



## shell fab

### Section I: Applicant Background Information

#### Applicant Information - Company Receiving Benefit

<b>Applicant Name</b>	Marino A. Monaco, Jr. (Marty)
<b>Applicant Address</b>	2855 Clinton street
<b>Applicant Address 2</b>	
<b>Applicant City</b>	West Seneca
<b>Applicant State</b>	New York
<b>Applicant Zip</b>	14224
<b>Phone</b>	716 827 3003
<b>Fax</b>	716 827 8729
<b>E-mail</b>	martymonaco@shellfab.com
<b>Website</b>	www.shellfab.com
<b>Federal ID#</b>	
<b>NAICS Code</b>	
<b>Will a Real Estate Holding Company be utilized to own the Project property/facility</b>	Yes
<b>What is the name of the Real Estate Holding Company</b>	2855 Clinton street inc.
<b>Federal ID#</b>	
<b>State and Year of Incorporation/Organization</b>	1,988
<b>List of stockholders, members, or partners of Real Estate Holding Company</b>	Marty Monaco, Michelle Monaco

#### Individual Completing Application

<b>Name</b>	Marino A. Monaco, Jr. Marty
<b>Title</b>	Vice President
<b>Address</b>	2855 Clinton street
<b>Address 2</b>	
<b>City</b>	West Seneca
<b>State</b>	New York
<b>Zip</b>	14224
<b>Phone</b>	716 827 3003

7/14/2016

The Erie County Industrial Development Agency (ECIDA)

**Fax**

716 827 8729

**E-Mail**

martymonaco@shellfab.com

Company Contact (if different from individual completing application)**Name****Title****Address****Address 2****City****State****Zip****Phone****Fax****E-Mail**Company Counsel**Name of Attorney**

Joe Shaw

**Firm Name**

Shaw &amp; Shaw

**Address**

4819 South Park Ave

**Address 2****City**

Hamburg

**State**

New York

**Zip**

14075

**Phone**

716 648 3020

**Fax****E-Mail**

joeshaw@shawlawpc.com

Identify the assistance being requested of the Agency**Exemption from Sales Tax**

Yes

**Exemption from Mortgage  
Tax**

Yes

**Exemption from Real  
Property Tax**

Yes

**Tax Exempt Financing\***

No

\* (typically for not-for-profits &amp; small qualified manufacturers)

Business Organization**Type of Business**

Corporation

**Type of Ownership**

WBE

**Year Established**

1988

**State of Organization**

New York

List all stockholders, members, or partners with % of ownership greater than 20%

**Please include name and % of ownership.**

Marino A. Monaco, Jr. 35, Michelle M. Monaco 65%

Applicant Business Description

**Describe in detail company background, products, customers, goods and services. Description is critical in determining eligibility**

our company measures, manufactures and installs countertops - laminate, solid surface, quartz surface, granite surface in both a residential and commercial fashion

**Estimated % of sales within Erie County** 70%

**Estimated % of sales outside Erie County but within New York State** 20%

**Estimated % of sales outside New York State but within the U.S.** 10%

**Estimated % of sales outside the U.S.** 0

(\*Percentage to equal 100%)

**What percentage of your total annual supplies, raw materials and vendor services are purchased from firms in Erie County? Include list of vendors, raw material suppliers and percentages for each. Provide supporting documentation of the estimated percentage of local purchases**

51%

## Section II: Eligibility Questionnaire - Project Description & Details

### Project Location

#### **Municipality or Municipalities of current operations**

West Seneca, NY

#### **Will the Proposed Project be located within a Municipality identified above?**

Yes

#### **In which Municipality will the proposed project be located**

West Seneca, NY

#### **Address**

3254 Clinton Street, West Seneca, NY 14224

#### **Will the completion of the Project 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 in the abandonment of one or more plants or facilities of the project occupant located within the state?**

