



Department of  
Environmental  
Conservation

## BROWNFIELD CLEANUP PROGRAM (BCP) APPLICATION TO AMEND BROWNFIELD CLEANUP AGREEMENT AND AMENDMENT

### PART I. BROWNFIELD CLEANUP AGREEMENT AMENDMENT APPLICATION

1. Check the appropriate box(es) below based on the nature of the amendment modification requested:

☒ Amendment to modify the existing BCA: [check one or more boxes below]

- ☒ Add applicant(s)
- ☐ Substitute applicant(s)
- ☐ Remove applicant(s)
- ☐ Change in Name of applicant(s)

☒ Amendment to reflect a transfer of title to all or part of the brownfield site

1a. A copy of the recorded deed must be provided. Is this attached? ☒ Yes ☐ No

1b. ☒ Change in ownership ☒ Additional owner (such as a beneficial owner)

If yes, pursuant to 6 NYCRR Part 375-1.11(d), a Change of Use form should have been previously submitted. If not, please submit this form with this Amendment. See <http://www.dec.ny.gov/chemical/76250.html>

☐ Amendment to modify description of the property(ies) listed in the existing Brownfield Cleanup Agreement [*Complete Sections I and V below and Part II*]

☐ Amendment to Expand or Reduce property boundaries of the property(ies) listed in the existing Brownfield Cleanup Agreement [*Complete Section I and V below and Part II*]

☒ **Sites in Bronx, Kings, New York, Queens, or Richmond counties ONLY:** Amendment to request determination that the site is eligible for the tangible property credit component of the brownfield redevelopment tax credit. Please answer questions on the supplement at the end of the form.

☐ Other (explain in detail below)

### 2. Required: Please provide a brief narrative on the nature of the amendment:

This BCA Amendment Application is being submitted to 1) document the change in ownership from Atlantic Chestnut Affordable Housing LLC to Atlantic Chestnut II Housing Development Fund Corporation; 2) add Atlantic Chestnut II Associates LIHTC LLC and Atlantic Chestnut II Associates Non-LIHTC LLC as applicants and beneficial owners; 3) add Atlantic Chestnut II Housing Development Fund Corporation as an applicant; and 4) document that the BCP site is an affordable housing project.

**\*Please refer to the attached instructions for guidance on filling out this application\***

**\*Submission of a full BCP application will be required should this application be determined to be a major amendment. If the amendment involves more than an insignificant change in acreage, applicants are encouraged to consult with the DEC project team prior to submitting this application.\***

Section I. Current Agreement Information		
BCP SITE NAME: Atlantic Chestnut - Lot 2		BCP SITE NUMBER: C224235
NAME OF CURRENT APPLICANT(S): Atlantic Chestnut Affordable Housing LLC		
INDEX NUMBER OF AGREEMENT: C224235-05-16 DATE OF ORIGINAL AGREEMENT: 5-26-16		
Section II. New Requestor Information (complete only if adding new requestor or name has changed)		
NAME Atlantic Chestnut II Associates LIHTC LLC		
ADDRESS 902 Broadway, 13th Floor		
CITY/TOWN New York		ZIP CODE 10010
PHONE 646-388-8216	FAX N/A	E-MAIL mwadman@phippsny.org
1. Is the requestor authorized to conduct business in New York State (NYS)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  • If the requestor is a Corporation, LLC, LLP or other entity requiring authorization from the NYS Department of State to conduct business in NYS, the requestor's name must appear, exactly as given above, in the NYS Department of State's (DOS) Corporation & Business Entity Database. A print-out of entity information from the DOS database must be submitted to DEC with the application, to document that the applicant is authorized to do business in NYS. <a href="#">See attachment</a>		
NAME OF NEW REQUESTOR'S REPRESENTATIVE Michael Wadman		
ADDRESS 902 Broadway, 13th Floor		
CITY/TOWN New York		ZIP CODE 10010
PHONE 646-388-8216	FAX N/A	E-MAIL mwadman@phippsny.org
NAME OF NEW REQUESTOR'S CONSULTANT (if applicable) Deborah Shapiro, AKRF		
ADDRESS 440 Park Avenue South, 7th Floor		
CITY/TOWN New York		ZIP CODE 10016
PHONE 646-388-9544	FAX N/A	E-MAIL dshapiro@akrf.com
NAME OF NEW REQUESTOR'S ATTORNEY (if applicable) Russel Kivler, Hirschen Singer and Epstein LLP		
ADDRESS 902 Broadway, 13th Floor		
CITY/TOWN New York		ZIP CODE 10010
PHONE 212-598-3216	FAX N/A	E-MAIL rkivler@hirschensinger.com
2. Requestor must submit proof that the party signing this Application and Amendment has the authority to bind the Requestor. This would be documentation from corporate organizational papers, which are updated, showing the authority to bind the corporation, or a Corporate Resolution showing the same, or an Operating Agreement or Resolution for an LLC. Is this proof attached? <a href="#">see attached</a> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3. Describe Requestor's Relationship to Existing Applicant:  Phipps Houses is the sole member of Atlantic Chestnut Affordable Housing LLC; Phipps Houses is the sole member of the HDFC; and the HDFC is the sole shareholder of the managing member of the LIHTC LLC, and the LIHTC LLC is the managing member of the Non-LIHTC LLC. See attached operating agreement and relationship flow chart.		

