



## NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(12/10)

## Application For Permit Transfer and Application for Transfer of Pending Application

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: <b>NY-0253529</b>	7-31-24	List Pending Application Number(s):
2. Name Of Transferee: <b>Fairfield Townhouses At Bohemia LLC</b>	Telephone Number (Daytime): <b>(631) 499-6660</b>	Transferee is a/an: (check all that apply) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Lessee <input type="checkbox"/> Applicant
Mailing Address: <b>538 Broadhollow Rd. 3rd flr. EAST</b>	Email: <b>STEVE.LAVERTY@FairfieldProperties.com</b>	If other than an individual, provide Taxpayer ID Number: <b>87-3401340</b>
Post Office City, State, Zip Code: <b>Melville NY 11747</b>		
3. Name Of Facility/Project: <b>Saddle Brook Apartments</b>	4. Facility Contact Name: <b>STEVE LAVERTY</b>	Telephone Number (Daytime): <b>(631) 499-6660</b>
Location (or Street Address, P.O. City, State, Zip Code, if applicable): <b>100 Saddle Brook Rd.</b>	Mailing Address: <b>538 Broadhollow Rd. 3rd flr. EAST</b>	Email: <b>STEVE.LAVERTY@FairfieldProperties.com</b>
Town / Village / City: <b>Bohemia NY 11716</b>	County: <b>SUFFOLK</b>	Post Office City, State, Zip Code: <b>Melville NY 11747</b>
5. Has Work Begun On The Project? Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <b>GARY ROMMAYER</b>		
Signature of Transferee: <b>partner</b> Date: <b>1-21-2022</b>		

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

1. Name Of Transferor: <b>Saddle Cove Associates LLC</b>	Telephone Number (Daytime): <b>( )</b>	If other than an individual, provide Taxpayer ID Number: <b>11-3349925</b>
Mailing Address: <b>1161 Meadowbrook Rd.</b>	Email: _____	
Post Office City, State, Zip Code: <b>North Merrick NY 11566</b>		
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 <input type="checkbox"/> will be / <input type="checkbox"/> was conveyed to the party identified as the Transferee on <b>January 19, 2022</b> (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: <b>Norman Schefer as President of Sun Lakes Development Corp.</b>		
Signature of Transferor: <b>Norman Schefer</b>	Date: <b>January 19, 2022</b>	

## 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.

*Craig Knepper*

NYSDEC PERMIT ADMINISTRATOR

copies to:

SIGNATURE

*Craig Knepper P.E.*

DATE

*2/7/22*

FOR DEC USE ONLY

(Aka Saddle Cove)  
STP-166075