No

#### **If the Proposed Project is located in a different Municipality than that Municipality in which current operations are being undertaken, is it expected that any of the facilities in any other Municipality will be closed or be subject to reduced activity?**

No

(If yes, you will need to complete the Retail Section of this application)

#### **SBL Number for Property upon which proposed Project will be located**

124.19-1-10

#### **What are the current real estate taxes on the proposed Project Site**

\$2888.60

#### **Assessed value of land**

\$72,720 (entire parcel - we are purchasing a portion)

#### **Assessed value of building(s)**

0

#### **Are Real Property Taxes current?**

Yes

#### **If no please explain**

#### **Town/City/Village of Project Site**

West Seneca

#### **School District of Project Site**

West Seneca

#### **Does the Applicant or any related entity currently hold fee title to the Project site?**

No

#### **If No, indicate name of present owner of the Project Site**

Edbauer Construction

#### **Does Applicant or related entity have an option/contract to purchase the Project site?**

Yes

#### **Describe the present use of the Proposed Project site**

vacant land

**Please provide narrative of the proposed project and the purpose of the proposed project (new build, renovations, and/or equipment purchases). Identify specific uses occurring within the project. Describe any and all tenants and any/all end users: (This information is critical in determining project eligibility)**

construction of a 2.2 million dollar building, approximately 55,040 square feet, doubling our current square footage. purchase of \$400,000 worth of new manufacturing equipment and hiring of 10 additional employees. continuation of the manufacturing of countertops

**Describe the reasons why the Agency's Financial Assistance is necessary and how the Financial Assistance enables the company to undertake the Project to facilitate investment, job creation and/or job retention. Focus on competitiveness issues, project shortfalls, etc... Your eligibility determination will be based in part on your answer (attach additional pages if necessary)**

The assistance is necessary for our company to continue to grow and remain competitive in our marketplace. Currently we have no ability to accommodate the increase in orders due to space requirements. We anticipate, with this expansion the company will hire 10 new employees to add to our 45 person work force. In 2001 we relocated our business from 2500 sq. ft. to it's current location which had an existing 10,000 sq. ft. building and constructed an additional 12,000 sq. ft. addition. Sales have increased 200% and our work force has increased 425% of this time.

**Please confirm by checking the box, below, if there is likelihood that the Project would not be undertaken but for the Financial Assistance provided by the Agency**

No

**If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency:**

in the event that we do not receive this funding, it will be much more difficult to establish bank support

**If the Applicant is unable to obtain Financial Assistance for the Project, what will be the impact on the Applicant and Erie County?**

we will be purchasing approximately \$400,000 of manufacturing equipment, creating approximately, but not limited to 10 employment opportunities, the continuation of being a good community servant, and the continued purchase of goods from other WNY vendors. in the event that we are unable to obtain this financial assistance - Shell Fab will be placed in a stagnant situation since there is no opportunity to expand in our current facility.

**Will project include leasing any equipment?**

Yes

**If yes, please describe equipment and lease terms.**

\$400,000 - sawjet, crane, water treatment system 5-7 years at 5.25%

#### Site Characteristics

**Will the Project meet zoning/land use requirements at the proposed location?**

Yes

**Describe the present zoning/land use**

land is vacant, zoned for industrial use

**Describe required zoning/land use, if different**

**If a change in zoning/land use is required, please provide details/status of any request for change of zoning/land use requirements**

**Is the proposed Project located on a site where the known or potential presence of contaminants is complicating the development/use of the property?**

No

**If yes, please explain**

**Has a Phase I Environmental Assessment been prepared, or will one be prepared with respect to the proposed Project Site?**

Yes

If yes, please provide a copy.