<b>Section I. Current Agreement Information</b>		
BCP SITE NAME: Atlantic Chestnut - Lot 2		BCP SITE NUMBER: C224235
NAME OF CURRENT APPLICANT(S): Atlantic Chestnut Affordable Housing LLC		
INDEX NUMBER OF AGREEMENT: C224235-05-16 DATE OF ORIGINAL AGREEMENT: 5-26-16		
<b>Section II. New Requestor Information</b> (complete only if adding new requestor or name has changed)		
NAME Atlantic Chestnut II Housing Development Fund Corporation		
ADDRESS 902 Broadway, 13th Floor		
CITY/TOWN New York		ZIP CODE 10010
PHONE 646-388-8216	FAX N/A	E-MAIL mwadman@phippsny.org
1. Is the requestor authorized to conduct business in New York State (NYS)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  • If the requestor is a Corporation, LLC, LLP or other entity requiring authorization from the NYS Department of State to conduct business in NYS, the requestor's name must appear, exactly as given above, in the NYS Department of State's (DOS) Corporation & Business Entity Database. A print-out of entity information from the DOS database must be submitted to DEC with the application, to document that the applicant is authorized to do business in NYS. <a href="#">See Attachment</a>		
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ADDRESS 902 Broadway, 13th Floor		
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ADDRESS 440 Park Avenue South, 7th Floor		
CITY/TOWN New York		ZIP CODE 10016
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ADDRESS 902 Broadway, 13th Floor		
CITY/TOWN New York		ZIP CODE 10010
PHONE 212-598-3216	FAX N/A	E-MAIL rkivler@hirschensinger.com
2. Requestor must submit proof that the party signing this Application and Amendment has the authority to bind the Requestor. This would be documentation from corporate organizational papers, which are updated, showing the authority to bind the corporation, or a Corporate Resolution showing the same, or an Operating Agreement or Resolution for an LLC. Is this proof attached? <a href="#">See attached</a> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3. Describe Requestor's Relationship to Existing Applicant:  Phipps Houses is the sole member of Atlantic Chestnut Affordable Housing LLC; Phipps Houses is the sole member of the HDFC; and the HDFC is the sole shareholder of the managing member of the LIHTC LLC, and the LIHTC LLC is the managing member of the Non-LI HTC LLC. See attached operating agreement and relationship flow chart.		

