

OFFICE OF THE SUPERVISOR

Telephone
(914) 277-3637
Fax
(914) 276-0082

Town of Somers
WESTCHESTER COUNTY, N.Y.

SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589

RICK MORRISSEY
SUPERVISOR



**SOMERS TOWN BOARD
WORK SESSION/REGULAR MEETING 7:00PM
THURSDAY, MARCH 7, 2019
www.somersny.com**

6:00PM - Executive Session

A. PLEDGE OF ALLEGIANCE:

7:00PM – Work Session

B. PUBLIC HEARING:

1. Proposed Local Law to consider the adoption of Chapter 120 of the Code of the Town of Somers entitled Marijuana Sales - Prohibited.
2. Consider a petition, a map, plan, and report prepared by Urstadt Biddle Properties, LLC in the Matter of the Extension of the Heritage Hills Special Sewer District in the Town of Somers, Westchester County, New York, pursuant to Article 12 of the Town Law.

PUBLIC COMMENT

Please limit your comments to no more than 3 minutes.

C. APPROVAL OF MINUTES:

SOMERS TOWN BOARD
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- D. DEPARTMENT REPORTS:** The Town Clerk announces receipt of the following monthly reports: Town Clerk, Building Inspector, Zoning Board of Appeals, Plumbing, Bureau of Fire Prevention, Parks & Recreation, Planning & Engineering, Tax Receiver, Director of Finance and Department Heads
- E. PARKS & RECREATION:** No additional business
- F. TOWN BOARD:**
1. Authorize the Supervisor to execute the following:
 - a. The CAI Technologies Contract for Online GIS Internet Services with the Town of Somers, in the amount of \$5,850.00 per email from Teresa Stegner, Assessor, dated February 15, 2019.
 - b. The Renewal Contract for the Town's 2019 Tax Map Maintenance with CAI Technologies, per email from Teresa Stegner, Assessor, dated February 5, 2019.
 - c. The Exemption Renewals for the Hallock's Cemetery, the Green Cemetery and Todd's Cemetery in the Town of Somers per email from Teresa Stegner, Assessor, dated February 15, 2019.
 - d. The Agreement with The Leahy Company for a Complete Review of the Towns' Workers Compensation Experience Ratings for July 2019 – July 2020 per email from Bob Kehoe, Finance Director, dated February 21, 2019.
 - e. NYSDOT/ELQ Application for Hidden Meadows (Water Main)
 2. Community Choice Aggregation/Electrical Service Agreement
 - a. Public Service Commission Post Award Report – Dan Welsh, Program Director, Westchester Power
 - b. Standard vs. Renewable Rate – Discussion
 3. Authorize Supervisor to approve going out for RFP to install air conditioning and heating in the Reynold's House in the Town of Somers per memo from Thomas J. Tooma, Building Inspector, dated February 14, 2019.

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4. Authorize the License Application to Collect Refuse within the Town of Somers for City Carting, County Waste Management, Oak Ridge Hauling, LLC, formerly Winters Brothers Waste Systems, CT and CRP Sanitation per memo from Patricia Kalba, Town Clerk, dated February 27, 2019.
5. Chapter 67, Section 67-4, Application Processing Restrictions: 63 Route 6 – 4.20-1-5 – Requested Application to Planning Board – Discussion
6. Request permission to purchase a Ford Transit 250 Cargo Van which will replace the existing E250 Cargo Van through the Westchester County Bureau of Purchase and Supplies for a cost not to exceed \$32,000, the cost of this vehicle shall be shared between the three water districts and the sewer district per memo from Adam Smith, Water Superintendent, dated February 26, 2019.
7. Resolution for the temporary expenditure of general fund monies not exceeding \$300,000 for the cost of the engineering, planning, legal and other preliminary expenses for a proposed future sewer district, in and for said Town subject to Permissive Referendum.
8. Acknowledge May as National Awareness of Mental Illness Month and allow for the placement of ribbons from May 1, 2019 through May 31, 2019.
9. Acknowledge completion and receipt of the Town Justice Court Audit by our Certified Public Accountants O'Connor Davies., LLP in accordance with Section 2019-a of the Uniform Justice Court Act for the year ending December 31, 2018.

G. FINANCIAL:

1. Authorize 2018 Budget transfers and modifications per email from Robert Kehoe, Director of Finance.

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E. HIGHWAY:

1. Request permission to use Fund Balance towards the purchase of 2018 RAM 3500 HD 4x4 Dual Rear Wheel 60in Cab Chassis/Utility Body w/Plow in the amount of \$52,331.00 from the rollover of the Sales of Equipment and Scrap Metal per memo from Thomas Chiaverini, Highway Superintendent, dated February 25, 2019.

F. PERSONNEL:

1. Current Vacancies:

- a. Affordable Housing Board (1- 2-year term ending 7/11/2019.)
- b. Affordable Housing Board (1- 2-year term ending 7/11/2020.)
- c. Partners in Prevention (2 – 3-year terms ending 12/31/2019.)
- d. Partners in Prevention (2 – 3-year terms ending 12/31/2020.)
- e. Planning Board (1 – 7-year term ending 12/31/2021.)

2. Upcoming Vacancies - Terms Expiring in 2019:

- a. Parks and Recreation Board (2 – 3-year terms ending 3/9/2019.)
3. Acknowledge resignation of Mr. Michael J. Reape as Part-time Building Inspector in the Building Department effective February 21, 2019.

G. PLANNING & ENGINEERING: – No additional business.

H. POLICE: – No additional business.

I. CONSENSUS AGENDA:

1. Authorize the following SEQRA refund per memo dated February 26, 2019 from Barbara Sherry, Planning Board Secretary:
 - a. \$241.38 - Frank DiSiena
2. Authorize the return of the following Bond per February 27, 2019 memo from Steven Woelfle, Principal Engineering Technician.
 - a. \$200.00 - Erosion Control Bond (Anthony Tomassetti, Jr.)

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3. Authorize the Supervisor to accept Somers Town Tax Warrants for 2019.
4. Schedule a Public Hearing for the proposed Fee Schedule for the Amawalk Heights, Amawalk-Shenorock, and Windsor Farms Water Districts, for April 11, 2019.

2019 Calendar

March 7, 2019	7:00pm	Town Board Work Session / Regular meeting Public Hearing – Proposed Local Law to prohibit Marijuana Sales in the Town of Somers. Public Hearing - Consider a petition, a map, plan, and report prepared by Urstadt Biddle Properties, LLC in the Matter of the Extension of the Heritage Hills Special Sewer District in the Town of Somers, Westchester County, New York, pursuant to Article 12 of the Town Law.
March 14, 2019	6:00pm	WMOA Dinner/Meeting
April 4, 2019	7:00pm	Town Board Work Session
April 11, 2019	7:00pm	Town Board Regular Meeting Continuation: Public Hearing - Proposed Local Law to amend Chapter 135 of the Code of the Town of Somers entitled <u>Property Maintenance</u> by adding Article II, Section 135-8 entitled <u>Regulation of Bamboo</u> .
May 2, 2019	7:00pm	Town Board Work Session
May 9, 2019	7:00pm	Town Board Regular Meeting

Sent to:
TB, TA, TC
2/29/19
KD

PUBLIC HEARING NOTICE

PLEASE TAKE NOTICE that the Town of Somers will conduct a public hearing on March 7, 2019 at 7:00 p.m. at the Town House, 335 Route 202, Somers, New York on a proposed Local Law to consider the adoption of chapter 120 of the Code of the Town of Somers entitled Marijuana Sales - Prohibited.

All persons having an interest in the proposed local law are invited to attend the public hearing and will be afforded an opportunity to be heard. A copy of the proposed local law will be available and may be examined in the Office of the Town Clerk during regular business hours.

By Order of the Town Board
of the Town of Somers

Patricia Kalba
Town Clerk

Dated: February 21, 2019

TOWN OF SOMERS

Local Law No. _____ of the year 2019

A Local Law prohibiting the retail sale of Marijuana in the Town of Somers.

Be It Enacted by the Town Board of the Town of Somers as follows:

Section 120-1. Chapter 120 of the Town of Somers Town Code shall be named “Marijuana Sales - Prohibited”.

Section 120-2. Legislative Findings and Declarations.

The Town Board hereby finds that marijuana sales activities, by their nature, have serious objectionable operational characteristics which can lead to a significant impact on the surrounding community. The Town Board further finds that the proliferation of such businesses is inconsistent with existing development and future plans for the Town of Somers in that they often result in influences on the community which increase the crime rate and undermine the economic, moral and social welfare of the community. The deleterious effects of marijuana sales change the economic, social and moral character of the existing community and adversely affect existing businesses and community and family life. As business activity drops off and the quality of life deteriorates, merchants and families move away from the area leaving it in a vacant and depressed state. In addition, the Town Board has grave concerns that instances of impaired driving will increase proportionally with the proliferation of regulated marijuana sales and is most concerned with negative impacts that the sale of regulated marijuana is likely to have on adolescents and young people. The purpose of this article is to protect the health, safety and economic well-being of the community by prohibiting the retail sale, distribution or offer of consumption of marijuana in all zoning districts.

Section 120-3. Legislative Authority.

This article is adopted pursuant to the authority granted by the Municipal Home Rule Law and shall supersede any provision of State Law which is inconsistent herewith.

Section 120-4. Definitions.

As used in this chapter, the following terms shall have the meanings indicated:

MARIJUANA PRODUCT - The final product delivered to the customer with a cannabinoid content and active and/or inactive ingredients.

Section 120-5. Prohibition of Retail Sale of Marijuana and Marijuana Products.

A. No building, structure, or premises approved or used as a Medical Marijuana Dispensary pursuant to Article 33 of the New York Public Health Law may be used as a Marijuana Retail Store.