**Have any other studies, or assessments been undertaken with respect to the proposed Project Site that indicate the known**





Project Information

**Estimated costs in connection with project**

**Land and/or Building Acquisition**

\$ 185,000 square feet 5 acres

**New Building Construction**

\$ 2,050,000 55,040 square feet

**New Building addition(s)**

\$ 0 square feet

**Infrastructure Work**

\$ 0

**Renovation**

\$ 0 square feet

**Manufacturing Equipment**

\$ 400,000

**Non-Manufacturing Equipment: (furniture, fixtures, etc.)**

\$ 100,000

**Soft Costs: (professional services, etc.)**

\$ 0

**Other Cost**

\$ 0

**Explain Other Costs**

**Total Cost**

\$ 2,735,000

**Project Refinancing; estimated amount (for refinancing of existing debt only)**

\$ 0

**Have any of the above costs been paid or incurred as of the date of this Application?**

Yes

**If Yes, describe particulars:**

deposit on land purchase, attorney fees, engineering fees, site plan fees etc.

Sources of Funds for Project Costs:

**Equity (excluding equity that is attributed to grants/tax credits):**

\$ 285,000

**Bank Financing:**

\$ 2,200,000

**Tax Exempt Bond Issuance (if applicable):**

\$ 0

**Taxable Bond Issuance (if applicable):**

\$ 0

**Public Sources (Include sum total of all state and federal grants and tax credits):**

\$ 0

**Identify each state and federal grant/credit:**

**Total Sources of Funds for Project Costs:**

\$2485000.00

**Has a financing preapproval letter or loan commitment letter been obtained?**

Yes

Mortgage Recording Tax Exemption Benefit:

**Estimated Mortgage Amount (Sum total of all financing – construction and bridge).**

**\*Amount of mortgage, if any, that would be subject to mortgage recording tax.**

\$ 2,200,000.00

**Lender Name, if Known**

First Niagara

**Estimated Mortgage Recording Tax Exemption Benefit (product of Mortgage Amount as indicated above multiplied by 1%):**

\$22000.00

Construction Cost Breakdown:

**Total Cost of Construction**

\$ 2,050,000

(sum of 2,3,4,5, and/or 7 in Question K, above)

**Cost for materials**

\$ 1,885,000

**% sourced in Erie County**

still under consideration - getting prices, using local a priority%

**% sourced in State**

still under consideration, getting prices, using local a priority%  
(including Erie County)

**Gross amount of costs for goods and services that are subject to State and local sales and use tax- said amount to benefit from the Agency's sales and use tax exemption benefit**

\$ 942,500.00

**Estimated State and local Sales and Use Tax Benefit (product of 8.75% multiplied by the figure, above):**

\$ 82,469

Real Property Tax Benefit:

**Identify and describe if the Project will utilize a real property tax exemption benefit OTHER THAN the Agency's PILOT benefit:**

For proposed facility please include # of sq ft for each of the uses outlined below

		<b>Cost</b>	<b>% of Total Cost</b>
<b>Manufacturing/Processing</b>	36,000 square feet	\$ 1,508,454	65
<b>Warehouse</b>	9,500 square feet	\$ 402,609	17
<b>Research &amp; Development</b>	square feet	\$ 0	0
<b>Commercial</b>	square feet	\$ 0	0
<b>Retail</b>	1,800 square feet	\$ 81,360	3
<b>Office</b>	3,000 square feet	\$ 131,373	5

**Specify Other**

4,740 square feet \$ 26,204 9

**If you are undertaking new construction or renovations, are you seeking LEED certification from the US Green Building Council?**

No

**If you answered yes to question above, what level of LEED certification do you anticipate receiving? (Check applicable box)**

<BLANK>

**Provide estimate of additional construction cost as a result of LEED certification you are seeking**

**Will project result in significant utility infrastructure cost or uses**

Yes

What is your project timetable (Provide dates)

**Start date : acquisition of equipment or construction of facilities**

9/15/2016

**End date : Estimated completion date of project**

1/15/2017

**Project occupancy : estimated starting date of operations**

2/15/2017

**Have construction contracts been signed?**

No

**Have site plans been submitted to the appropriate planning department for approval?**

Yes

**Has the Project received site plan approval from the appropriate planning department?**

Yes

**Is project necessary to expand project employment?**

Yes

**Is project necessary to retain existing employment?**

No

Employment Plan (Specific to the proposed project location):

