



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR REAL PROPERTY TAX
EXEMPTION FOR COMMERCIAL, BUSINESS OR INDUSTRIAL PROPERTY
(Real Property Tax Law, Section 485-b)

(Instructions for completing this form are contained in Form RP-485-b-Ins)

1. Name and telephone no. of owner(s) Peter Florey (Managing Member)
 2. Mailing address of owner(s) [REDACTED]
 Day No. [REDACTED]
 Evening No. () _____
 E-mail address (optional) [REDACTED]

3. Location of property (see instructions)
425-435 Wheeler Road Hauppauge
 Street address Village (if any)
Town of Islip Hauppauge
 City/Town School district

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot Section 024.00; Block 01.00; Lots 16, 17, 18.002

4. Description of property for which exemption is sought:

a. New construction Alteration Installation Improvement

b. General description of property (if necessary, attach plans or specifications): 5.65 acre parcel of property at 425-435 Wheeler Road, Hauppauge, NY.

c. Type of construction: Assisted Living Facility and Urgent Care (or retail)

d. Square footage: Assisted Living Facility - 93,100 sq. ft.; Urgent Care (or retail) - 4460 sq. ft.

e. Total cost: \$31,018,022

f. Date construction, alteration, installation or improvement was started: estimated 2Q of 2019

g. Date completed (attach copy of certificate of occupancy or other documentation of completion):

h. Describe any real property replaced or removed in connection with the new construction, alteration, installation or improvement:

5. Use of Property.

- a. Describe the primary use of the property and the type of business to be conducted. Assisted Living Facility
- b. Describe any other use or uses of the property. Urgent care (or retail).
- c. Is any part of the real property used for a purpose other than buying, selling, storing or developing goods or services; the manufacture or assembly of goods or the processing of raw materials; or hotel or motel purposes? Yes No
- d. If yes, describe in detail the other use or uses of the property and state the extent to which the property is so used (e.g., 30% of floor space, 25% of income, etc.). Assisted living facility (90%)

6. Other exemptions.

- a. Is the property receiving or has it ever received any other exemption from real property taxation? Yes No
- b. If yes, what exemption was received? _____ When? _____

Were payments in lieu of taxes made during the term of that exemption? Yes No

If yes, attach a schedule showing the amounts and dates of such payments, and the purposes for which such payments were made (i.e., school district, general municipal, etc.). Also attach any related documentation, such as a copy of the agreement under which such payments were made.

CERTIFICATION

I, Peter Flaney, hereby certify that the information on this application and any accompanying pages constitutes a true statement of facts.

[Signature]
Signature

6/27/18
Date

FOR ASSESSOR'S USE

- 1. Date application filed: _____
- 2. Applicable taxable status date: _____
- 3. Action on application: Approved Disapproved
- 4. Assessed valuation of parcel in first year of exemption: \$ _____
- 5. Increase in total assessed valuation in first year of exemption: \$ _____
- 6. Amount of exemption in first year:

	Percent	Amount
County	_____	\$ _____
City/Town	_____	\$ _____
Village	_____	\$ _____
School District	_____	\$ _____

Assessor's signature

Date