARKING-TYPICAL
SECTION - NOT TO SCALE
3330-0004

6 METAL BOLLARD WITH TRAFFIC SIGN
SECTION - NOT TO SCALE
VP

CONNEXTCARE
120 E 1ST STREET RENOVATIONS

120 E 1ST STREET
OSWEGO, NY 13126

KING + KING PROJ. NO.: 22-22-7928

NOT FOR CONSTRUCTION

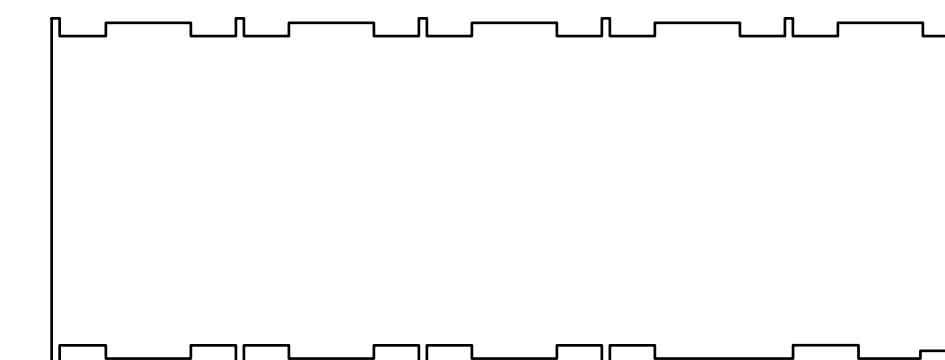
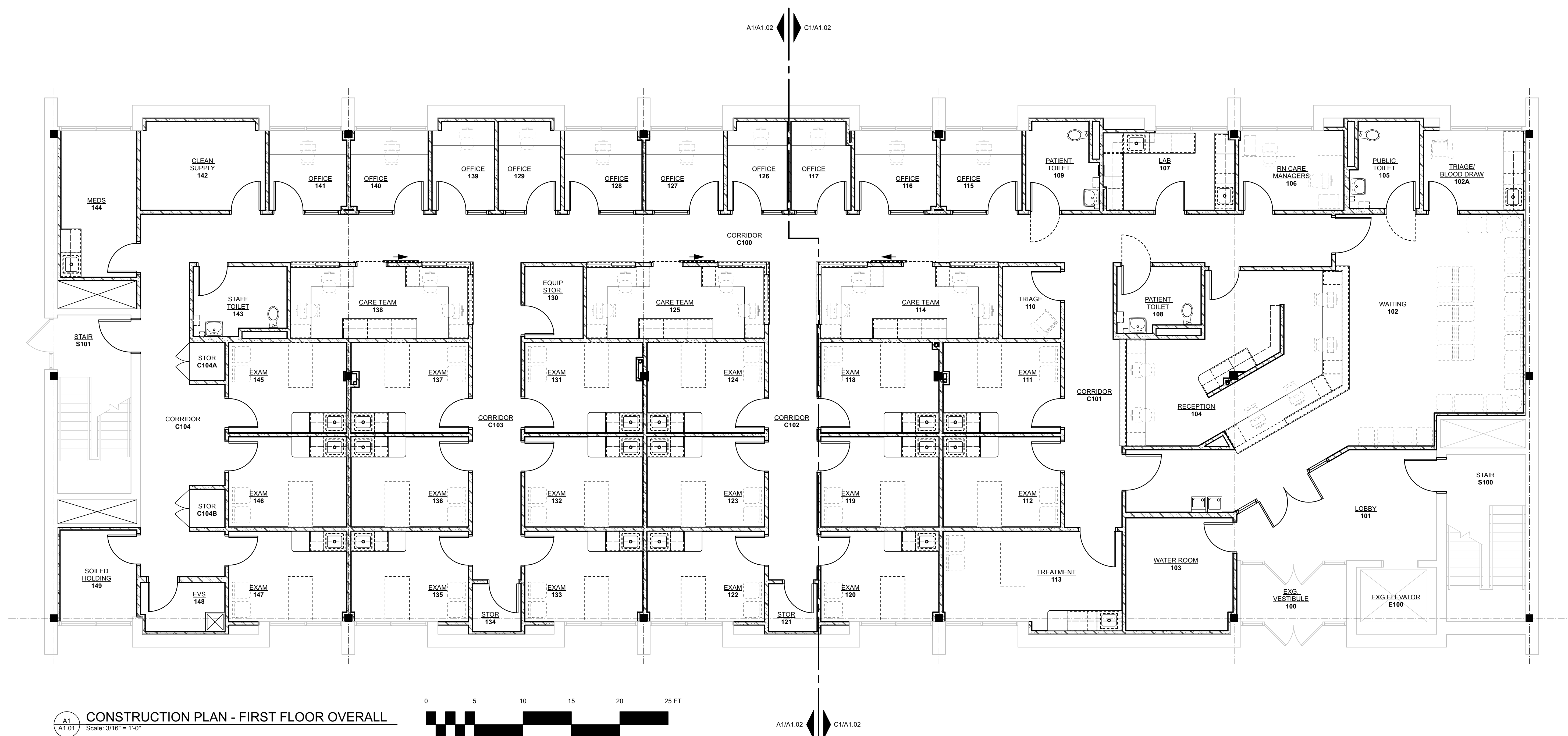
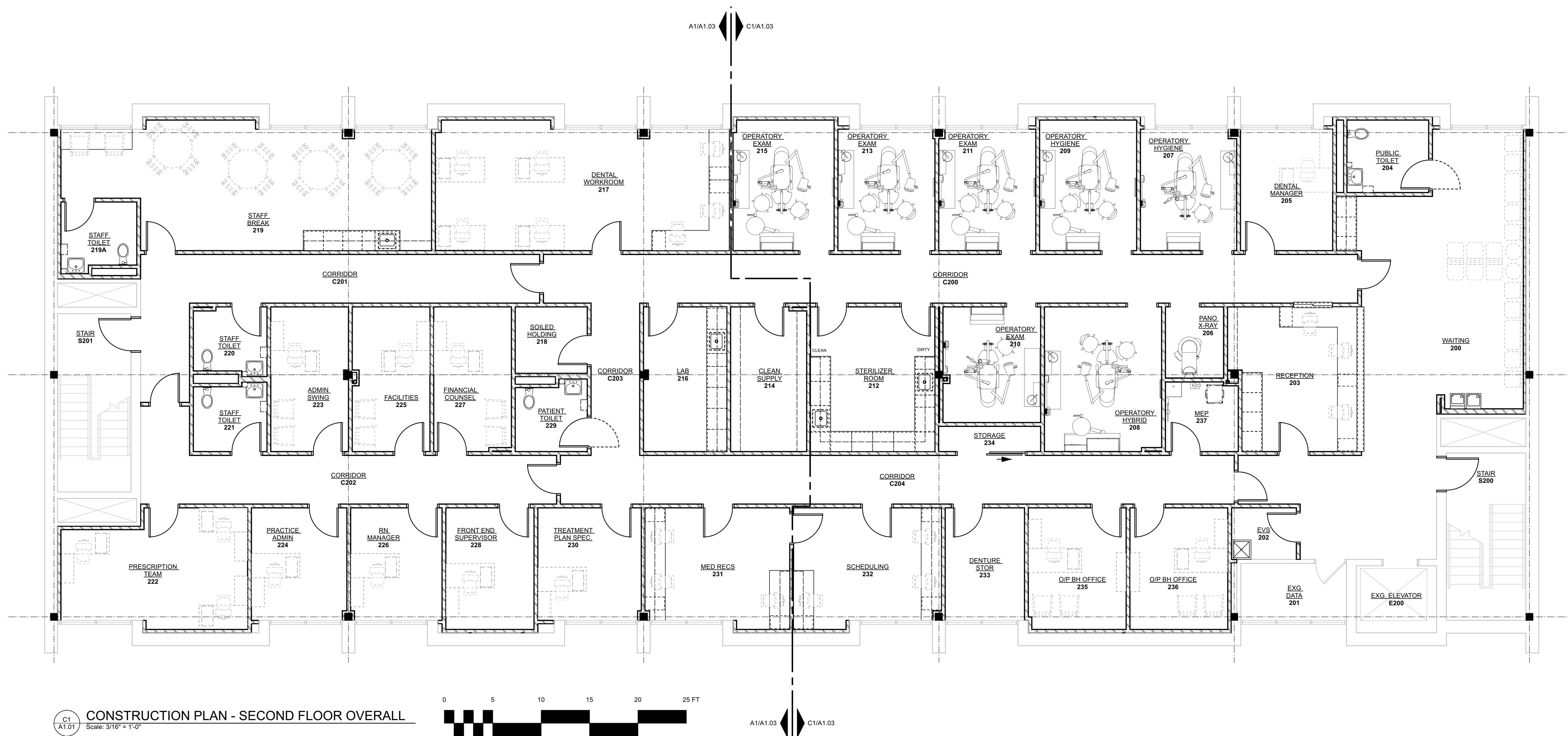
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DRAWING TITLE:

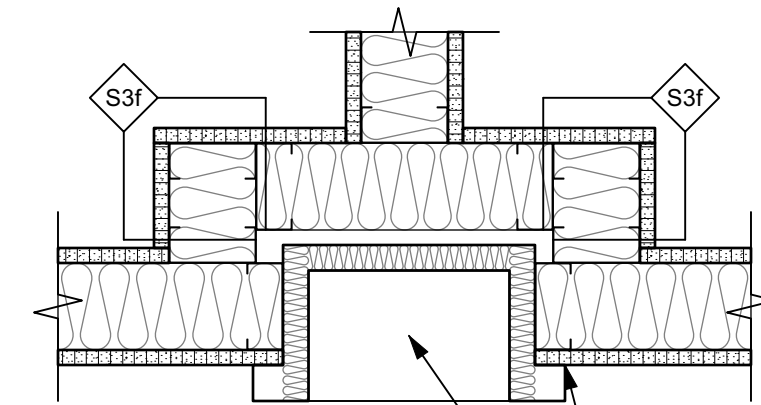
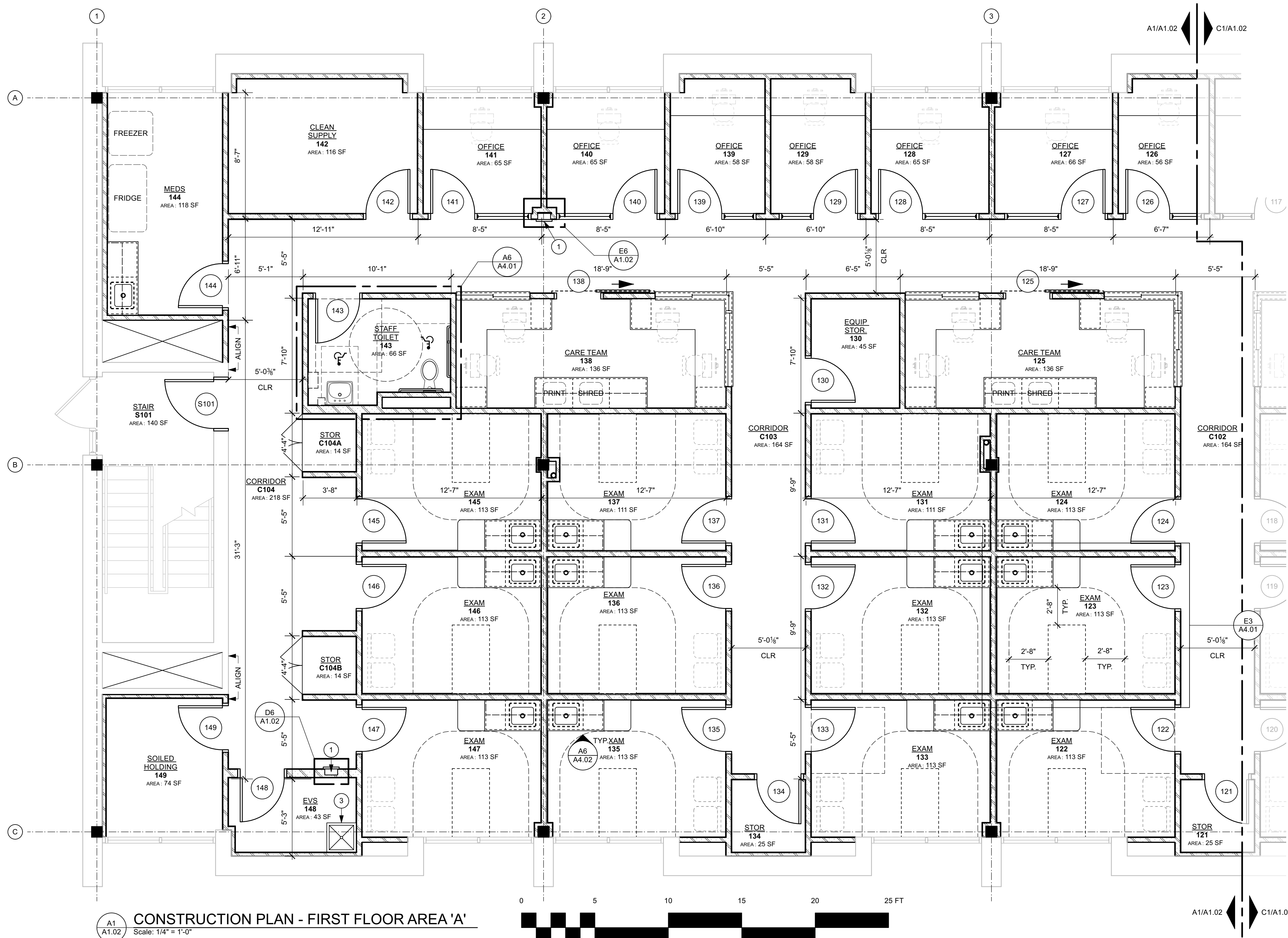