	<b>Current # of jobs at proposed project location or to be relocated at project location</b>	<b>IF FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be RETAINED</b>	<b>IF FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be CREATED upon TWO years after Project completion</b>	<b>Estimate number of residents of the Labor Market Area in which the Project is located that will fill the FTE and PTE jobs to be created upon TWO Years after Project Completion **</b>
<b>Full time</b>	45	45	10	55
<b>Part time</b>	2	2	2	4
<b>Total</b>	47	47	12	

\*\* The Labor Market Area includes the Counties of Erie, Niagara, Genesee, Cattaraugus, Wyoming and Chautauqua. For the purposes of this question, please estimate the number of FTE and PTE jobs that will be filled, as indicated in the third column, by residents of the Labor Market Area, in the fourth column.

\*\*\*By statute, Agency staff must project the number of FTE jobs that would be retained and created if the request for Financial Assistance is granted. Agency staff will project such jobs over the TWO Year time period following Project completion. Agency staff converts PTE jobs into FTE jobs by dividing the number of PTE jobs by two (2). This estimate, based on information provided above, will be included within the PILOT worksheet in the additional documents section.

Salary and Fringe Benefits for Jobs to be Retained and Created:

<b>Category of Jobs to be Retained and Created</b>	<b>Average Salary</b>	<b>Average Fringe Benefits</b>
<b>Management</b>	\$ 60,000	\$ 10,000
<b>Professional</b>	\$ 40,000	\$ 5,000
<b>Administrative</b>	\$ 40,000	\$ 1,000
<b>Production</b>	\$ 38,000	\$ 1,000
<b>Independent Contractor</b>	\$ 0	\$ 0
<b>Other</b>	\$ 0	\$ 0

Employment at other locations in Erie County: (provide address and number of employees at each location):

<b>Address</b>			
<b>Full time</b>	0	0	0
<b>Part time</b>	0	0	0
<b>Total</b>	0	0	0

**Will any of the facilities described above be closed or subject to reduced activity?**

No

Payroll Information

**Annual Payroll at Proposed Project Site**

\$ 2,800,000

**Estimated average annual salary of jobs to be retained**

\$ 51,000

**Estimated average annual salary of jobs to be created**

\$ 45,000

**Estimated salary range of jobs to be created**

**From** \$ 35,000 **To** \$ 55,000

**Is the project reasonably necessary to prevent the project occupant from moving out of New York State?**

No

**If yes, please explain and identify out-of-state locations investigated**

**What competitive factors led you to inquire about sites outside of New York State?**

**Have you contacted or been contacted by other Local, State and/or Federal Economic Development Agencies?**

Yes

**If yes, please indicate the Agency and nature of inquiry below**

we contacted Gerry Hathaway, LDC rep when we began searching to relocate approx. a year ago. he did not contact us with any sites so we found this parcel ourselves

**Do you anticipate applying for any other assistance for this project?**

Yes

**If yes, what type of assistance (Historic Tax Credits, 485(a), Grants, Utility Loans, Energy Assistance, Workforce Training)**

energy assistance, possibly workforce training

**Section III: Facility Type - Single or Multi Tenant**

**Is this a Single Use Facility or a Multi-Tenant Facility?**

Single Use Facility

For Single Use Facility

**Occupant Name** Shell Fab & Design, Inc.  
**Address** 2855 Clinton Street  
**Contact Person** Marty Monaco  
**Phone** 7168273003  
**Fax** 7168278729  
**E-Mail** martymonaco@shellfab.com  
**Federal ID #**  
**SIC/NAICS Code** 326199

