

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS**

**OASAS CERTIFICATION APPLICATION**

(Read Instructions Carefully Before Completion)

**PART II – SITE INFORMATION**

Applicant's Legal Name					
<b>A. Address of Existing/Proposed Site</b>  (For Additional Location see Section C)	Building/Building No. <input type="checkbox"/> Not Yet Selected ( <b>New Providers Only</b> )		Room/Suite	Floor	PO Box/Postal Route
	Street		City, Town, Village	State <b>NY</b>	Zip Code + 4 County
	NYS Assembly District	NYS Senate District	Congressional District	NYC Community Bd. <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island	Board No.
<b>B. Action Proposed</b>	<input type="checkbox"/> Expand an Existing Site (Proceed to Section D) <input type="checkbox"/> Establish a New Site (Proceed to Section D) <input type="checkbox"/> Relocate to Another Site (Proceed to Section D) <input type="checkbox"/> Establish an Additional Location Associated with the above Site (Proceed to Section C)				
<b>C. Address of Additional Location</b>	Building/Building No. <input type="checkbox"/> Not Yet Selected		Room/Suite	Floor	PO Box/Postal Route
	Street		City, Town, Village	State <b>NY</b>	Zip Code + 4 County
	NYS Assembly District	NYS Senate District	Congressional District	NYC Community Bd. <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island	Board No.
<b>D. Property Acquisition</b>	Acquisition Status for this Site or Additional Location, as appropriate <input type="checkbox"/> Currently Owned by Applicant <input type="checkbox"/> Currently Leased by Applicant <input type="checkbox"/> Proposed Purchase <input type="checkbox"/> Proposed Lease (Proceed to Section G)  <i>Include as <b>ATTACHMENT #8</b> a copy of the purchase offer agreement/contract or existing/proposed lease or sublease. Please note that any existing or proposed lease must contain the landlord's right to re-entry clause – refer to the instructions for required right-to-entry clause.</i>				
<b>E. Source of Funds for Purchase or Lease</b>	Source	OASAS			
	Dollar Amount	\$	\$	\$	\$
<b>F. Real Property Interest of Applicant</b>	Indicate if any of the following have a real property interest in the land, building or equipment at this site/additional location: <input type="checkbox"/> 1. Governing authority member, officer, stockholder or employee or <input type="checkbox"/> 2. Any relative of a governing authority member, officer, stockholder or employee or <input type="checkbox"/> 3. Any other entity of which a governing authority member, officer, stockholder or employee is a member. <input type="checkbox"/> 4. Not applicable  <i>If Item # 1, 2, or 3 is checked, provide in <b>ATTACHMENT #9</b> the name, address and relationship to the applicant and a description of the nature of the real property interest in this site held by each individual or entity listed.</i>				
<b>G. Capital Investment Needs of Property</b>	Indicate if the property acquired (will require) rehabilitation or construction work. <input type="checkbox"/> Yes <input type="checkbox"/> No  1. If "No", proceed to Section I 2. If "Yes",				
	a. Describe in <b>ATTACHMENT #10</b> , the work that was (needs to be) done to bring the property into compliance with OASAS facility standards, other OASAS regulations and all local codes and laws. The description should address all appropriate issues identified in the instructions.  b. Indicate how this capital investment was (will be) financed: <input type="checkbox"/> Capital Financing by the Applicant (Proceed to Item 2 c & d below) <input type="checkbox"/> Cost (to be) Financed by Landlord and Recovered in the Lease (Proceed to Section I)  c. Indicate if the work required (will require) a new, amended or temporary Certificate of Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> No  d. Indicate if the applicant-financed construction/rehabilitation work has been completed. <input type="checkbox"/> Yes <input type="checkbox"/> No  (1) If "No", the applicant has a choice of completing Section H now or later when the capital project is nearing completion. <input type="checkbox"/> Complete Section H now <input type="checkbox"/> Complete Section H later  (2) If "Yes", complete Section H.				



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PART II – SITE INFORMATION (Continued)

Applicant's Legal Name							
<b>M.</b>          <b>Property Characteristics</b>	1. Structure <input type="checkbox"/> Wood Frame <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Brownstone <input type="checkbox"/> Other (Specify) _____						
	2. Exterior Walls <input type="checkbox"/> Aluminum <input type="checkbox"/> Clapboard <input type="checkbox"/> Masonry <input type="checkbox"/> Other (Specify) _____						
	3. Foundation <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Concrete Block <input type="checkbox"/> Other (Specify) _____						
	4. Building <input type="checkbox"/> Shared <input type="checkbox"/> Freestanding				Building Size Sq. Ft.	# of Floors (exclude Basement)	
	5. Basement <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", will it be used for patient services? <input type="checkbox"/> Yes <input type="checkbox"/> No					Size of Basement Sq. Ft.	
	6. Area(s) to be used for Service(s)						
	Area	Floor #	Floor #	Floor #	Floor #	Floor #	Floor #
		Square Feet	Square Feet	Square Feet	Square Feet	Square Feet	Square Feet
	No. of Exits						
	7. Services/Utilities						
a. Water Supply		b. Sanitary System		c. Power			
<input type="checkbox"/> Well <input type="checkbox"/> Municipal System		<input type="checkbox"/> Septic <input type="checkbox"/> Municipal Sewer System		<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____			
<b>N.</b>  <b>Local Planning Requirements</b>	1. Zoning Classification		2. Proposed use Conforms with Classification <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Building Classification		
	<b>4. Certificate of Occupancy – Include as ATTACHMENT #12 a copy of the Certificate of Occupancy, Temporary Certificate of Occupancy, Certificate of Compliance, or Letter of No Objection. If not available, provide documentation from appropriate regulatory authority.</b>						
<b>O.</b>          <b>Area Characteristics</b>	Describe the characteristics of the proposed site location and its surrounding buildings and land uses, public transportation, parking facilities, general traffic, etc. Indicate the availability of other chemical dependence and social services in the same building or in the immediate vicinity. Include location of nearest school.						

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<p><b>P.</b></p> <p><b>Accessibility to Disabled</b></p>	<p>Is this facility considered accessible for individuals with physical disabilities (e.g., access ramps, doorways, sanitary facilities)? If "No", describe arrangements, planned or in place, to provide for the disabled. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Q.</b></p> <p><b>Historical/ Environmental Significance of this Site or Additional Location (as appropriate)</b></p>	<p>1. Is this Site/Additional Location wholly or partially within or adjacent to any facility or site listed on the State or National Register of Historic Places? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the Site/Additional Location substantially contiguous to a site listed in the Register of Natural Landmarks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the Site/Additional Location in a state Coastal Zone Management Area (CZM)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is the Site/Additional Location in a State or Local Critical Environment Area (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. The proposed Site/Additional Location will require:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> a planning or zoning change      <input type="checkbox"/> a zoning variance      <input type="checkbox"/> a special use permit  <input type="checkbox"/> a site plan approval      <input type="checkbox"/> none of the preceding         </p> <p>6. Does the Site/Additional Location have an adequate and safe water supply and wastewater disposal system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Does the Site/Additional Location involve ten or more acres of property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Discuss below any other environmental issues which may be reasonably anticipated at this Site/Additional Location.</p>
<p><b>R.</b></p> <p><b>Relocation Only</b></p>	<p>Does the proposed relocation affect the current operating budget or capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, include Part IV Resource Allocation with your application submission.</p>