

**Part 7.c – Site Control Affidavit for “Power Ready” Sites**

Applicant Name	
Project Name	

It is my/our understanding that \_\_\_\_\_ will submit a POWER UP grant application to Empire State Development requesting capital grants to enhance the power readiness of mature industrial sites by funding critical infrastructure upgrades.

(APPLICANT NAME)

I/we further understand that the POWER UP program provides grants to proactively developing electrical infrastructure at key industrial sites, helping to build a suite of locations that can support the next generation of modern manufacturers looking to operate in New York State. These sites are intended to attract projects related to the following sectors: high-tech manufacturing, including but not limited to semiconductors, renewable energy, life sciences, agribusiness, optics, transportation equipment, or materials processing and other priority sectors as determined by ESD.

I/we further understand that the \_\_\_\_\_ is proposing to use these funds to

(APPLICANT NAME)

develop and market my property at \_\_\_\_\_

STREET, CITY, STATE, ZIP (COUNTY)

I/we certify that I/we are the rightful owners or have legal authority to manage or develop the property and I/we consent to its inclusion in the POWER UP application. I/we further grant the Applicant legal authority to manage, develop the site, and implement the proposed capital improvements, which I/we understand involve **electrical infrastructure upgrades**, including but not limited to, **[applicant to briefly summarize major components, e.g., substation construction, conduit installation, etc.]** on the property, for the purposes outlined in this application, as required by the POWER UP Program Guidelines.

/s/ \_\_\_\_\_ Date: \_\_\_\_\_  
Type/Print Name \_\_\_\_\_ Phone: \_\_\_\_\_

/s/ \_\_\_\_\_ Date: \_\_\_\_\_  
Type/Print Name \_\_\_\_\_ Phone: \_\_\_\_\_

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# CERTIFICATION OF OWNER OF RECORD

*(To be completed and signed by the City Clerk, Treasurer, or other local official designated by the municipality, such as the Assessor's Office.)*

This is to certify that I have reviewed the tax records for the \_\_\_\_\_  
(MUNICIPALITY NAME) and verified the following:

1. The **owner(s) of record** is/are: \_\_\_\_\_ (NAME(S) OF PROPERTY OWNER).
2. The property address and **Tax Map #** is: \_\_\_\_\_ (STREET, CITY, STATE, ZIP, COUNTY / TAX MAP #).
3. The ownership status is **current as of the most recent assessment period**, and no subsequent transfer of ownership has been officially recorded by this municipality.

/s/ \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Type/Print Name \_\_\_\_\_  
Phone: \_\_\_\_\_ **Official Title:** \_\_\_\_\_  
\_\_\_\_\_ (e.g., City Clerk, Treasurer, Assessor)



**NOTE: For long term leased properties where the lessee is in control of the property (e.g., a ground lessee), the lessee must also submit a signed Site Control Affidavit.**