B. No building, structure, or premises within any zoning district in the Town of Somers may be used for the sale, distribution, or offer for consumption of Marijuana or Marijuana Products in a retail setting or environment for non-medical use. This prohibition applies regardless of whether products in addition to Marijuana Products are offered for sale, and regardless of the amount of such products in comparison to other products offered for sale.

Section 120-6. Violations and Penalties.

A violation of the provisions of this chapter shall be punished by a fine of not less than \$500 nor more than \$1,000 for each offense. Each day a violation exists shall constitute a separate offense.

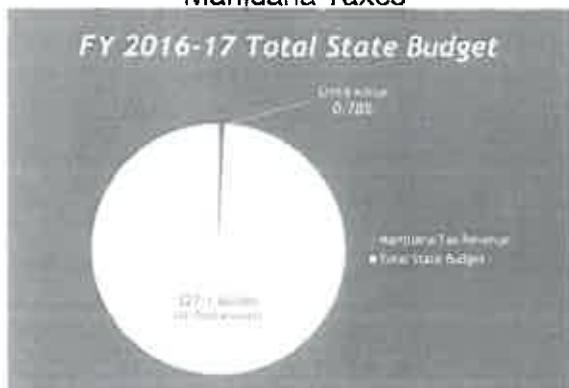
Section 120-7. Severability.

If any clause, sentence, paragraph, subdivision, or part of this Local Law, or the application thereof to any person or circumstance, shall be adjudged by any court of competent jurisdiction to be invalid or unconstitutional, such order or judgment shall not affect, impair, or invalidate the remainder thereof.

Section 120-8. This Local Law shall take effect immediately upon filing with the Secretary of State.

GROWING CALLS TO LEGALIZE MARIJUANA usually extol the virtues of tax revenues. The marijuana industry is quick to estimate large amounts of revenue from pot sales, but revenues fall far short of what was promised and only amount to a drop in the bucket of state budgets. In addition, a new, independent study in Colorado found that costs attributable to recreational marijuana legalization were 4.5 times the amount of revenue raised. (1)

Percent of State Budget for Colorado Marijuana Taxes



COLORADO

Colorado Department of Revenue

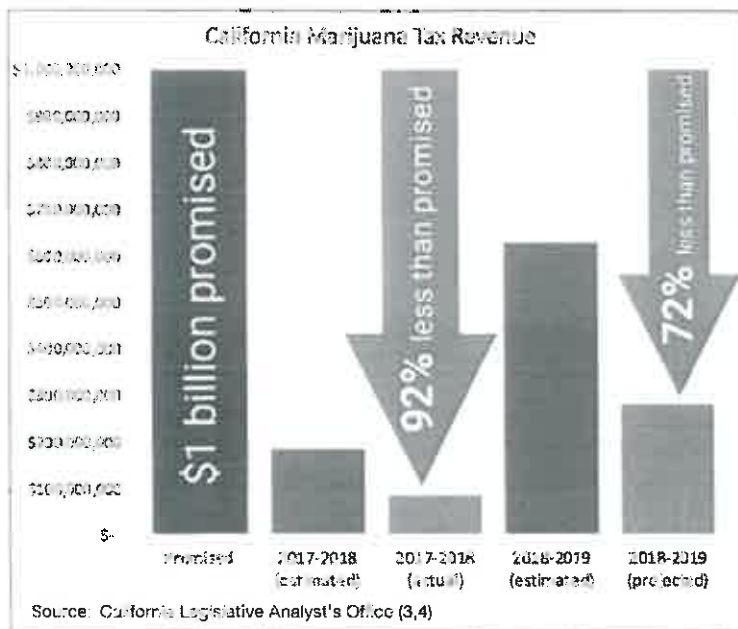
"We get \$200 million a year in tax revenue, which, you know, we're a \$30 billion budget, so it's a drop in the bucket - it's not going to pay for early childhood education or solve any big social ill..." - Colorado Governor John Hickenlooper, April 9, 2018 (2)

Marijuana Taxes as a Percent of State Budgets

State	Percent of Budget
Colorado	0.78%
Washington	0.30%
Oregon	0.24%
Alaska	0.12%
California	0.20%

"You do not legalize for taxation. It is a myth. You are not going to pave streets. You are not going to be able to pay teachers. The big red herring is the whole thing that the tax revenue will solve a bunch of crises. But it won't." - Andrew Freedman, former pot czar for Colorado (3)

(5)



OTHER LEGALIZED STATES have also seen lower tax collections than they were promised, in part because the black market does not go away and can easily undercut the "legal" market.

In addition, the societal costs far exceed the revenue raised. If alcohol and tobacco are any indication, tax revenue from marijuana sales will be a fraction of the cumulative costs. Even if the full promised revenues were realized, studies have shown that they wouldn't cover the costs resulting from car crashes, ER visits, and many other issues. As even a limited set of costs comes due, it is quickly out-pacing the revenue raised, leading to a net loss for the state and its residents.

1. See <http://cdn-centennial.pressidium.com/wp-content/uploads/2018/12/Economic-and-Social-Costs-of-Legalized-Marijuana-v1.2.pdf>
2. See <http://www.religionista.com/politics/policy/features/john-hickenlooper-on-the-future-of-weed-the-2020-race-and-whats-happening-at-the-conver-pcat-609568/>
3. https://www.drugpolicy.org/sites/default/files/document/ADMA_Prop%2064_Frequently_Asked_Questions.pdf
4. California Legislative Analyst's Office, Cannabis Tax Revenue Update, November 15, 2018. <https://lao.ca.gov/LAOContent/Articles/Details/326>
5. See <https://www.bostonherald.com/2015/06/12/colorado-weed-bran-revenue-up-in-smoke/>



SEPARATING MARIJUANA FACT FROM FICTION IN NEW YORK

RESPONSE TO THE "ASSESSMENT OF THE POTENTIAL IMPACT OF REGULATED MARIJUANA IN NEW YORK STATE"

AUGUST 2018

Smart Approaches to Marijuana (SAM) is a nonpartisan, non-profit alliance of physicians, policy makers, prevention workers, treatment and recovery professionals, scientists, and other concerned citizens opposed to marijuana legalization who want health and scientific evidence to guide marijuana policies. SAM was co-founded by former Congressman Patrick Kennedy and former Obama Administration senior drug policy advisor, Dr. Kevin Sabet. SAM has affiliates in more than 30 states.

www.ny-sam.org
www.learnaboutsam.org

Executive Summary

Recently, New York State (NYS) released what they claimed to be “an extensive assessment of current research and literature to evaluate the cost-risk benefit of legalizing the recreational adult use of marijuana.”

The overall conclusion of this assessment was that marijuana poses little public health risk and should be considered for legalization. But a closer look finds several flaws in the report that questions its purpose and conclusions.

Unfortunately, it appears that the conclusion of the NYS report was written before the data were analyzed. The legalization of recreational marijuana is presented in the introduction as a *fait accompli*: “It has become less a question of whether to legalize but how to do so responsibly.” Much of the report discusses how to decrease the dangers of legal recreational marijuana. The best way to lessen the danger is to keep it from being commercialized, normalized, promoted – and legalized.

The report conflates the issues of medical marijuana and commercial sales of recreational marijuana. The potential medical benefits of medical cannabis are already available in New York. Adding indiscriminate recreational use does not increase any health benefit to New Yorkers.

Smart Approaches to Marijuana (SAM) is advised by a scientific advisory board of researchers from institutions such as Harvard and Johns Hopkins. SAM believes in the need for rational, well-informed public policy – legislation that maximizes public health benefits and minimizes harms.

This state-issued report reads more like a marijuana lobbyist’s manifesto, as we found no credible opposing evidence cited.

Based on our findings, the reference to unlisted “subject-matter experts” that the report apparently relied on, and the fact that state medical groups like the New York Society for Addiction Medicine (NYSAM) were not consulted with, **we are formally requesting that the state of New York publicly disclose all sources that were consulted and those that contributed to creation of the document.** We believe that National Institute of Health (NIH) scientists, NYSAM physicians, and other experts should have the chance to review these findings.

Below are the top claims from the report and rebuttals.

CLAIM: “A 2017 Marist Poll showed that 52 percent of Americans 18 years of age or older have tried marijuana at some point in their lives, and 44 percent of those individuals currently use it.”

CORRECTION:

The best usage data are not found in polls, but rather scientific studies conducted by the National Institutes of Health. According to the most recent National Survey on Drug Use and Health (NSDUH) data, **10.58% of Americans 12 or older and 10.84% of New York State residents reported being current users** and 44% of Americans have tried marijuana at some point in their life (NSDUH, 2016).

CLAIM: “In 1999 the Institute of Medicine (IOM) found a base of evidence to support the benefits of marijuana for medical purposes.”

CORRECTION:

This report is supposed to be about non-medical marijuana. We should not conflate the two issues. Still, there have been several reviews since this was published almost twenty years ago. The 1999 IOM report stated: “**Because of the health risks associated with smoking, smoked marijuana should generally not be recommended for long-term medical use**” and called for a “heavier investment in research.”

Released at the beginning of 2017, the most recent National Academy of Sciences report said: “**Despite increased cannabis use and a changing state-level policy landscape, conclusive evidence regarding the short- and long-term health effects—both harms and benefits—of cannabis use remains elusive.**” The July 24, 2018 issue of the *Annals of Internal Medicine* stated that “Americans’ view of marijuana use is more favorable than existing evidence supports.”

Again, this NYS report recommended *recreational* legalization, and we should separate the issue of the possible therapeutic benefits from this study.

CLAIM: "Most women who use marijuana stop or reduce their use during pregnancy."

CORRECTION:

Dr. Nora Volkow, NIH's drug abuse director, published a report last year in response to an **alarming trend being seen across the country of increased cannabis use during pregnancy and warned of the detrimental health risks of in utero cannabis exposure** ([Volkow et al., 2017](#)).

Even more alarming is a recent study that was not included in this report where **researchers found nearly 70% of 400 Colorado dispensaries surveyed in a scientific, undercover study were recommending cannabis products to mothers experiencing morning-sickness in the first trimester** ([Dickson et al., 2018](#)).