<b>Section I. Current Agreement Information</b>		
BCP SITE NAME: Atlantic Chestnut - Lot 2		BCP SITE NUMBER: C224235
NAME OF CURRENT APPLICANT(S): Atlantic Chestnut Affordable Housing LLC		
INDEX NUMBER OF AGREEMENT: C224235-05-16 DATE OF ORIGINAL AGREEMENT: 5-26-16		
<b>Section II. New Requestor Information</b> (complete only if adding new requestor or name has changed)		
NAME Atlantic Chestnut II Associates Non-LIHTC LLC		
ADDRESS 902 Broadway, 13th Floor		
CITY/TOWN New York		ZIP CODE 10010
PHONE 646-388-8216	FAX N/A	E-MAIL mwadman@phippsny.org
1. Is the requestor authorized to conduct business in New York State (NYS)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  • If the requestor is a Corporation, LLC, LLP or other entity requiring authorization from the NYS Department of State to conduct business in NYS, the requestor's name must appear, exactly as given above, in the NYS Department of State's (DOS) Corporation & Business Entity Database. A print-out of entity information from the DOS database must be submitted to DEC with the application, to document that the applicant is authorized to do business in NYS. <a href="#">See Attachment</a>		
NAME OF NEW REQUESTOR'S REPRESENTATIVE Michael Wadman		
ADDRESS 902 Broadway, 13th Floor		
CITY/TOWN New York		ZIP CODE 10010
PHONE 646-388-8216	FAX N/A	E-MAIL mwadman@phippsny.org
NAME OF NEW REQUESTOR'S CONSULTANT (if applicable) Deborah Shapiro, AKRF		
ADDRESS 440 Park Avenue South, 7th Floor		
CITY/TOWN New York		ZIP CODE 10016
PHONE 646-388-9544	FAX N/A	E-MAIL dshapiro@akrf.com
NAME OF NEW REQUESTOR'S ATTORNEY (if applicable) Russel Kivler, Hirschen Singer and Epstein LLP		
ADDRESS 902 Broadway, 13th Floor		
CITY/TOWN New York		ZIP CODE 10010
PHONE 212-598-3216	FAX N/A	E-MAIL rkivler@hirschensinger.com
2. Requestor must submit proof that the party signing this Application and Amendment has the authority to bind the Requestor. This would be documentation from corporate organizational papers, which are updated, showing the authority to bind the corporation, or a Corporate Resolution showing the same, or an Operating Agreement or Resolution for an LLC. Is this proof attached? <a href="#">See attached</a> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3. Describe Requestor's Relationship to Existing Applicant:  The Requestor and the Existing Applicant are related entities. Phipps Houses is the sole member of Atlantic Chestnut Affordable Housing LLC; Phipps Houses is the sole member of the HDFC; and the HDFC is the sole shareholder of the managing member of the LIHTC LLC, and the LIHTC LLC is the managing member of the Non-LI HTC LLC. See attached operating agreement and relationship flow chart.		

**Section III. Current Property Owner/Operator Information (only include if new owner/operator)**  
**Owner below is:** ☐ Existing Applicant ☒ New Applicant ☐ Non-Applicant

OWNER'S NAME (if different from requestor) Atlantic Chestnut II Housing Development Fund Corporation

ADDRESS 902 Broadway, 13th Floor

CITY/TOWN New York

ZIP CODE 10010

PHONE 646-388-82216

FAX N/A

E-MAIL mwadman@phippssny.org

OPERATOR'S NAME (if different from requestor or owner) N/A

ADDRESS

CITY/TOWN

ZIP CODE

PHONE

FAX

E-MAIL

**Section IV. Eligibility Information for New Requestor (Please refer to ECL § 27-1407 for more detail)**

If answering "yes" to any of the following questions, please provide an explanation as an attachment.

1. Are any enforcement actions pending against the requestor regarding this site? ☐ Yes ☒ No
2. Is the requestor presently subject to an existing order for the investigation, removal or remediation relating to contamination at the site? ☐ Yes ☒ No
3. Is the requestor subject to an outstanding claim by the Spill Fund for this site? ☐ Yes ☒ No  
Any questions regarding whether a party is subject to a spill claim should be discussed with the Spill Fund Administrator.
4. Has the requestor been determined in an administrative, civil or criminal proceeding to be in violation of i) any provision of the subject law; ii) any order or determination; iii) any regulation implementing ECL Article 27 Title 14; or iv) any similar statute, regulation of the state or federal government? If so, provide an explanation on a separate attachment. ☐ Yes ☒ No
5. Has the requestor previously been denied entry to the BCP? If so, include information relative to the application, such as name, address, Department assigned site number, the reason for denial, and other relevant information. ☐ Yes ☒ No
6. Has the requestor been found in a civil proceeding to have committed a negligent or intentionally tortious act involving the handling, storing, treating, disposing or transporting of contaminants? ☐ Yes ☒ No
7. Has the requestor been convicted of a criminal offense i) involving the handling, storing, treating, disposing or transporting of contaminants; or ii) that involves a violent felony, fraud, bribery, perjury, theft, or offense against public administration (as that term is used in Article 195 of the Penal Law) under federal law or the laws of any state? ☐ Yes ☒ No
8. Has the requestor knowingly falsified statements or concealed material facts in any matter within the jurisdiction of the Department, or submitted a false statement or made use of or made a false statement in connection with any document or application submitted to the Department? ☐ Yes ☒ No
9. Is the requestor an individual or entity of the type set forth in ECL 27-1407.9(f) that committed an act or failed to act, and such act or failure to act could be the basis for denial of a BCP application? ☐ Yes ☒ No
10. Was the requestor's participation in any remedial program under DEC's oversight terminated by DEC or by a court for failure to substantially comply with an agreement or order? ☐ Yes ☒ No
11. Are there any unregistered bulk storage tanks on-site which require registration? ☐ Yes ☒ No

THE NEW REQUESTOR MUST CERTIFY THAT IT IS EITHER A PARTICIPANT OR VOLUNTEER IN ACCORDANCE WITH ECL §27-1405 (1) BY CHECKING ONE OF THE BOXES BELOW:

☐ PARTICIPANT

A requestor who either 1) was the owner of the site at the time of the disposal of contamination or 2) is otherwise a person responsible for the contamination, unless the liability arises solely as a result of ownership, operation of, or involvement with the site subsequent to the disposal of contamination.