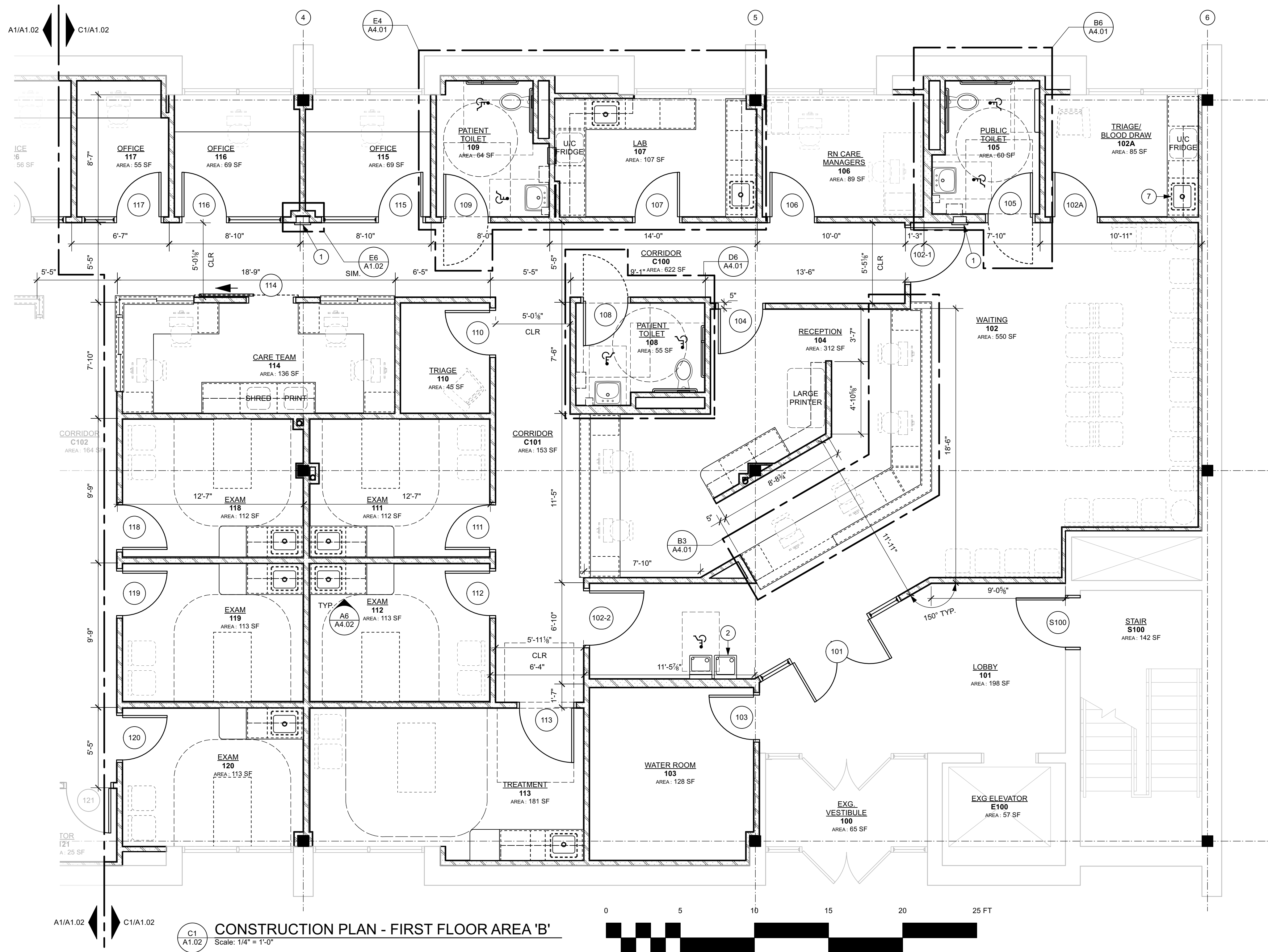
CONSTRUCTION PLAN -
FIRST & SECOND FLOOR
OVERALL