A clinically-controlled study published this year found that mothers vulnerable to mental illness who smoked during pregnancy put their child at higher risk to develop significantly more psychotic symptoms earlier in life compared to mothers who didn't smoke marijuana, but had similar vulnerabilities ([Boltuis et al., 2018](#)).

CLAIM: "Data from multiple sources indicate that legalization in Colorado had no substantive impact on youth marijuana use."

CORRECTION:

Despite widely publicized reports by the state of Colorado, pro-legalization lobbyists, and others with revenue-producing interests; reliable data sources say otherwise. According to NSDUH state estimates, **Colorado now leads the nation in the percentage of 12- to 17-year olds who have tried marijuana for the first time** ([NSDUH, State Estimates, 2017](#)). In adolescents and adults, Colorado is well above the national average.

All state-collected data related to adolescent substance use is done via the Healthy Kids Colorado Survey – a state sponsored assessment to replace all other national and state surveys administered in school. Until 2017, these data have not met the CDC's standard qualifications for sampling methodology since 2011 – the year before recreational marijuana became legal in Colorado. **The 2015 HKCS has been widely criticized for misrepresenting and promoting misleading messages surrounding adolescent drug use** ([Murray, 2016](#)).

Colorado



Source: National Institute on Drug Abuse, 2017. Reported Survey on Marijuana use in Colorado. Courtesy: National Families in Action, The Marijuana Report

As a result of questionable reports publicized by the state of Colorado and pro-legalization activists, local investigative journalists at the *Denver Post* interviewed numerous law enforcement officers, educators and advocates; in addition to analyzing databases. They ultimately concluded that state-produced data appears to be unreliable ([Beligoya, 2017](#)).

"Records do not account for many young offenders who either are not reported to police, are not ticketed because police say there's too little to cite or have infractions that are not tabulated because of programs designed to protect minors from blemished records."

CLAIM: "There has been no increase in violent crime or property crime rates around medical marijuana dispensaries."

CORRECTION:

The relationship between marijuana establishments and crime is mixed at best. A study funded by the National Institutes of Health showed that the **density of marijuana dispensaries was linked to increased property crimes in nearby areas** ([Frost et al., 2017](#)).

Colorado Public Radio reported similar findings – particularly in Denver and Pueblo – and noted the visible association with increased gang violence seen in both cities likely due to a high density of dispensaries and illegal activity, including the black market ([Markus, 2017](#)).

CLAIM: "Marijuana is an effective treatment for pain, greatly reduces the chance of dependence, and eliminates the risk of fatal overdose compared to most opioid-based medications."

CORRECTION:

This is inaccurate and is confounding medical and recreational use. This statement was based on a survey that 17 medical marijuana patients took while being prescribed opioids. Self-report data can be useful but have no value in informing serious public health risks. Several recent and widely-circulated studies show strong contradictory evidence to this claim.

Researchers found **that patients reporting marijuana use actually experienced more pain on average when admitted to the hospital** following a traumatic injury than those that did not. Compared to non-users, they required more opioid medication to cope with the pain and consistently rated their pain higher during the duration of their stay ([Sciortto et al., 2016](#)).

A 4-year prospective study in the highly respected *Lancet* journal followed medical marijuana patients with a dual opioid prescription and **found that marijuana use did not reduce opioid use or prescribing. Users reported greater pain severity and more day-to-day interference than those that did not use marijuana** ([Campbell et al., 2018](#)).

CLAIM: "Regulated marijuana introduces an opportunity to reduce harm for consumers through labeling."

CORRECTION:

Non-FDA approved commercially-produced products have received only minimal regulatory attention. Recent studies have shown **rampant mislabeling of the active cannabinoid ingredients in concentrates and edibles** ([Peace et al., 2016](#)).

The FDA has published warning letters on the severe mislabeling of commercial products consistently seen on the market since 2015 ([FDA, 2015-17](#)).

This claim was cited from the Drug Policy Alliance website. **The DPA and its affiliates have directly funded campaigns to legalize all forms of marijuana including edible products throughout the US.** They also call for the legalization of all drugs. This is not a credible source.

CLAIM: "The status quo (i.e., criminalization of marijuana) has not curbed marijuana use."

CORRECTION:

Non-public, personal use of Marijuana is not criminalized in NYS nor are possession of small amounts for personal amounts – often a reason for imprisonment. In 2016 23.6% Americans reported using legal drugs compared to 10.6% using illegal ones – signaling that the law matters in preventing drug use ([NSDUH, 2016](#)).

In 2017 in New York State, marijuana made up 0.003% of non youthful-offender felony sentences to prison. There were no youthful offender felony marijuana sentences for prison. Misdemeanor marijuana arrests made up 8.5% of all state misdemeanor arrests ([NY State Division of Criminal Services, 2018](#)).

The recent rush to legalization across the country has pushed marijuana to the number one spot for recent first-time drug users aged 12 or older in 2016 compared to any other illicit drug ([NSDUH, 2016](#)).

CLAIM: "Legalizing marijuana results in a reduction in the use of synthetic cannabinoids."

CORRECTION:

This claim is inaccurately attributed to the report Global Drug Survey which indicates that countries that decriminalize marijuana have lower rates of synthetic marijuana use. The claim cannot be found in that reference. And, even if there is an association between decreased synthetic use and *decriminalized* marijuana, it does not follow that *legalizing* marijuana will cause a reduction in synthetic use. We emailed Professor Adam R Winstock, Founder & CEO of the Global Drug Survey, to ask his opinion. He replied, "It's not clear cut," indicating uncertainty. There is not much data on decreased synthetic use in countries with decriminalization (Zucker doesn't even say "countries with legalization" which is actually the issue at hand because only Uruguay would fall into that category).

CLAIM: "The over-prosecution of marijuana has had significant negative economic, health, and safety impacts that have disproportionately affected low-income communities of color."

CORRECTION:

Marijuana does not need to be legalized to address valid social justice concerns. Although overall drug-related offenses have decreased in states that have legalized; minorities have still disproportionately been targeted for the arrests that do still occur. Such as in 2014, **two years after legalization in Colorado, the marijuana arrest rates for African-Americans (348 per 100,000) was almost triple that of Whites (123 per 100,000)** (*Co. Dept. of Public Safety, 2016*).

Colorado has seen an increase in crime in regions that attract recreational users. Although the rise in crime cannot be attributed to legalization of marijuana alone, much of the violence has been attributed to increased gang violence where dispensaries are densest (*Nickus, 2017*).

Current drug policies can be changed without legalization.

CLAIM: "The negative health consequences of marijuana have been found to be lower than alcohol, tobacco, and illicit drugs including heroin and cocaine."

CORRECTION:

This statement is questionable because it was based on a theoretical model that estimated human consumption averages for each substance and calculated a risk ratio using lethal doses reported in animal studies. Basic research is necessary for understanding the biology underlying addiction; however, the transferability of dosing schedules between species has not been conclusively established.

Much of the reason alcohol and tobacco exert more costs to society than many illegal drugs is because those two drugs are legalized and commercialized. As Dr. Nora Volkow, head of NIH's drug abuse institute stated, **"Repeated marijuana use during adolescence may result in long-lasting changes in brain function that can jeopardize educational, professional, and social achievements."**

"However, the effects of a drug (legal or illegal) on individual health are determined not only by its pharmacologic properties but also by its availability and social acceptability."

*"In this respect, legal drugs (alcohol and tobacco) offer a sobering perspective, accounting for the greatest burden of disease associated with drugs not because they are more dangerous than illegal drugs but because **their legal status allows for more widespread exposure.**"*

CLAIM: "The impact of legalization in surrounding states has accelerated the need for NYS to address legalization."

CORRECTION:

This statement reads as if two wrongs somehow make a right. NYS should not be forced into legalizing marijuana because other states are considering it (several surrounding states, it should be noted, have considered and then defeated proposals to legalize marijuana). Even if a surrounding state or two legalizes marijuana, NYS can stand out as the state promoting health, well-being, family-centered tourism – not more drug use.

This statement totally ignores newer polls such as the 2018 Emerson College poll that found that the majority of New Yorkers do not support the legalization of marijuana. **A plurality support either decriminalization or the current policy.**

"The poll -- conducted by the same college that recently conducted a poll for pro-marijuana groups Marijuana Policy Project (MPP) and the Drug Policy Alliance (DPA) -- **reported that 56% of respondents did not favor legalizing the recreational sales of marijuana.**"

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Sent to:
TB, TA, TC
3/6/19
KD

PLANNING AND ENGINEERING DEPARTMENTS

Telephone
(914) 277-5366
Fax
(914) 277-4093

Town of Somers
WESTCHESTER COUNTY, N.Y.

SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589
www.somersny.com

Steven Woelfle
Principal Engineering Technician
swoelfle@somersny.com



Syrette Dym, AICP
Director of Planning
sdym@somersny.com

MEMORANDUM

TO: Town Board

FROM: Syrette Dym, Director of Planning

DATE: March 5, 2019

RE: Addition of Chapter 120 to Town of Somers Town Code Establishing Regulations Pertaining to Sale of Marijuana in the Town

The Town Board is considering draft legislation that would add Chapter 120 entitled "Marijuana Sales – Prohibited" to the Town Code. The legislation would establish regulations pertaining to the sale of marijuana in the Town of Somers such that retail sales would be prohibited.

This item is on the Town Board Agenda for March 7, 2019 for a public hearing. Should the Town Board determine to move ahead with this amendment, it should take the following actions:

- Declare itself lead agency at its meeting of March 7, 2019
- Open Public Hearing and close at the meeting of March 7, 2019

Once the public hearing is held and closed at the March 7, 2019 meeting, the Town Board can review the EAF parts 1 and 2 and Narrative, make a Negative Declaration and approve the proposed Town Code amendment as currently proposed or with any amendments as determined by the Board. This could happen at the March 7 or March 14, 2019 meeting. All documents should be distributed to all interested agencies identified on the SEQR Distribution List.