☒ VOLUNTEER

A requestor other than a participant, including a requestor whose liability arises solely as a result of ownership, operation of or involvement with the site subsequent to the disposal of hazardous waste or discharge of petroleum.

NOTE: By checking this box, a requestor whose liability arises solely as a result of ownership, operation of or involvement with the site certifies that he/she has exercised appropriate care with respect to the hazardous waste found at the facility by taking reasonable steps to: i) stop any continuing discharge; ii) prevent any threatened future release; iii) prevent or limit human, environmental, or natural resource exposure to any previously released hazardous waste.

See Attachment for  
Volunteer Statement

**If a requestor whose liability arises solely as a result of ownership, operation of or involvement with the site, submit a statement describing why you should be considered a volunteer – be specific as to the appropriate care taken.**

12. Requestor's Relationship to Property (check one):

LIHTC LLC and non-LIHTC LLC are  
beneficial owners

☐ Prior Owner ☐ Current Owner ☐ Potential /Future Purchaser ☒ Other HDFC is the current owner.

13. If requestor is not the current site owner, **proof of site access sufficient to complete the remediation must be submitted.** Proof must show that the requestor will have access to the property before signing the BCA and throughout the BCP project, including the ability to place an easement on the site Is this proof attached? ☒ Yes ☐ No see attached for deed and access agreements

**Note: a purchase contract does not suffice as proof of access.**

**Section V. Property description and description of changes/additions/reductions (if applicable)**

1. Property information on current agreement:

ADDRESS

CITY/TOWN

ZIP CODE

TAX BLOCK AND LOT (SBL)

TOTAL ACREAGE OF CURRENT SITE: \_\_\_\_\_

Parcel Address

Section No. Block No. Lot No. Acreage


2. Check appropriate boxes below:

☐ Addition of property (may require additional citizen participation depending on the nature of the expansion – see attached instructions)

2a. PARCELS ADDED:

Acreage  
Added by  
Parcel

Parcel Address

Section No. Block No. Lot No.


Total acreage to be added: \_\_\_\_\_

☐ Reduction of property

2b. PARCELS REMOVED:

Acreage  
Removed  
by Parcel

Parcel Address

Section No. Block No. Lot No.


Total acreage to be removed: \_\_\_\_\_

☐ Change to SBL (e.g. merge, subdivision, address change)

2c. NEW SBL INFORMATION:

Parcel Address

Section No. Block No. Lot No. Acreage


If requesting to modify a metes and bounds description or requesting changes to the boundaries of a site, please attach a revised metes and bounds description, survey, or acceptable site map to this application.

**3. TOTAL REVISED SITE ACREAGE: \_\_\_\_\_**



# Supplement to the Application To Amend Brownfield Cleanup Agreement And Amendment - Questions for Sites Seeking Tangible Property Credits in New York City ONLY.

Property is in Bronx, Kings, New York, Queens, or Richmond counties.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Requestor seeks a determination that the site is eligible for the tangible property credit component of the brownfield redevelopment tax credit.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please answer questions below and provide documentation necessary to support answers.</b>	
1. Is at least 50% of the site area located within an environmental zone pursuant to Tax Law 21(6)? Please see <a href="#">DEC's website</a> for more information.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Is the property upside down as defined below?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>From ECL 27-1405(31):</b></p> <p>"Upside down" shall mean a property where the projected and incurred cost of the investigation and remediation which is protective for the anticipated use of the property equals or exceeds seventy-five percent of its independent appraised value, as of the date of submission of the application for participation in the brownfield cleanup program, developed under the hypothetical condition that the property is not contaminated.</p>	
3. Is the project an affordable housing project as defined below?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>From 6 NYCRR 375- 3.2(a) as of August 12, 2016:</p> <p>(a) "Affordable housing project" means, for purposes of this part, title fourteen of article twenty seven of the environmental conservation law and section twenty-one of the tax law only, a project that is developed for residential use or mixed residential use that must include affordable residential rental units and/or affordable home ownership units.</p> <p>(1) Affordable residential rental projects under this subdivision must be subject to a federal, state, or local government housing agency's affordable housing program, or a local government's regulatory agreement or legally binding restriction, which defines (i) a percentage of the residential rental units in the affordable housing project to be dedicated to (ii) tenants at a defined maximum percentage of the area median income based on the occupants' households annual gross income.</p> <p>(2) Affordable home ownership projects under this subdivision must be subject to a federal, state, or local government housing agency's affordable housing program, or a local government's regulatory agreement or legally binding restriction, which sets affordable units aside for home owners at a defined maximum percentage of the area median income.</p> <p>(3) "Area median income" means, for purposes of this subdivision, the area median income for the primary metropolitan statistical area, or for the county if located outside a metropolitan statistical area, as determined by the United States department of housing and urban development, or its successor, for a family of four, as adjusted for family size.</p>	