A1.01



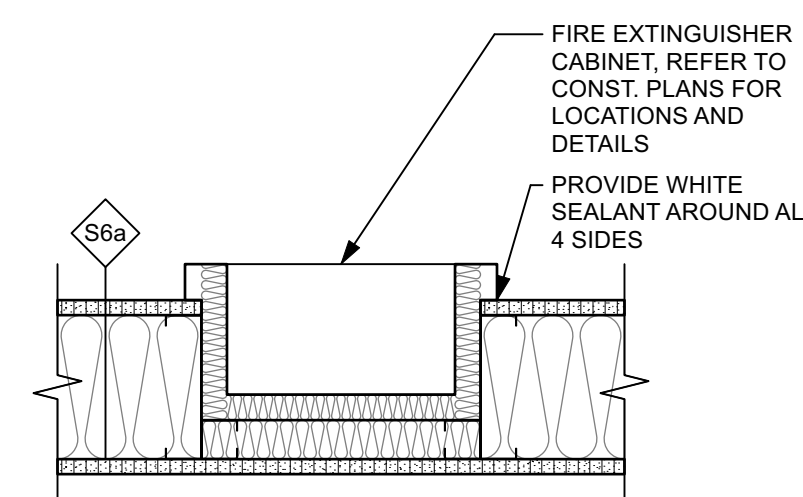
KEY PLAN
Scale: 1/32" = 1'-0"





PROVIDE WHITE SEALANT AROUND ALL 4 SIDES
FIRE EXTINGUISHER CABINET, REFER TO CONST. PLANS FOR LOCATIONS AND DETAILS

**E6
A1.02** FIRE EXTINGUISHER CABINET - PLAN DETAIL
Scale: 1 1/2" = 1'-0"



**D6
A1.02** FIRE EXTINGUISHER CABINET - PLAN DETAIL
Scale: 1 1/2" = 1'-0"

GENERAL CONSTRUCTION NOTES:

- GN-A ALL DIMENSIONS ARE TAKEN FROM FACE OF STUD, UNLESS NOTED OTHERWISE
- GN-B NOTIFY ARCHITECT OF ANY DISCREPANCIES BETWEEN DRAWINGS, SCHEDULES AND SPECIFICATIONS FOR CLARIFICATION.
- GN-C ALL PARTITION WALLS TO BE TYPE 'S3' UNLESS NOTED OTHERWISE.
- GN-D REFER TO MEP DRAWINGS FOR MEP EQUIPMENT LAYOUT. PROVIDE BLOCKING AS REQUIRED FOR ALL WALL MOUNTED EQUIPMENT.
- GN-E ALL FURNITURE & EQUIPMENT SHOWN DASHED IS NOT IN CONTRACT, FF&E TO BE OWNER FURNISHED, TYPICAL.
- GN-F REFER TO DRAWING A0.01 FOR TOILET ROOM ACCESSORY LEGEND, TYPICAL REQUIRED CLEARANCES AND REQUIRED MOUNTING HEIGHTS.
- GN-G REFER TO DRAWINGS IN THE A700 SERIES FOR CASEWORK TYPES AND DETAILS.
- GN-H ALL FIRE WALLS AND SMOKE BARRIERS SHALL RUN CONTINUOUS, WHERE THE TWO INTERSECT, THE HIGHER RATING SHALL RUN CONTINUOUS.
- GN-I ALL WALL MOUNTED FIXTURES AND ACCESSORIES TO RECEIVE BLOCKING AS NEEDED BETWEEN STUDS, 3/4" FIRE-RESISTANT PLYWOOD TYP.
- GN-J ALL EXTERIOR CORNERS OF INTERIOR WALLS SHALL RECEIVE A CORNER GUARD, REFER TO KEYED NOTE 4
- GN-K PROVIDE FIRE-TREATED BLOCKING AT ALL OFCL, OFCL, AND OFOI WALL-MOUNTED EQUIPMENT, INCLUDING BUT NOT LIMITED TO CASEWORK, MONITORS, ETC.