Cc: Roland Baroni
Patricia Kalba

Z:\PE\General files\Marijuana Law 2019\SEQR\Town Board Memorandum 03-05-19.docx

**NOTICE OF SEQRA ACTIONS – Local Law Establishing Regulations Pertaining to the Sale of Marijuana in the Town of Somers
Notice to Act as Lead Agency**

Issued by Town of Somers Town Board
Westchester County, New York

This notice is issued pursuant to Part 617 of the implementing regulations pertaining to Article 8 (State Environmental Quality Review Act (SEQRA)) of the New York State *Environmental Conservation Law* and Chapter 92 (Environmental Quality Review) of the *Code of the Town of Somers, New York*.

The Town Board of the Town of Somers, Westchester County, declares it will act as lead agency as part of an uncoordinated review to add Chapter 120 to the Town of Somers Town Code to be named "Marijuana Sales – Prohibited" to establish regulations pertaining to the sale of Marijuana in the Town of Somers.

The Somers Town Board at its meeting of March 7, 2019 declared itself Lead Agency with regard to this Proposed Action under the procedures and requirements of SEQRA and Chapter 92 of the Somers Town Code as part of an uncoordinated review.

The Proposed Action is an Unlisted Action under SEQRA as per Chapter 92 of the *Code of the Town of Somers* in conjunction with Article 24 of the *NYS Environmental Conservation Law*.

PROPOSED LEAD AGENCY: Town Board, Town of Somers
Somers Town House
335 Route 202
Somers, New York 10589

TITLE OF ACTION: Addition of Chapter 120 to the Town of Somers Town Code entitled "Marijuana Sales - Prohibited"

DESCRIPTION OF ACTION: A local law establishing regulations pertaining to the sale of Marijuana in the Town of Somers.

LOCATION: The Town of Somers, Westchester County New York

SUPPLEMENTAL INFORMATION: A Short Form (EAF) has been prepared for the Proposed Action. This form is being distributed to Interested Agencies (see list below), and this information is also available for review in the Planning and Engineering office at the Town House and on the Town's web site.

Contact: Syrette Dym, AICP, Director of Planning
335 Route 202
Somers, New York 10589

Telephone: 914-277-5366

Date of this Notice: March 7, 2019

SEQR DISTRIBUTION LIST – Local Law Establishing Regulations Pertaining to the Sale of Marijuana in the Town of Somers

Involved Agency:

Town Board
335 Route 202
Somers, New York 10589
Attn: Rick Morrissey, Supervisor

Interested Agencies -

Town of Somers Town Clerk
Somers Town House
335 Route 202
Somers, New York 10589
Attn: Patricia Kalba, Town Clerk

Town of Somers Building Inspector
Somers Town House
335 Route 202
Somers, New York 10589
Attn: Tom Tooma, Building Inspector

Town of Somers Planning Board
Somers Town House
335 Route 202
Somers, New York 10589
Attn: Syrette Dym, Director of Planning

Westchester County Planning Board
148 Martine Avenue
White Plains, NY 10601
Attn: Norma Drummond, Acting Commissioner

Others – Lead Agency Representatives–

Syrette Dym, AICP, Director of Planning
Somers Town House
335 Route 202
Somers, New York 10589

Stephans, Baroni, Reilly & Lewis LLP
175 Main Street
White Plains, NY 10601
Attn.: Roland A. Baroni, Esq

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: A local law establishing regulations pertaining to the sale of Marijuana in the Town of Somers			
Project Location (describe, and attach a location map): Town of Somers			
Brief Description of Proposed Action: A local law establishing regulations pertaining to the sale of Marijuana in the Town of Somers			
Name of Applicant or Sponsor: Town of Somers		Telephone: 914-277-3637 E-Mail: supervisor@somersny.com	
Address: 335 Route 202			
City/PO: Somers		State: NY	Zip Code: 10589
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

PRINT FORM

Project: Marijuana Regulations

Date: March 7, 2019

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Short Environmental Assessment Form

Part 3 Determination of Significance

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

The purpose of the proposed action is to regulate the sale of marijuana within the Town of Somers/.

The proposed action is not anticipated to affect any environmental resources in the Town of Somers.

<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.	
<input checked="" type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.	
Town Board Town of Somers <hr/> Name of Lead Agency	March 7, 2019 <hr/> Date
Rick Morrissey <hr/> Print or Type Name of Responsible Officer in Lead Agency	Supervisor <hr/> Title of Responsible Officer
<hr/> Signature of Responsible Officer in Lead Agency	<hr/> Signature of Preparer (if different from Responsible Officer)

PRINT FORM

State Environmental Quality Review
NEGATIVE DECLARATION
Notice of Determination of Non-Significance

Date of Adoption: March 7, 2019

Name of Action:

This notice is issued pursuant to Part 617 of the implementing regulations pertaining to Article 8 (State Environmental Quality Review Act) of the Environmental Conservation Law.

The Town of Somers Town Board, as Lead Agency, has determined that the Proposed Action described below will not have a significant adverse effect on the environment and a Draft Environmental Impact Statement will not be prepared.

SEQR Status: The Proposed Action is an Unlisted Action under SEQRA as per Chapter 92 of the *Code of the Town of Somers* in conjunction with Article 24 of the NYS *Environmental Conservation Law*.

Conditioned Negative Declaration: No

Description of Action: The proposed action involves addition of Chapter 120 entitled “Marijuana Sales – Prohibited” to the Town of Somers Town Code. The purpose of the local law is to establish regulations pertaining to the sale of Marijuana in the Town of Somers.

Location: The Town of Somers, Westchester County New York

Reasons Supporting This Determination:

See Attached Reasons

Involved and Interested Agencies:

SEQR DISTRIBUTION LIST – Local Law Establishing Regulations Pertaining to the Sale of Marijuana in the Town of Somers

Involved Agency:

Town Board
335 Route 202
Somers, New York 10589
Attn: Rick Morrissey, Supervisor

Interested Agencies -

Town of Somers Town Clerk
Somers Town House

State Environmental Quality Review, Negative Declaration, Notice of Determination of Non- Significance

335 Route 202
Somers, New York 10589
Attn: Patricia Kalba, Town Clerk

Town of Somers Building Inspector
Somers Town House
335 Route 202
Somers, New York 10589
Attn: Tom Tooma, Building Inspector

Town of Somers Planning Board
Somers Town House
335 Route 202
Somers, New York 10589
Attn: Syrette Dym, Director of Planning

Westchester County Planning Board
148 Martine Avenue
White Plains, NY 10601
Attn: Norma Drummond, Acting Commissioner

Others – Lead Agency Representatives–

Syrette Dym, AICP, Director of Planning
Somers Town House
335 Route 202
Somers, New York 10589

Stephans, Baroni, Reilly & Lewis LLP
175 Main Street
White Plains, NY 10601
Attn.: Roland A. Baroni, Esq

For Further Information Contact: Syrette Dym, Director of Planning, Somers Town House,
335 Route 202, Somers, New York 10589, (914) 277-5366

**ATTACHMENT TO NEGATIVE DECLARATION
REASONS SUPPORTING DETERMINATION**

**A LOCAL LAW ESTABLISHING REGULATIONS PERTAINING TO THE SALE
OF MARIJUANA IN THE TOWN OF SOMERS**

Town of Somers

The Town Board, acting in its capacity as Lead Agency, cites the following reasons supporting this Negative Declaration:

- The Proposed Action will not have a significant adverse environmental impact on any CEA.
- The Proposed Action will not have a significant adverse environmental impact on any unique or unusual land forms.
- The Proposed Action will not have a significant adverse environmental impact on any water body designated as protected.
- The Proposed Action will not have a significant adverse environmental impact on any non-protected existing or new body of water.
- The Proposed Action will not have a significant adverse environmental impact on surface or groundwater quality or quantity.
- The Proposed Action will not have a significant adverse environmental impact on or alter drainage flow or patterns, or surface water runoff.
- The Proposed Action will not have a significant adverse environmental impact on air quality.
- The Proposed Action will not have a significant adverse environmental impact on any threatened or endangered species.
- The Proposed Action will not have a significant adverse environmental impact on agricultural land resources.
- The Proposed Action will not have a significant adverse environmental impact on aesthetic resources.
- The Proposed Action will not have a significant adverse environmental impact on any site or structure of historic, prehistoric or paleontological importance.

- The Proposed Action will not have a significant adverse environmental impact on the quantity or quality of existing or future open spaces or recreational opportunities.
- The Proposed Action will adequately mitigate any impact on existing transportation systems.
- The Proposed Action will not have a significant adverse environmental impact on the community's sources of fuel or energy supply.
- The Proposed Action will not have a significant adverse environmental impact as a result of objectionable odors, noise or vibration.
- The Proposed Action will not have a significant adverse environmental impact on the public health and safety.
- The Proposed Action will not have a significant adverse environmental impact on the character of the existing community.

Sent to:
TB, TA, TC
2/28/19
RD

At a meeting of the Town Board of the Town of Somers at the Town Hall, 335 Route 202, Somers, New York in the Town of Somers, Westchester County, New York, on the 7th day of February, 2019, at 7:00 p.m.

P R E S E N T :

Hon. Rick Morrissey
Anthony Ciriaco
William Faulkner
Richard Clinchy
Thomas Garrity

-----X

In the Matter of the Extension of the Heritage Hills
Special Sewer District in the Town of Somers,
Westchester County, New York, pursuant to Article 12
of the Town Law.

