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NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RP-412-a (1/95)

INDUSTRIAL DEVELOPMENT AGENCIES
APPLICATION FOR REAL PROPERTY TAX EXEMPTION
(Real Property Tax Law, Section 412-a and General Municipal Law, Section 874)

1. INDUSTRIAL DEVELOPMENT AGENCY (IDA)

2. OCCUPANT (IF OTHER THAN IDA)

(If more than one occupant attach separate listing)

Name Town of Lockport I.D.A.
Street 6560 Dysinger Road
City Lockport, NY 14094
Telephone no. Day (716) 439-9535
Evening () _____
Contact David R. Kinyon
Title Administrative Director

Name Mulvey Construction, Inc.
Street 5589 Davison Road
City Lockport NY 14094
Telephone no. Day (716) 434-1404
Evening () _____
Contact Tim Mulvey
Title Owner

3. DESCRIPTION OF PARCEL

a. Assessment roll description (tax map no./roll year)
123.04-2-39.2
b. Street address 5583 Davison Road
c. ~~City~~, Town or Village Lockport

d. School District Lockport City
e. County Niagara
f. Current assessment _____
g. Deed to IDA (date recorded; liber and page)

4. GENERAL DESCRIPTION OF PROPERTY (if necessary, attach plans or specifications)

a. Brief description (include property use) construction contractor facility and administrative building
b. Type of construction new building
c. Square footage 13,865
d. Total cost 700,000 approx.
e. Date construction commenced 9-1-11
f. Projected expiration of exemption (i.e. date when property is no longer possessed, controlled, supervised or under the jurisdiction of IDA)
2024

5. SUMMARIZE AGREEMENT (IF ANY) AND METHOD TO BE USED FOR PAYMENTS TO BE MADE TO MUNICIPALITY REGARDLESS OF STATUTORY EXEMPTION

(Attach copy of the agreement or extract of the terms relating to the project).

a. Formula for payment see attached PILOT

b. Projected expiration date of agreement 2024

c. Municipal corporations to which payments will be made

	Yes	No
County _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Town/City _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Village _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School District _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

d. Person or entity responsible for payment

Name Tim Mulvey
 Title Owner
 Address 7414 Canal Road
Lockport, NY 14094

e. Is the IDA the owner of the property? Yes No (check one)

If "No" identify owner and explain IDA rights or interest in an attached statement. Lease/Leaseback

Telephone 716-434-1693

6. Is the property receiving or has the property ever received any other exemption from real property taxation? (check one) Yes No

If yes, list the statutory exemption reference and assessment roll year on which granted: exemption _____ assessment roll year _____

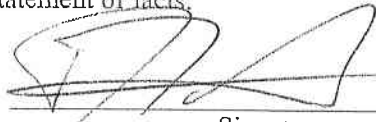
7. A copy of this application, including all attachments, has been mailed or delivered on _____ (date) to the chief executive official of each municipality within which the project is located as indicated in Item 3.

CERTIFICATION

I, Daniel E. Seaman, Deputy Secretary of
 Name Title
Town of Lockport I.D.A hereby certify that the information
 Organization

on this application and accompanying papers constitutes a true statement of facts.

1-21-2013
Date


 Signature

FOR USE BY ASSESSOR

1. Date application filed _____
2. Applicable taxable status date _____
- 3a. Agreement (or extract) date _____
- 3b. Projected exemption expiration (year) _____
4. Assessed valuation of parcel in first year of exemption \$ _____
5. Special assessments and special as valorem levies for which the parcel is liable:

_____ Date

_____ Assessor's signature