## PART II. BROWNFIELD CLEANUP PROGRAM AMENDMENT

<b>Existing Agreement Information</b>	
BCP SITE NAME: Atlantic Chestnut - Lot 2	BCP SITE NUMBER: C224235
NAME OF CURRENT APPLICANT(S): Atlantic Chestnut Affordable Housing LLC	
INDEX NUMBER OF AGREEMENT: C224235-05-16	
EFFECTIVE DATE OF ORIGINAL AGREEMENT: 5-26-16	

### Declaration of Amendment:

By the Requestor(s) and/or Applicant(s) signatures below, and subsequent signature by the Department, the above application to amend the Brownfield Cleanup Agreement described above is hereby approved. This Amendment is made in accordance with and subject to all of the BCA and all applicable guidance, regulations and state laws applicable thereto. All other substantive and procedural terms of the Agreement will remain unchanged and in full force and effect regarding the parties to the Agreement.

Nothing contained herein constitutes a waiver by the Department or the State of New York of any rights held in accordance with the Agreement or any applicable state and/or federal law or a release for any party from any obligations held under the Agreement or those same laws.

### Statement of Certification and Signatures: New Requestor(s) (if applicable)

(Individual)

I hereby affirm that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law. My signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.

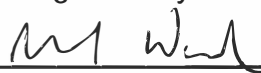
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Entity)

I hereby affirm that I am (title Vice President) of (entity Atlantic Chestnut II Associates LIHTC LLC); that I am authorized by that entity to make this application; that this application was prepared by me or under my supervision and direction; and that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

My \_\_\_\_\_ signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.

Date: 12/20/2022 Signature: 

Print Name: Michael Wadman

## PART II. BROWNFIELD CLEANUP PROGRAM AMENDMENT

<b>Existing Agreement Information</b>	
BCP SITE NAME: Atlantic Chestnut - Lot 2	BCP SITE NUMBER: C224235
NAME OF CURRENT APPLICANT(S): Atlantic Chestnut Affordable Housing LLC	
INDEX NUMBER OF AGREEMENT: C224235-05-16	
EFFECTIVE DATE OF ORIGINAL AGREEMENT: 5-26-16	

### Declaration of Amendment:

By the Requestor(s) and/or Applicant(s) signatures below, and subsequent signature by the Department, the above application to amend the Brownfield Cleanup Agreement described above is hereby approved. This Amendment is made in accordance with and subject to all of the BCA and all applicable guidance, regulations and state laws applicable thereto. All other substantive and procedural terms of the Agreement will remain unchanged and in full force and effect regarding the parties to the Agreement.

Nothing contained herein constitutes a waiver by the Department or the State of New York of any rights held in accordance with the Agreement or any applicable state and/or federal law or a release for any party from any obligations held under the Agreement or those same laws.

### Statement of Certification and Signatures: New Requestor(s) (if applicable)

(Individual)

I hereby affirm that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law. My signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.

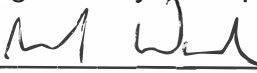
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Entity)

I hereby affirm that I am (title Vice President) of (entity Atlantic Chestnut II Associates Non-LIHTC LLC); that I am authorized by that entity to make this application; that this application was prepared by me or under my supervision and direction; and that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

My \_\_\_\_\_ signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.