ORDER CALLING
PUBLIC HEARING

-----X

WHEREAS, a petition, a map, plan and report have been prepared by URSTADT
BIDDLE PROPERTIES, LLC in such manner and in such detail as has heretofore been
determined by the Town Board relating to the extension of the Heritage Hills Special
Sewer District, and

WHEREAS, said map and plan have been prepared by an engineer, duly licensed by the State of New York, showing the boundaries of the proposed extension and a general plan of the water system connection, and

WHEREAS, said petition, map, plan and report have been duly filed in the office of the Town Clerk of said Town and are available for public inspection during normal business hours, and

WHEREAS, said map shows the transmission mains and appurtenant facilities to be connected to the existing sewer mains, and

WHEREAS, the boundaries of the proposed extension to said district to be known as “UBP-HH Sewer Extension” are as follows:

SEE SCHEDULE A

WHEREAS, the improvements proposed are as set forth in the petition, and

WHEREAS, the cost of the improvements, including professional fees, will be paid for by the applicant, and

WHEREAS, the maximum amount proposed to be expended for said improvements is Four Hundred Thousand (\$400,000.00) Dollars, and

NOW, on motion of Supervisor Morrissey, seconded by Councilman Cirioco, it is hereby

ORDERED, that the Town Board of the Town of Somers shall meet and hold a public hearing at the Somers Town Hall, 335 Route 202 in said Town on the 7th day of March, 2019, at 7:00 p.m. in that day to consider said petition, map, plan and report and to hear all persons interested in the subject thereof concerning the same and to take such action thereon as is required or authorized by law.

The adoption of the foregoing order was duly put to vote, and on a roll call the vote was as follows:

Hon. Rick Morrissey	voting Aye
Anthony Cirioco	voting Aye
William Faulkner	voting Aye
Richard Clinchy	voting Aye
Thomas Garrity	voting Aye

and the order was thereupon declared duly adopted.

BY ORDER OF THE TOWN BOARD
TOWN OF SOMERS

Patricia Kalba
Town Clerk

Dated: February 21, 2019
Somers, New York

SCHEDULE A

DESCRIPTION OF PARCEL 1

Parcel 1 - is the parcel of land located in the Town of Somers, County of Westchester, State of New York described as follows:

BEGINNING at a point on the westerly side of Somerstown Turnpike at the dividing point of lands leased to Landlord and lands of Episcopal Church of Somers;

THENCE southerly along westerly side of Somerstown Turnpike South 22 degrees 01 minutes 00 seconds West 150.00 feet;

THENCE westerly North 76 degrees 43 minutes 10 seconds West 121.35 feet;

THENCE southerly. South 37 degrees 24 minutes 45 seconds West 196.36 feet;

THENCE westerly North 82 degrees 04 minutes 50 seconds West 427.56 feet;

THENCE northerly North 2 degrees 16 minutes 40 seconds West 790.16 feet to the southerly side of Somers Road, a/k/a Route 202;

THENCE easterly along Somers Fire District;

THENCE southerly South 5 degrees 18 minutes 20 seconds West 204.49 feet;

THENCE easterly South 85 degrees 32 minutes 10 seconds East 149.86 feet to lands reserved to the Episcopal Church of Somers;

THENCE southerly South 5 degrees 21 minutes 02 seconds East 260.00 feet;

THENCE easterly along Episcopal Church South 77 degrees 59 minutes 36 seconds East 275.00 feet and South 76 degrees 43 minutes 10 seconds East 184.93 feet to point of BEGINNING, for a total of 6.712 ac.

DESCRIPTION OF PARCEL 2

Parcel 2 -is the parcel of land located in the Town of Somers, County of Westchester, State of New York described as follows:

BEGINNING at a point in the westerly side of Somerstown Turnpike (also known as New York Route 100) said point is located 520.68 plus or minus feet along said westerly line of Somerstown Turnpike in a southerly direction from the intersection of said westerly line of Somerstown Turnpike with the southerly right-of-way line of Peekskill Road (also known as New York Route 116 & 202;

THENCE southerly along westerly side of Somerstown Turnpike South 22 degrees 01 feet 00 seconds West 150.00 feet to the point of beginning; THENCE

1. South 22 degrees 01 minutes 00 seconds West along said westerly line of Somerstown Turnpike (Route 100) 466.69 feet; THENCE
2. South 22 degrees 46 minutes 10 seconds West along said westerly line of Somerstown Turnpike (Route. 100) 53.11 feet; THENCE
3. North 66 degrees 03 minutes 07 seconds West, 500.00 feet; THENCE
4. North 02 degrees 16 minutes 40 seconds est 209.84 feet; THENCE
5. South 82 degrees 04 minutes 50 seconds East, 427.50 feet; THENCE
6. North 37 degrees 24 minutes 45 seconds East, 196.36 feet; THENCE
7. North 76 degrees 43 minutes 10 seconds, West 121.35 feet to the point of beginning for a total of 4.051 acres.

Sent to:
TB/TA/TC
2/25/19
KD



11 Pleasant Street, Littleton NH 03561
P (603) 444-6768 / (800) 322-4540
F (603) 444-1366
cai-tech.com

January 7, 2019

Ms. Teresa Stegner
Assessor
Town of Somers
335 Route 202
Somers, NY 10589

Dear Ms Stegner:

It was a pleasure speaking with you and discussing the online GIS services CAI can offer the Town.

Pursuant to your request, CAI Technologies is pleased to submit the enclosed proposal and contract for online GIS hosting services. We are confident that our service will meet the Town's current GIS web hosting needs.

If you have any questions, please do not hesitate to contact us. Thank you for your consideration. We sincerely appreciate it and look forward to the opportunity to continue providing professional GIS services to the Town of Somers.

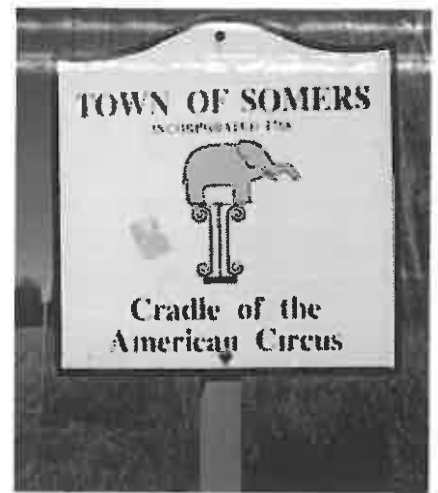
Sincerely,

A handwritten signature in black ink, appearing to read "Aaron Weston".

Aaron Weston, CMS, GISP
Business Development Manager

AW/pah

Enclosure



GIS INTERNET SERVICES FOR THE TOWN OF SOMERS NEW YORK

Submitted January 7, 2019 by



11 Pleasant Street, Littleton, NH 03561

P (603) 444-6768 / (800) 322-4540

cai-tech.com

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LETTER OF TRANSMITTAL

Cartographic Associates, Inc.
dba CAI Technologies
11 Pleasant Street, Littleton, NH 03561
Tel: 800-322-4540 Fax: 603-444-1366
cai-tech.com



The undersigned proposer acknowledges and accepts that all the terms and conditions set forth in this proposal are mandatory and agrees that they will be included in their entirety in any contract resulting from this proposal.

CAI Technologies warrants and certifies that the individual signing this proposal is a bona fide employee of the firm and has authority to solicit and secure any agreement resulting from this proposal. The proposal has been arrived at independently, without collusion, consultation, or communication as to any other proposer or with any competitor. The proposal price was not disclosed by the proposer and was not knowingly discussed prior to the submission, directly or indirectly, to any other proposer or any other competitor. No attempt was made by the proposer to induce any other person, partnership, or corporation to submit or not to submit a proposal for the purpose of restricting competition.

No elected official or appointed official or employee of the Town of Somers, NY shall benefit financially or materially from any contract resulting from this proposal. This proposal shall remain in full force and effect for at least ninety (90) days from the date first shown herein.

PROPOSER:

BY:

A handwritten signature in black ink, appearing to read "Shirley A. Smith", is written over a horizontal line.

Vice President
Contracting Officer

TECHNICAL PROPOSAL

AxisGIS Product Overview:

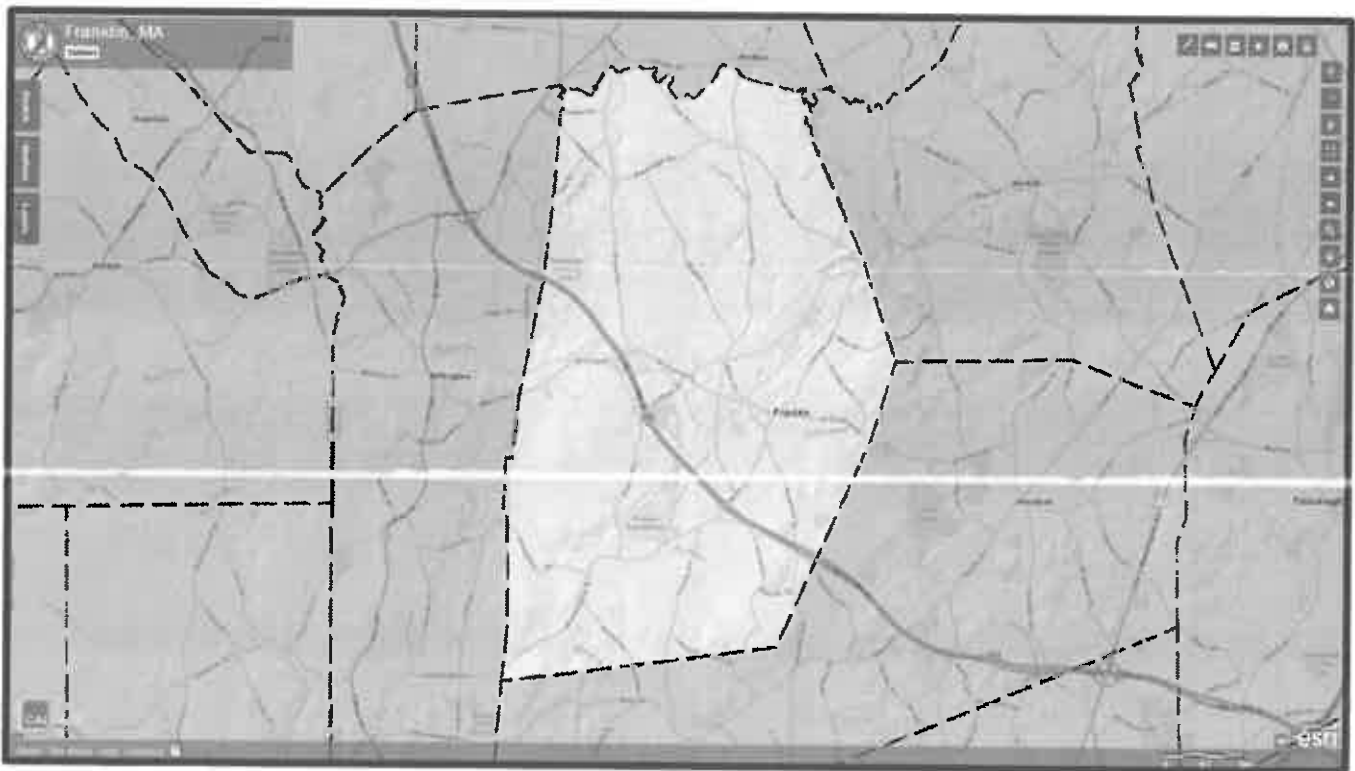
AxisGIS is an Internet-based service for communities and businesses that want to publish their GIS online. AxisGIS is a cost-effective option to distribute GIS data and utility to multiple staff in multiple physical locations as well as to the general public. AxisGIS is developed on JavaScript / HTML5 technology which results in a responsive user interface that is cross browser compatible and functional in a mobile environment.