Multi-Tenant Facility

**Please explain what market conditions support the construction of this multi-tenant facility**

**Have any tenant leases been entered into for this project?**

<BLANK>

**If yes, please fill out a tenant form in section VII, for each tenant.**

Tenant Name	Current Address (city, state, zip)	# of sq ft and % of total to be occupied at new projet site	SIC or NAICS-also briefly describe type of business, products services, % of sales in Erie Co.
-------------	------------------------------------	---	--

## **Section VI: Inter-Municipal Move Determination**

The Agency is required by state law to make a determination that, if completion of a Project benefiting from Agency Financial Assistance results 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 in the abandonment of one or more plants or facilities of the project occupant located within the state, Agency financial Assistance is required to prevent the project occupant from relocating out of the state, or is reasonably necessary to preserve the project occupant's competitive position in its respective industry.

**Will the project 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?** No

**Will the project result in the abandonment of one or more plants or facilities of the Project occupant located within the state?** No

**If Yes to either question, explain how, notwithstanding the aforementioned closing or activity reduction, the Agency's Financial Assistance is required to prevent the Project from relocating out of the State, or is reasonably necessary to preserve the Project occupant's competitive position in its respective industry:**

**Does this project involve relocation or consolidation of a project occupant from another municipality or abandonment of an existing facility?**

**Within New York State** No

**Within Erie County** No

**If Yes to either question, please, explain**

**Will the project result in a relocation of an existing business operation from the City of Buffalo?**

No

**If yes, please explain the factors which require the project occupant to relocate out of the City of Buffalo (For example, present site is not large enough, or owner will not renew leases etc.)**

**What are some of the key requirements the project occupant is looking for in a new site? (For example, minimum sq. ft., 12 foot ceilings, truck loading docs etc.)**

**If the project occupant is currently located in Erie County and will be moving to a different municipality within Erie County, has the project occupant attempted to find a suitable location within the municipality in which it is currently located?**

Yes

**What factors have lead the project occupant to consider remaining or locating in Erie County?**

we are currently located in west Seneca - it was extremely important for us to remain in the town as we have a solid presence both as a business and community servant

**If the current facility is to be abandoned, what is going to happen to the current facility that project occupant is located in?**

the current facility is on the market and there has been great interest by several

**Please provide a list of properties considered, and the reason they were not adequate. (Some examples include: site not large enough, layout was not appropriate, did not have adequate utility service, etc.) Please include full address for locations.**

we looked at the brownfield area of elk st. the timeline was inadequate as it would have taken at least 2 years to begin project and we have already outgrown our facility.

## Section VII: Adaptive Reuse Projects

Are you applying for tax incentives under the Adaptive Reuse Program?	No
What is the age of the structure (in years)?	0
Has the structure been vacant or underutilized for a minimum of 3 years? (Underutilized is defined as a minimum of 50% of the rentable square footage of the structure being utilized for a use for which the structure was not designed or intended)	<BLANK>
If vacant, number of years vacant.	0
If underutilized, number of years underutilized.	0
Describe the use of the building during the time it has been underutilized:	
Is the structure currently generating insignificant income? (Insignificant income is defined as income that is 50% or less than the market rate income average for that property class)	<BLANK>
If yes, please provide dollar amount of income being generated, if any	\$
Does the site have historical significance?	No
Are you applying for either State/Federal Historical Tax Credit Programs?	No
If yes, provide estimated value of tax credits	\$
Briefly summarize the financial obstacles to development that this project faces without ECIDA or other public assistance. Please provide the ECIDA with documentation to support the financial obstacles to development (you will be asked to provide cash flow projections documenting costs, expenses and revenues with and without IDA and other tax credits included indicating below average return on investment rates compared to regional industry averages)	
Briefly summarize the demonstrated support that you intend to receive from local government entities. Please provide ECIDA with documentation of this support in the form of signed letters from these entities	
Please indicate other factors that you would like ECIDA to consider such as: structure or site presents significant public safety hazard and or environmental remediation costs, site or structure is located in a distressed census tract, structure presents significant costs associated with building code compliance, site has historical significance, site or structure is presently delinquent in property tax payments	