Date: 12/20/2022 Signature: 

Print Name: Michael Wadman

## PART II. BROWNFIELD CLEANUP PROGRAM AMENDMENT

<b>Existing Agreement Information</b>	
BCP SITE NAME: Atlantic Chestnut - Lot 2	BCP SITE NUMBER: C224235
NAME OF CURRENT APPLICANT(S): Atlantic Chestnut Affordable Housing LLC	
LLC INDEX NUMBER OF AGREEMENT: C224235-05-16	
EFFECTIVE DATE OF ORIGINAL AGREEMENT: 5-26-16	

### Declaration of Amendment:

By the Requestor(s) and/or Applicant(s) signatures below, and subsequent signature by the Department, the above application to amend the Brownfield Cleanup Agreement described above is hereby approved. This Amendment is made in accordance with and subject to all of the BCA and all applicable guidance, regulations and state laws applicable thereto. All other substantive and procedural terms of the Agreement will remain unchanged and in full force and effect regarding the parties to the Agreement.

Nothing contained herein constitutes a waiver by the Department or the State of New York of any rights held in accordance with the Agreement or any applicable state and/or federal law or a release for any party from any obligations held under the Agreement or those same laws.

### Statement of Certification and Signatures: New Requestor(s) (if applicable)

(Individual)

I hereby affirm that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law. My signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Entity)

I hereby affirm that I am (title Vice President) of (entity Atlantic Chestnut II Housing Development Fund Corporation); that I am authorized by that entity to make this application; that this application was prepared by me or under my supervision and direction; and that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

My \_\_\_\_\_ signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.

Date: 12/20/2022 Signature: Michael Wadman

Print Name: Michael Wadman

**Statement of Certification and Signatures: Existing Applicant(s) (an authorized representative of each applicant must sign)**

(Individual)

I hereby affirm that I am a party to the Brownfield Cleanup Agreement and/or Application referenced in Section I above and that I am aware of this Application for an Amendment to that Agreement and/or Application. My signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Entity)

I hereby affirm that I am Vice President (title) of Atlantic Coastal Affordable Housing LLC (entity) which is a party to the Brownfield Cleanup Agreement and/or Application referenced in Section I above and that I am aware of this Application for an Amendment to that Agreement and/or Application. My \_\_\_\_\_ signature below constitutes the requisite approval for the amendment to the BCA Application, which will be effective upon signature by the Department.

Date: 1-23-23 Signature: 

Print Name: Michael Wadman

**REMAINDER OF THIS AMENDMENT WILL BE COMPLETED SOLELY BY THE DEPARTMENT**

Please see the following page for submittal instructions.

**NOTE: Applications submitted in fillable format will be rejected.**

Status of Agreement:

☐

**PARTICIPANT**

A requestor who either 1) was the owner of the site at the time of the disposal of contamination or 2) is otherwise a person responsible for the contamination, unless the liability arises solely as a result of ownership, operation of, or involvement with the site subsequent to the disposal of contamination.

☐

**VOLUNTEER**

A requestor other than a participant, including a requestor whose liability arises solely as a result of ownership, operation of or involvement with the site subsequent to the contamination.

**Effective Date of the Original Agreement: 5-26-16**

**Signature by the Department:**

DATED: 2/14/23

NEW YORK STATE DEPARTMENT OF  
ENVIRONMENTAL CONSERVATION

By:  for

Andrew Guglielmi, Director  
Division of Environmental Remediation

Site Code: C224235

**SUBMITTAL REQUIREMENTS:**

- **Two (2)** copies, one hard copy with original signatures and one electronic copy in final, non-fillable Portable Document Format (PDF) must be sent to:

Chief, Site Control Section  
New York State Department of Environmental Conservation  
Division of Environmental Remediation  
625 Broadway  
Albany, NY 12233-7020

- **NOTE: Applications submitted in fillable format will be rejected.**

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**FOR DEPARTMENT USE ONLY**

**BCP SITE T&A CODE:**\_\_\_\_\_ **LEAD OFFICE:**\_\_\_\_\_

**PROJECT MANAGER:**\_\_\_\_\_

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## **Affordable Housing Regulatory Agreement**

among:

**Atlantic Chestnut II Associates Non-LIHTC LLC,**

**Atlantic Chestnut II Associates LIHTC LLC,**

**Atlantic Chestnut II Housing Development Fund Corporation**

and

**New York City Housing Development Corporation**

**The City of New York, acting by and through its  
Department of Housing Preservation and Development**

**December 15, 2022**

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Borough: **Brooklyn**

Block: 4143

Lot: 2

Record and return to:

New York City Housing Development  
Corporation  
110 William Street 10<sup>th</sup> Floor  
New York, NY 10038  
Attention: General Counsel