AxisGIS clients pay no software fees, no annual software maintenance fees, and very low setup costs. AxisGIS even provides the web server. By relieving most of the expense, AxisGIS enables the people behind the data to focus on why their GIS is on the Internet in the first place.

















AxisGIS is helping communities publish their parcel data online, enabling homeowners and real estate professionals to print maps from their own computers, supporting economic development projects, providing a platform for police and school collaboration, and creating a connection between local government, businesses, and communities.

Functionality Overview:

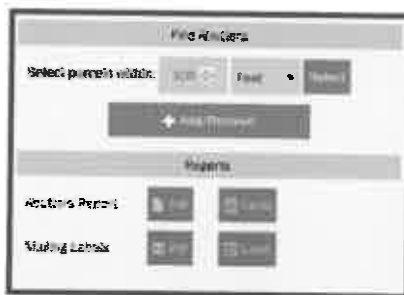
The image displays the typical interface that Internet users would initially see in their web browser. This interface provides easy access to all available tools and functions.



The TOWN's AxisGIS website will include the following tools:

	Zoom-In Tool allows the user to focus on a specific, smaller area on the map.
	Zoom-Out Tool allows the user to focus on a larger area on the map. Click the Zoom-Out tool and then click on the map near the center of the larger area you are interested in seeing.
	Zoom to My Location zooms the map to the current location of the user.
	Zoom to Full Extents Tool allows the user to quickly reset the map view to the original map extent.
	Zoom Next Tool allows the user to quickly zoom to next map extent when using previous map extent tool.
	Zoom Previous Tool allows the user to quickly zoom to the previous map extent.
	Zoom Marquee Tool allows the user to click and drag a rectangle surrounding the area you want to zoom in to.
	Street View Tool allows the user to click on the map to see Street View for that location.
	Bird's Eye Tool allows the user to click on the map to see Bird's Eye view for that location.
	Print Map Tool allows the user to generate a printable PDF map and allows the user the option to include a map legend.
	Drawing Tools allow the user to draw points, lines, shapes and text on the map. Once included on the map, the user can edit the graphics too.
	Measure Tools allow the user to click on the map to measure distance, area and coordinate locations.
	Base Map Selector Tool allows the user to browse and select from a variety of local, esri and google base maps to include in the map.
	Areas of Interest Tool allows the user to quickly zoom to a predefined area of the map.
	Identify Tool allows the user to click on a parcel and receive information about that parcel. This tool is useful in receiving ownership information.
	Clear Selection Tool allows the user to clear the selected map features(s).

The **Search Function** enables the user to find properties by owner name, address or by parcel identifier, depending on the data available. As the user types the information in the Search dialog box the matching results begin to show in the list and corresponding points display on the map. The results list allows the users to view the property Building Image, Parcel #, Address and Owner. The user can then create a Results Report, Mailing Labels, Add/Remove records from the results, or select and zoom to a particular property.



Find Abutters Function enables the user to select properties that are located within a specific distance to a particular property. To perform the Abutters search, the user selects the subject property then enters the search distance and clicks the select button. The map will show the selected properties and the user can generate an Abutter Report, Mailing Labels formatted to Avery 5160 labels and export the results to an Excel file by clicking the appropriate button.

The map **Layers** tab allows the user to turn on and off certain layers as needed. The user selects the checkbox next to individual layers to turn them on/off. The Layers tab also includes access to "Quick Maps". This function provides quick and easy access to a set of predefined map layers that are already set up with display properties. The ability to utilize this function depends on the municipality's available data. There is also a Transparency slider that allows the user to set the transparency for map layers to "see through" onto rich base map content.



There are several other notable features to AxisGIS. These include:

- **Map Printing Utility:** This utility allows the user to design and layout custom maps prior to generating a PDF to print, save or send via email. The user can enter a custom map title and define the printed map scale. The user has the ability to select the map template to generate the map size of 8 1/2" X 11" or 11" x 17" with either portrait or landscape orientation. This powerful utility also includes the option to include a map legend showing the symbology for the various map layers on the custom map.



- **Help System:** The help system is designed to provide assistance to users while accessing the AxisGIS website. The system includes an interactive PDF document that can be viewed in a web browser or downloaded and printed for future reference. The user also has the option to access the AxisGIS Product Feature Tour. The Feature Tour interactively guides the user through the various application functionality directly in the user interface.
- **Building Photos & Associated Documents:** This function allows users the ability to access building photos and/or documents related to particular properties and or features on the map. This functionality depends on the available data for the TOWN, how it is stored and the data format. CAI can work with the TOWN to determine if and how this functionality can be used within the AxisGIS application.
- **Staff Login Access:** This function allows for password-protected access to a specific set of geographic data layer(s) and/or attribute data within the community. The annual hosting fees associated with serving one (1) secure ArcGIS Server Map Service configured for access through encrypted username & password authentication are included with the base annual hosting fees for AxisGIS. Initial setup and configuration fees for this functionality may apply.
- **Google Street View:** AxisGIS includes access to Google Street View which allows a user to click on the map to access the Street View data for a particular area. This function is subject to Street View data being available within the community.
- **Microsoft Bird's Eye:** AxisGIS includes access to Microsoft Bird's Eye which allows a user to click on the map to access the Bird's Eye data for a particular area. This function is subject to Bird's Eye data being available within the community.
- **Zoom to My Location:** This function zooms the map to the current location of the user. This is particularly useful in the field and leverages the GPS technology in the user's mobile device.
- **Zoom to Coordinates:** This function allows the user to enter geographic coordinates zoom to that location and place a pin on the map.

Publish the Town's GIS to the Internet

CAI shall publish the TOWN's GIS data to the Internet.

CAI shall notify the TOWN of the Internet Address (URL) for AxisGIS. This address can be added to the TOWN's web page.

After the TOWN has been notified that the AxisGIS application is on-line, the TOWN has thirty (30) days from the date of notification to examine the site and to request changes.

AxisGIS shall be accessible using the current versions of Microsoft's Internet Explorer & Edge, Chrome, Firefox or Safari web browsers over cable, DSL, or T1 (or greater) internet connections.

GIS Data Update:

CAI shall refresh the GIS data on the AxisGIS website annually. Should the TOWN be using CAI's annual parcel map maintenance services, this refresh of the GIS data shall be performed upon delivery of the annual map update data.

Attribute Data Update

CAI shall design and create a Data Processing Utility for the TOWN to use for periodic upload using an export file(s) from the CAMA system to an online database accessed by the AxisGIS website.

It is the TOWN's responsibility to maintain the Tabular attribute data, including a database table for any records to be excluded, for use by the AxisGIS website.

General Conditions

CAI shall provide the AxisGIS service to the TOWN with commercially reasonable access to an Internet-based mapping application service provider (ASP) environment through which the TOWN can access the TOWN data.

In order to provide the TOWN with commercially reasonable access to the ASP environment, CAI shall periodically schedule the complete or partial shutdown of the ASP Environment for maintenance, bug fixes, updates or other reasons. CAI will make commercially reasonable efforts to perform Scheduled Maintenance during off-peak hours.

TOWN Support

CAI shall provide telephone, fax, and email support services concerning AxisGIS to the TOWN. These services can be used to answer usage and technical questions.

CAI shall respond to any TOWN alerts concerning poor performance or lack of performance of the site, and provide verbal advisories as to how and when the site shall be corrected (if it is determined that the website and/or publication service is not performing properly).

TOWN RESPONSIBILITIES

AXISGIS SERVICE

The TOWN shall designate a project liaison who will be CAI's main contact during the course of the project, and who will be responsible for all TOWN related obligations in this project.

The TOWN shall provide CAI with an ASCII text or DBF formatted export file from the TOWN's CAMA system containing the attribute information for inclusion into the site.

The TOWN shall provide and authorize CAI to acquire all necessary data for the successful completion of the project. In order to ensure the project timetable, authorization shall be provided within fifteen (15) days of CAI's request.

The TOWN shall provide CAI with any custom GIS data layers for inclusion into the site.

After the TOWN has been notified that the site is on-line, it must advise CAI of any changes, modification, and enhancements to the data available within thirty (30) days.

The TOWN shall maintain the tabular attribute data for the AxisGIS website.

SCHEDULE

AXISGIS SERVICE

CAI shall commence on the project upon receipt of a fully executed contract.