**Section VIII: Senior Citizen Rental Housing Projects**

**Are you applying for tax incentives under the Senior Rental Housing policy?**

No

**Has the project received written support from the city, town or village government in which it is located?**

<BLANK>

**Describe the location of the project as it relates to the project's proximity to the town / village / city center or to a recognized hamlet.**

**Is the project consistent with the applicable municipal master plan?**

<BLANK>

**If yes, please provide a narrative identifying the master plan (by name) and describing how the project aligns with the plan details**

**Does the project advance efforts to create a walkable neighborhood and community in proximity to important local amenities and services?**

<BLANK>

**If yes, please provide a narrative describing the walkable nature of the project including access seniors would have to specific neighborhood amenities.**

**Has a market study shown that there is a significant unmet need in the local community or specific neighborhood where seniors are unable to find appropriate housing opportunities?**

<BLANK>

**Is the project located in an area (defined as a 1 – 5 mile radius of the project site) where there are significant local resident populations that are at or below the median income level?**

<BLANK>

**If yes, please describe how you made this determination based upon census tract and other relevant third party data.**

**Does the project provide amenities that are attractive to seniors and differentiates the project from standard market rate housing?**

<BLANK>

**If yes, please describe these amenities (examples may include: community rooms, social / recreational activity areas, senior-oriented fixtures and safety amenities, security systems, call systems, on site medical services)**

**Are there impediments that hinder the ability to conventionally finance this project and /or negatively impact the project's return on investment?**

<BLANK>

**If yes, please briefly summarize the financial obstacles to development that this project faces without ECIDA or other public assistance. Please provide the ECIDA with documentation to support the financial obstacles to development (you will be asked to provide cash flow projections documenting costs, expenses and revenues with and without IDA and other tax credits included indicating below average return on investment rates compared to regional industry averages)**

**Will the project target (and maintain during the incentive period) a minimum 50% occupancy rate of senior citizens whose income is at or below 60-80% of the median income for Erie County?**

<BLANK>

**If yes, please describe provide a narrative citing key facts that substantiate this finding.**

## Section IX: Retail Determination

**Will any portion of the project (including that portion of the costs to be financed from equity or other sources) consist of facilities or property that are or will be primarily used in making sales of goods or services to customers who personally visit the project site?** Yes

If yes, complete the Retail Questionnaire Supplement below.

**What percentage of the cost of the project will be expended on such facilities or property primarily used in making sales of goods or services to customers who personally visit the project?** 25 %

If the answer to this is **less than 33%** do not complete the remainder of the page and proceed to the next section (Section V: Inter-Municipal Move Determination).

If the answer to A is Yes AND the answer to Question B is greater than 33.33%, indicate which of the following questions below apply to the project:

**Will the project be operated by a not-for-profit corporation?** No

**Is the project location or facility likely to attract a significant number of visitors from outside the economic development region (Erie, Niagara, Allegheny, Chautauqua and Cattaraugus counties) in which the project will be located?** No

If yes, please provide a third party market analysis or other documentation supporting your response.

**Is the predominant purpose of the project to make available goods or services which would not, but for the project, be reasonably accessible to the residents of the municipality? Are services provided at the proposed project site needed because of a lack of reasonably accessible retail trade facilities offering such goods or services?** No

If yes, please provide a market analysis supporting your response.