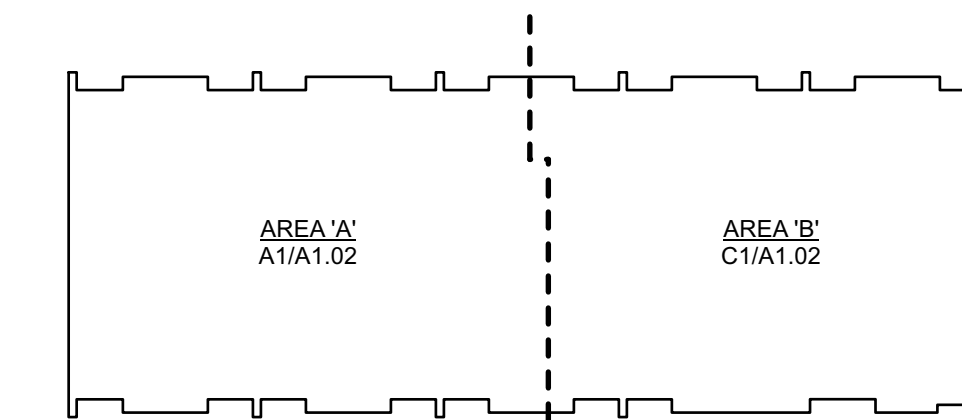
KEYED CONSTRUCTION NOTES:

- 1 FIRE EXTINGUISHER CABINET
- 2 DRINKING FOUNTAIN - REFER TO PLUMBING DRAWINGS
- 3 MOP SINK - REFER TO PLUMBING DRAWINGS
- 4 CORNER OF WALL TO RECEIVE ACROVYN CORNER GUARD, BASIS OF DESIGN: TBD
- 5 END OF WALL TO RECEIVE ACROVYN CORNER GUARD, BASIS OF DESIGN: TBD
- 6 WINDOW TO RECEIVE NEW ROLLER SHADE - REFER TO DETAIL --A--
- 7 SINK WITH EYEWASH STATION - REFER TO PLUMBING DRAWINGS
- 8 TELEVISION - REFER TO ELECTRICAL DRAWINGS

CONSTRUCTION PLAN KEY



LOCATION OF CONCRETE PATCHING & INFILL. SEE DETAIL --A--.



**A6
A1.02** KEY PLAN
Scale: 1/32" = 1'-0"

CONNEXCARE 120 E 1ST STREET RENOVATIONS

120 E 1ST STREET
OSWEGO, NY 13126

KING + KING PROJ. NO.: 22-22-7928

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MARK DATE DESCRIPTION
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SCALE: Sheet Scale
DRAWING TITLE:

CONSTRUCTION PLAN - FIRST FLOOR PARTIAL

A1.02

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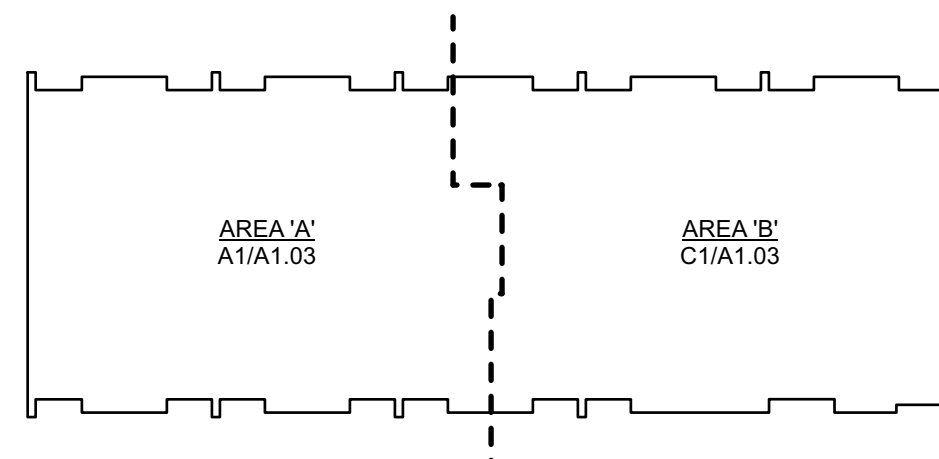
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KEYED CONSTRUCTION NOTES:

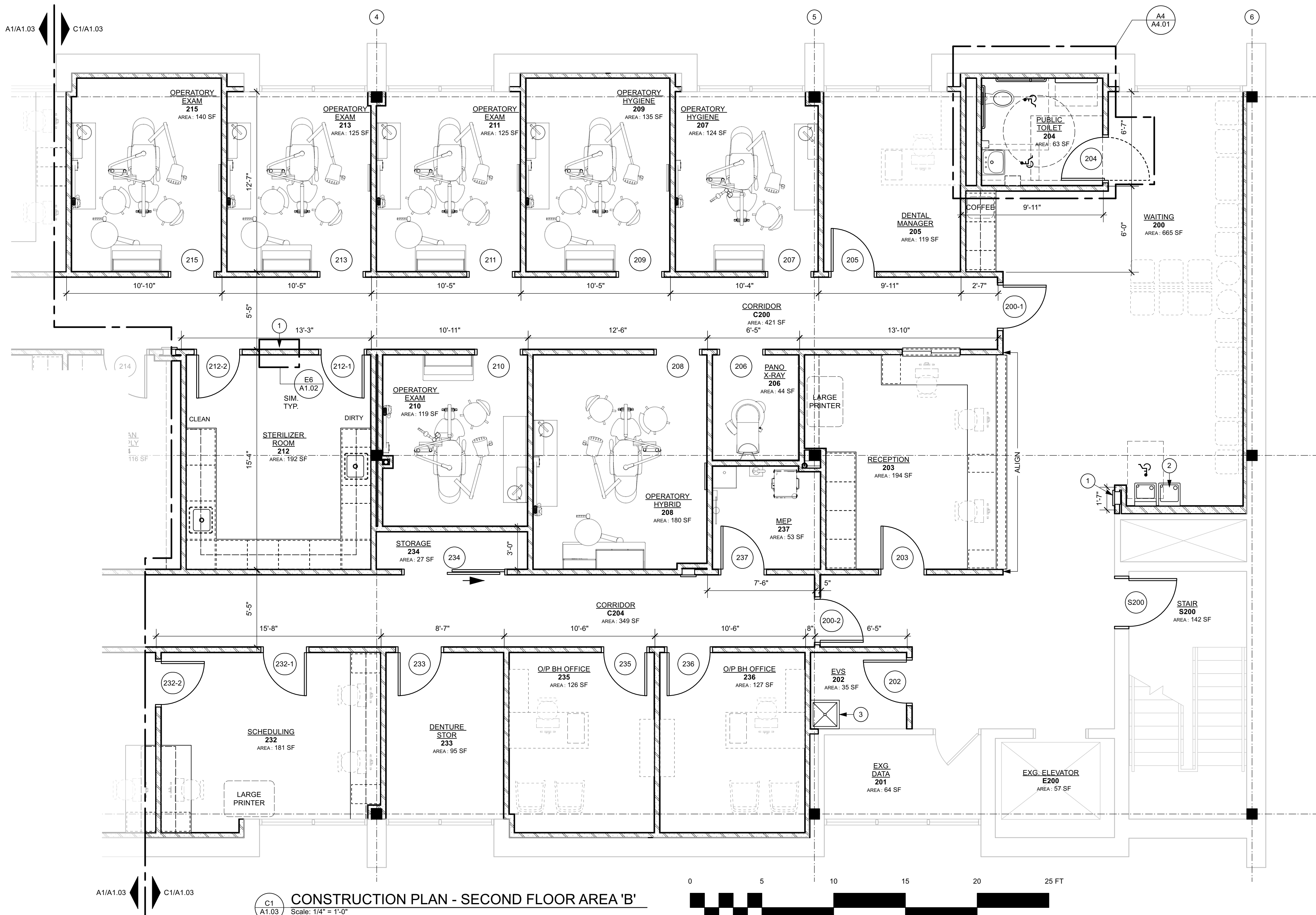
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- 8 TELEVISION - REFER TO ELECTRICAL DRAWINGS

CONSTRUCTION PLAN KEY

LOCATION OF
CONCRETE
PATCHING & INFILL.
SEE DETAIL --A--.