All setup work and initial publishing of data to the Internet, except the on-going support and Internet availability of the TOWN's GIS data, shall be completed within ninety (90) days of receipt of a fully executed contract.

Internet access to the TOWN's AxisGIS will begin within ninety (90) days of a fully executed contract and shall conclude on the last day of the twelfth month following.

COST AND PAYMENT TERMS

AXISGIS SERVICE

Initial Site Setup and Implementation	\$ 2,500.00
Twelve (12) Months Internet Hosting Service	<u>\$ 2,400.00</u>
Total Cost	\$ 4,900.00

- Additional Services

A. Staff Site (One-time cost)	\$ 950.00
-------------------------------	-----------

Payment shall be made to CAI within 30 days of invoicing. Said invoicing to be done as follows:

Set Up Fee (\$2,500.00) shall be invoiced upon receipt of a fully executed contract.

Internet Service and Staff Site Functionality (\$3,350.00) shall be invoiced on the first full month of Internet availability.

**GIS INTERNET SERVICES CONTRACT
FOR THE
TOWN OF SOMERS, NY**

January 7, 2019

This is a contract made this 7th day of January, 2019 between Cartographic Associates, Inc., doing business as CAI Technologies, a New Hampshire corporation with its office located at 11 Pleasant Street, Littleton, NH 03561, hereinafter called CAI, and the Town of Somers, a municipal corporation at 335 Rte 202, Somers, NY 10589, hereinafter called the TOWN, to provide professional GIS services according to the specifications, terms, and conditions below written.

Witnesseth, the above parties agree as follows:

1. All work shall be done according to the GIS Internet Services Proposal, dated January 7, 2019, hereto annexed. It is the intent of the parties that the above referenced proposal be considered a part of this contract, the same as if fully incorporated into this contract.
2. The total consideration of this contract is \$5,850.00 per the specifications in the above referenced proposal.
3. CAI agrees that this contract shall not be assigned, transferred, conveyed, or otherwise disposed of without the previous express written consent of the TOWN and neither shall said CAI's right, title, interest, or power to execute such contract be assigned, transferred, conveyed, or otherwise disposed of without written consent of the TOWN.
4. The Parties executing this contract agree that the above recitals constitute the entire agreement between the parties for the requested services.

This contract shall be construed under the laws of the State of New York.

In Witness whereof, the parties hereto have executed this agreement as of the date first above written, by their duly authorized officers.

TOWN OF SOMERS, NY

CAI Technologies


Timothy Fountain, GISP
Vice President

Sent to:
TG, TA, TC
2/11/19
KO

Kim DeLucia

From: Teresa Stegner
Sent: Tuesday, February 5, 2019 3:32 PM
To: Kim DeLucia
Subject: FW: Tax Map Maintenance Contract
Attachments: 2020_SomersNY_MaintenanceContract.pdf

Hi Kim,

Our annual tax mapping contract with CAI Technologies for \$4,100 (same price as 2018) must be approved for 2019. Please put this on the agenda for the February meeting. Thanks!

Teresa Stegner, IAO
Assessor
Town of Somers
335 Route 202
Somers, NY 10589
(914) 277-3504

From: frossi@cai-tech.com [mailto:frossi@cai-tech.com]
Sent: Tuesday, February 05, 2019 2:26 PM
To: Teresa Stegner <tstegner@somersny.com>
Subject: Tax Map Maintenance Contract

Dear Valued Client:

In a continuing effort to streamline our administrative processes and thereby help control our maintenance service costs for all our clients, we have establish a new annual Map/GIS Maintenance renewal process. To that end, attached you will find the renewal for your 2020 budget cycle.

Some of you are already accustomed to receiving these documents via e-mail, but this is the first time we're implementing the process for all clients. We do not intend to send hard copies of these documents. Further, if it works for you, there is no need to mail a hard copy back to us. You can simply e-mail the executed document.

If this annual renewal should go to someone else, please forward it and let us know so that future documents go to the correct individual. We sincerely appreciate the opportunity to serve you and your community. If you have any questions or would like to discuss this further, please don't hesitate to contact us.

Franco Rossi
President



800.322.4540 x25
direct 603.761.6238
cell 603.616.7477

TAX MAP MAINTENANCE PROPOSAL FOR THE TOWN OF SOMERS, NY

For processing data recorded 01/01/2019 through 12/31/2019

February 5, 2019

Cartographic Associates, Inc., a New Hampshire corporation doing business as CAI Technologies, with its office located at 11 Pleasant Street, in Littleton, N.H. 03561, hereinafter called CAI, proposes to the Town of Somers, NY, hereinafter called the CLIENT, to provide professional mapping services according to the specifications, terms, and conditions below written:

SCOPE OF SERVICES

A. Compilation

1. CAI shall review and incorporate all subdivisions, boundary line adjustments and surveys and make any required property line, area, and/or frontage changes.
2. CAI shall review all title conveyance deeds and make any required changes. - N/A*
3. CAI shall calculate the area of any parcel that is changed as a result of the above Items 1 and 2, following professionally accepted roundoff rules.
4. If copies of the property record cards for parcels with new or changed buildings, including the building sketches, are provided, CAI shall use the most recent available orthoimagery to accurately place building footprints.
5. CAI shall review information from the previous tax year, regarding problem areas and shall attempt to resolve any discrepancies or problems in a fair and equitable manner for tax assessment purposes.
6. As all the above referenced data are compiled throughout the year, CAI shall mark each document confirming the intent stated therein. If the intent is not a direct conveyance, CAI shall label the document appropriately with the new parcel number and area.
7. All data shall be incorporated and formatted in a manner consistent with the existing map/GIS data.
8. All work shall be reviewed and checked for errors and preliminary PDFs shall be provided for review prior to finalizing the annual service.

B. Computer Map Index Services - N/A*

1. CAI shall maintain an index of property records that corresponds to the the property maps.
2. All index changes shall be coded in the change field as follows:

M1 - Name/Book and Page	A - Add New Lot
M2 - Area	D - Delete Lot
M3 - Parcel Id Number (i.e. Map and/or Lot number	
M4 - Multiple of M1, M2, M3	
M5 - Other (such as plan name or plan lot number)	
3. CAI shall provide computer index printouts to the CLIENT sorted as follows:
 - a. Numerical by map and lot number
 - b. Alphabetical by owner's name
 - c. Change list by change code with secondary sorting by map and lot
 - d. Other index printouts will be available upon request, at current CAI prices

C. GIS

1. All digital files will be processed using Esri GIS software.
2. All data will be checked for topology errors and corrected.
3. GIS data will be delivered in Esri's shape file, geodatabase, or other format, depending on the format of the existing data.

D. Responsibilities of the CLIENT

1. The CLIENT shall provide a copy of each deed, keyed to the correct map and lot. - N/A*
2. The CLIENT shall provide a print of each subdivision plan, boundary adjustment plan, and map to be incorporated, keyed to the correct map & lot.
3. The CLIENT shall acquire as much information as possible about any questions and/or problems.
4. If buildings are to be added or changed, the CLIENT shall provide a copy of the appropriate Property Record Card, including the building sketch.
5. The CLIENT shall notify CAI of approval of preliminary PDFs or edits to be made within thirty days of receipt of said preliminary PDFs.

ADMINISTRATIVE

A. Documenting Progress

1. An officer of CAI shall be responsible for monitoring and documenting the progress of the maintenance process.
2. Flow charts shall be maintained, monitoring the progress of the maintenance procedure; the purpose of which is to be able to inform the CLIENT of exactly where the project stands at any given time. The charts shall include the following:

a. receipt date of data to be processed	e. completion date of second draft
b. completion date of compilation	f. date printed
c. completion date of first draft	g. date shipped
d. completion date of checking	

TIMING

CAI shall complete and deliver the work described within 45 days of the receipt of the final information to be incorporated as defined in this proposal.

COST

Map/GIS Maintenance Service	\$4,100.00
Building Footprints (if building sketches are provided as described above)	\$15.00/building added or changed

DELIVERABLES

Deliverables shall include two (2) complete sets full size and two (2) complete sets reduced size tax map prints and GIS data, all current to June 1st, PDFs

PAYMENT

Payment shall be made to CAI within thirty (30) days of invoicing, per terms of the invoice. Said invoicing shall be done on a quarterly basis throughout the project cycle, unless other payment arrangements have been made.

GUARANTEE

CAI shall guarantee all data generated against any errors or omissions for one (1) full year from the date of delivery. This guarantee does not include any changes due to data not made available under the terms of this proposal or any new information that is made available subsequent to the delivery date.

TAX MAP MAINTENANCE CONTRACT FOR THE TOWN OF SOMERS, NY

For processing data recorded 01/01/2019 through 12/31/2019

This is a contract made this 5 day of February, 2019, between Cartographic Associates, Inc., a New Hampshire corporation doing business as CAI Technologies, with its office located at 11 Pleasant Street, Littleton, NH 03561, hereinafter called CAI, and the Town of Somers, NY, hereinafter called the CLIENT, to provide professional mapping services according to the specifications, terms, and conditions below written.

Witnesseth, the above parties agree as follows:

1. All work shall be done according to the Tax Map Maintenance Proposal, dated February 5, 2019, hereto annexed. It is the intent of the parties that the above referenced proposal be considered a part of this contract, the same as if fully incorporated into this contract.
2. The CLIENT shall pay \$4,100.00 for the map/GIS maintenance services under this contract. If Property Record cards, including building sketches are provided, the CLIENT shall pay an additional \$15.00/building added or changed. There will be no additional charge if Property Record cards are not provided.
3. CAI agrees that this contract shall not be assigned, transferred, conveyed, or otherwise disposed of without the previous express written consent of the CLIENT and neither shall said CAI's right, title, interest, or power to execute such contract be assigned, transferred, conveyed or otherwise disposed of without written consent of the CLIENT.
4. The Parties executing this contract agree that the above recitals constitute the entire agreement between the parties for the requested mapping services.