**Will the project preserve permanent, private sector jobs or increase the overall number of permanent private sector jobs in the State of New York?** Yes

**If yes, explain**

45 current jobs,  
projected to increase  
by minimum of 10

**Is the project located in a Highly Distressed Area?** No

**PART 1 TO BE COMPLETED BY LESSEE (DEVELOPER)**

**Tenant Name** Shell Fab & Design, Inc.  
**Property Address:** 3254 Clinton Street  
**City/Town/Village** West Seneca, NY 14224

The following information is an outline relative to the potential client and their proposed contract to sublease space in the above reference facility

**Amount of space to be leased (square feet)** 52,000

**What percentage of the building does this represent?** 100

**Are terms of lease:**

**If GROSS lease, please explain how Agency benefits are passed to the tenant**

**Estimated date of occupancy** 2/1/2017

**PART 2 TO BE COMPLETED BY PROPOSED TENANT**

**Company Name:** Shell Fab & Design, Inc.  
**Local Contact Person:** Marty Monaco  
**Title:** Vice President  
**Current Address:** 2855 Clinton Street  
**Phone:** 7168273003  
**Fax:** 7168278729  
**E-Mail:** martymonaco@shellfab.com  
**Website:** shellfab.com  
**Company President/General Manager:** Michelle Monaco

**Number of employees moving to new project location:**

**Full-Time:** 45  
**Part-Time:** 2  
**Total:** 47

**Do you anticipate increasing employment within the next two years?**  
 If yes, how many additional employees moving to new project location?

**Full-Time:** 10  
**Part-Time:** 2  
**Total:** 12

**Please describe briefly the nature of the business in which the proposed tenant is/will be engaged. This should include NAICS Code; type of business and products or services; percent of total sales in Erie County and the United States:**  
manufacture of countertops - laminate, solid surface, quartz surface and granite NAICS code 326199

Attach additional information as necessary.

**History of Company (i.e. start-up, recent acquisition, publicly traded)**

start up June 10, 1988 on Ingham Ave. in Lackawanna, NY. bought 2500 square foot facility in Orchard Park in 1994. purchased 10,000 square foot facility in WS in 2001. added 13,000 square foot to facility in 2006

**Please list the square footage which the proposed tenant will lease at the Project location** 52,000

**Please list the square footage which the proposed tenant leases at its present location(s)** 23,000

**Describe the economic reason for either the increase or decrease in leased space.**

there is no room to expand the current facility that makes either economic sense or is in the best interest of the current staff. for the convenience and safety of all Shell Fab personnel this project is a necessity.

**Will the project result in a relocation and/or abandonment of other tenant/user(s) facilities in Erie County, or New York State?** Yes

**Where is company relocating from?**

**Address:** 2855 Clinton Street

**City/Town/Village:** West Seneca

**State:** NY

**Zip:** 14224

**If yes, please provide reason for move; i.e. larger/smaller facility required, competitive position, lease expiration, etc.**

currently the real estate holding company has ownership of current building. need to relocate to larger facility to maintain our position in the market and for the safety of our staff

**If owned, what will happen to the existing facility once vacated?**

the building is under contract for sale with Tim Hourihan, Realty USA Commercial

**If leased, when does lease expire?** 1/1/2011

**Are any of the proposed tenant's current operations located in facilities which have received an Industrial Development Agency benefit?** No

**If yes, please provide details as to location, and amount of leased space, how long leased?**

**Is location necessary to:**

**Discourage your company from moving out of New York State** No

**Maintain your company's competitiveness within the industry:** Yes

( if yes is checked on one or both please provide specific explanation as an attachment on company letterhead )

**Will tenant/user's use of the project involve the sales of goods OR services to customers who personally visit the facility** Yes

**If the answer is YES, are sales taxes collectible under Article 28 of the Tax Law of the State of New York on sales of these goods** No

**Were local economic development officials contacted about the availability of alternative sites within the community you are leaving?** No

**If yes, who was contacted and what was the outcome?**

**If no, why not?**

we are staying in the same community. both our business and our home are in WS. we are active in our parish, town and WS Chamber of Commerce

**Will present location be your company's headquarters?** Yes

**If No, Where is the location of HQ:**

**City:**

**State:**

**Form Completed By:**

**Relationship to Company:**