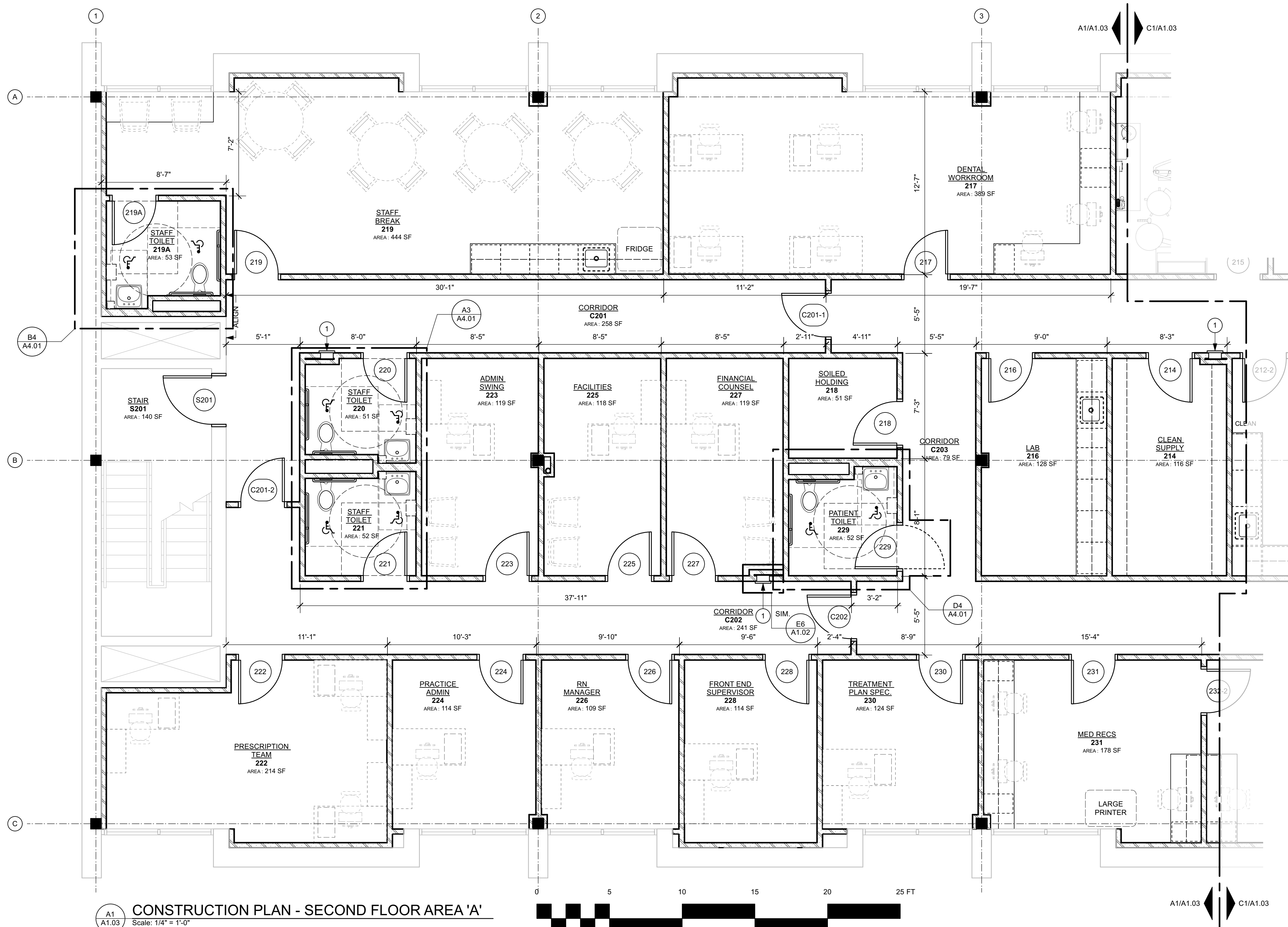


KEY PLAN
Scale: 1/32" = 1'-0"



CONSTRUCTION PLAN - SECOND FLOOR AREA 'B'

Scale: 1/4" = 1'-0"



CONSTRUCTION PLAN - SECOND FLOOR AREA 'A'

Scale: 1/4" = 1'-0"

CONNEXTCARE - 104 & 120 E. First Street, Oswego

8/3/2023

Project Costs Incurred to date

King & King Architects	\$ 42,500.00	Architectural Services
George Venditti	\$ 5,400.00	Survey Services
Paradigm Environmental	\$ 5,285.00	Asbestos Survey
City of Oswego	\$ 400.00	Special Permit Application/Planning Board/Zoning Board
	<hr/>	
	\$ 53,585.00	