



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Application For Permit Transfer and Application for Transfer of Pending Application

(12/10)

NOTE: Please read ALL instructions before completing this application. Please TYPE or PRINT clearly in ink.

PART 1 - TRANSFeree (New Owner/Operator/Lessee/Applicant) Completes:

1. List Permit Number(s) And Their Effective And Expiration Dates:

NY-O 253529 7-31-24

List Pending Application Number(s):

2. Name Of Transferee:

Fairfield Townhouses at Bohemia LLC (631) 449-6660
Mailing Address: 538 Broadhollow Rd. 3rd Floor East Fairfield Properties, Inc.
Post Office City, State, Zip Code: Melville NY 11747

Telephone Number (Daytime):

Email: STEVE.LAVERNY@FAIRFIELDPROPERTIES.COM

Transferee is a/an: (check all that apply)

☒ Owner ☐ Operator
☐ Lessee ☐ Applicant

If other than an individual, provide

Taxpayer ID Number:

87-3401340

3. Name Of Facility/Project:

Saddle Brook Apartments
Location (or Street Address, P.O. City, State, Zip Code, if applicable): 100 Saddle Brook Rd.

4. Facility Contact Name:

STEVE LAVERNY

Telephone Number (Daytime):

(631) 449-6660

Mailing Address:

538 Broadhollow Rd. 3rd Floor East Fairfield Properties, Inc.

Email: STEVE.LAVERNY@FAIRFIELDPROPERTIES.COM

Town / Village / City:

Bohemia NY 11716 Suffolk

Post Office City, State, Zip Code:

Melville NY 11747

5. Has Work Begun On The Project?

Yes ☐ No ☐ If "No," proposed starting date:

Approximate completion date:

If there will be any modifications to the current or proposed operation or construction, the transferee must attach a statement specifying the details.

6. CERTIFICATION: This certifies that the Transferee seeks to be the legally responsible party for operations or project development either authorized by the permits identified above or proposed in applications identified above. The Transferee has a copy of the permit(s) and/or application(s) and understands and will comply with all conditions in the referenced permit(s) and supports the content of referenced application(s). Facility operations/project scope/discharges/emissions will remain the same as authorized or as proposed in pending applications. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Printed Name and Title of Transferee

GARY BROXMEYER

Signature of Transferee

Partner

Date

1-21-2022

PART 2 - TRANSFEROR (Present or Former Owner/Operator/Lessee/Applicant) Completes:

1. Name Of Transferor:

Saddle Cove Associates LLC ()

Telephone Number (Daytime):

If other than an individual, provide

Taxpayer ID Number:

11-3349925

Mailing Address:

1161 Meadowbrook Rd.

Email:

Post Office City, State, Zip Code:

North Merrick NY 11566

2. Name Of Facility/Project, if different from Facility Name in Part 1:

3. CERTIFICATION: This certifies that ownership, operation, or a lease for the facility identified in Part 1 of this form ☐ will be / ☐ was conveyed to the party identified as the Transferee on January 19, 2022 (date). I affirm that this conveyance includes the rights and obligations of the permits, approvals, or applications identified above.

Printed Name and Title of Transferor

Norman Scheffer as President of Sun Lakes Development Corp.

Signature of Transferor

Norman Scheffer

Date

January 19, 2022

PART 3 - PERMIT TRANSFER VALIDATION SECTION - Department Of Environmental Conservation Completes:

- ☒ Transfer of permit approved, effective as of 2/7/22. Transferee subject to conditions of original permit, without exception.
☐ Transfer of permit approved, with the following modifications or contingencies related to this Permit Transfer:

- ☐ See attached revised permit page(s):
☐ Transfer of application approved. See attached for additional information required.
☐ Transfer denied, new application required. Please complete the enclosed permit application and return it to the undersigned Regional Permit Administrator at the address listed on the reverse side of this form.

NYSDEC PERMIT ADMINISTRATOR

SIGNATURE

DATE

copies to:

FOR DEC USE ONLY

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(AKA Saddle Cove)
STP-16675