This contract shall be construed under the laws of the State of New York.

The parties hereto have executed this agreement by their duly authorized officers.

Town of Somers, NY

CAI Technologies

BY: _____
TITLE: _____



Franco D. Rossi
President

BY: _____
TITLE: _____

BY: _____
TITLE: _____

BY: _____
TITLE: _____

2/15 R/P Sent To: TB, TA, TC 2/26/19 KD
Rick Morrissey

From: Teresa Stegner
Sent: Friday, February 15, 2019 3:20 PM
To: Rick Morrissey
Cc: Kim DeLucia
Subject: Cemetery Exemptions - agenda item?

Rick,

All cemeteries are required to file an annual exemption renewal as a non-profit organization (RP-420-a/b-Rnw-I) with a non-profit use (RP-420-a/b-Rnw-II). Most of the cemeteries comply, but we have two Town-run cemeteries -- Hallock's Cemetery and Green Cemetery -- which have no such paper trail and do not even have proper mailing address, so they come back to me each year as undeliverable. To be safe with NY State if we are audited, we need to have these exemption renewals completed each year by May 1. I am sending them over to you in the inter-office mail for completion and signature. It is your call as to whether or not this needs to be discussed by the entire Town Board or can simply be filled out and signed by you as the highest ranking town official.

Going forward, may I use the Town Hall address for future mailings?

Teresa Stegner, IAO
Assessor
Town of Somers
335 Route 202
Somers, NY 10589
(914) 277-3504



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS

I – ORGANIZATION PURPOSE

(See general information and instructions on back form)

1a. Name of organization _____

d. Name of contact person _____

b. Mailing address _____

e. Telephone no. of contact person

Day () _____ Evening () _____

c. Employer ID no. _____

f. E-mail address (optional) _____

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the purpose(s) of the organization.
- ☐ b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- ☐ c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

☐ **STATEMENT OF CHANGE** – I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☐ **STATEMENT OF NO CHANGE** – I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Signature

Title

Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):

- ☐ Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- ☐ Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- ☐ Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- ☐ Schedule A. Form 990 (Organizations Exempt under Section 501(c) (3))
- ☐ Form 990-PF (Return of Private Foundation Exempt from Income Tax)
- ☐ Form 990-AR (Annual Report of Private Foundation)
- ☐ Form 990-T (Exempt Organization Business Income Tax Return)
- ☐ None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____

County _____

City/Town _____

Village _____

School District _____

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Application

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Orig and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Orig replaces RP-420-b-Orig). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications for county, town and school tax purposes should be filed with the Nassau County Board of Assessors. In Tompkins County, application should be filed with the Tompkins County Division of Assessment. **Do not file with the Office of Real Property Tax Services.**

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE ONLY

27350 16.19-1-1
GREEN CEMETERY
RT. 202
SOMERS, NY 10589

Applicant organization _____

Date application filed _____

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit _____

Assessor's signature _____

Date _____



**NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES**

**RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
II – PROPERTY USE**

(See general information and instructions on back form)

- 1a. 27350 16.19-1-1
GREEN CEMETERY
RT. 202
b. SOMERS, NY 10589
- d. Name of contact person _____
e. Telephone no. of contact person
Day () _____ Evening () _____
f. E-mail address (optional) _____
c. Employer ID no. _____
g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot _____

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the ownership of all or part of the property.
☐ b. A change has occurred in the use or uses of the property by the owner.
☐ c. A change has occurred in that all or part of the property is now being offered for sale or lease.
☐ d. All or part of the property is occupied by an organization other than the owner: the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
☐ e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
☐ f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
☐ g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

☐ **STATEMENT OF CHANGE**

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such charges are true and correct to the best of my knowledge and belief.

☐ **STATEMENT OF NO CHANGE**

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Signature

Date

Title

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS**1. Application**

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Orig and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Orig replaces RP-420-b-Orig). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications must be filed with the Nassau County Board of Assessors. In Tompkins County, applications must be filed with the Tompkins County Division of Assessment. **Do not file with the Office of Real Property Tax Services.**

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no. (s)

Applicant organization

Employer ID no.

Date application filed

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit

Assessor's signature

Date



**NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES**

**RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS**

I – ORGANIZATION PURPOSE

(See general information and instructions on back form)

1a. Name of organization _____

d. Name of contact person _____

b. Mailing address _____

e. Telephone no. of contact person

Day () _____ Evening () _____

c. Employer ID no. _____

f. E-mail address (optional) _____

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the purpose(s) of the organization.
- ☐ b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- ☐ c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

☐ **STATEMENT OF CHANGE** – I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☐ **STATEMENT OF NO CHANGE** – I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Signature_____
Title_____
Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):

- ☐ Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- ☐ Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- ☐ Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- ☐ Schedule A. Form 990 (Organizations Exempt under Section 501(c) (3))
- ☐ Form 990-PF (Return of Private Foundation Exempt from Income Tax)
- ☐ Form 990-AR (Annual Report of Private Foundation)
- ☐ Form 990-T (Exempt Organization Business Income Tax Return)
- ☐ None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____

County _____

City/Town _____

Village _____

School District _____

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS**1. Application**

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3. Time of filing application

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SPACE BELOW FOR ASSESSOR'S USE ONLY

27350 17.17-2-3.3

HALLOCK'S CEMETERY

Applicant organization _____

Date application filed _____

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit _____

Assessor's signature _____

Date _____



**NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES**

**RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS**

II – PROPERTY USE

(See general information and instructions on back form)

1a. 27350 17.17-2-3.3
HALLOCK'S CEMETERY

b.

d. Name of contact person

e. Telephone no. of contact person

Day () Evening ()

c. Employer ID no.

f. E-mail address (optional)

g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the ownership of all or part of the property.
- ☐ b. A change has occurred in the use or uses of the property by the owner.
- ☐ c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- ☐ d. All or part of the property is occupied by an organization other than the owner: the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- ☐ e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
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- ☐ g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

☐ **STATEMENT OF CHANGE**

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☐ **STATEMENT OF NO CHANGE**

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Signature

Date

Title

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

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SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no. (s)

Applicant organization

Employer ID no.

Date application filed

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit

Assessor's signature

Date



**NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES**

**RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS**

I – ORGANIZATION PURPOSE

(See general information and instructions on back form)

1a. Name of organization _____

d. Name of contact person _____

b. Mailing address _____

e. Telephone no. of contact person

Day () _____ Evening () _____

c. Employer ID no. _____

f. E-mail address (optional) _____

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the purpose(s) of the organization.
- ☐ b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- ☐ c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

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☐ **STATEMENT OF NO CHANGE** -- I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Signature_____
Title_____
Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):

- ☐ Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- ☐ Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- ☐ Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- ☐ Schedule A. Form 990 (Organizations Exempt under Section 501(c) (3))
- ☐ Form 990-PF (Return of Private Foundation Exempt from Income Tax)
- ☐ Form 990-AR (Annual Report of Private Foundation)
- ☐ Form 990-T (Exempt Organization Business Income Tax Return)
- ☐ None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____

County _____

City/Town _____

Village _____

School District _____



**NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES**

**RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
II – PROPERTY USE**

(See general information and instructions on back form)

- 1a. 27350 16.19-1-1
GREEN CEMETERY
RT. 202
b. SOMERS, NY 10589
- d. Name of contact person _____
e. Telephone no. of contact person
Day () Evening ()
f. E-mail address (optional) _____
c. Employer ID no. _____
g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot _____

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the ownership of all or part of the property.
☐ b. A change has occurred in the use or uses of the property by the owner.
☐ c. A change has occurred in that all or part of the property is now being offered for sale or lease.
☐ d. All or part of the property is occupied by an organization other than the owner: the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
☐ e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
☐ f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
☐ g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

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☐ **STATEMENT OF NO CHANGE**

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Signature

Date

Title

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS

I – ORGANIZATION PURPOSE

(See general information and instructions on back form)

1a. Name of organization _____

d. Name of contact person _____

b. Mailing address _____

e. Telephone no. of contact person

Day () _____ Evening () _____

c. Employer ID no. _____

f. E-mail address (optional) _____

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

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(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____

County _____

City/Town _____

Village _____

School District _____



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS

II – PROPERTY USE

(See general information and instructions on back form)

1a. 27350 17.17-2-3.3
HALLOCK'S CEMETERY

b.

d. Name of contact person

e. Telephone no. of contact person

Day () Evening ()

c. Employer ID no.

f. E-mail address (optional)

g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot

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Title

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS

I - ORGANIZATION PURPOSE

(See general information and instructions on back form)

1a. Name of organization

27350 38.13-1-5

b. Mi TODD'S CEMETERY

RT. 100

SOMERS, NY 10589

d. Name of contact person

e. Telephone no. of contact person

Day () Evening ()

f. E-mail address (optional)

c. En

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FOR ASSESSOR'S USE

Assessing unit

County

City/Town

Village

School District

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

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SPACE BELOW FOR ASSESSOR'S USE ONLY

Parcel identification no. (s) _____

Applicant organization _____

Employer ID no. _____

Date application filed _____

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit _____

Assessor's signature _____

Date _____

NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICESRENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
II - PROPERTY USE

(See general information and instructions on back form)

- 1a. Name of organization _____
— 27350 38.13-1-5 _____
- b. Ma TODD'S CEMETERY _____
RT. 100 _____
— SOMERS, NY 10589 _____
- c. Employer ID no. _____
- d. Name of contact person _____
- e. Telephone no. of contact person _____
Day () Evening ()
- f. E-mail address (optional) _____
- g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot _____

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Signature_____
Date_____
Title**FOR ASSESSOR'S USE**

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

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SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no. (s)

Applicant organization _____ Employer ID no. _____ Date application filed _____

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit _____ Assessor's signature _____ Date _____

Sent to:
TB, TA, TC
2/25/19
KD

Kim DeLucia

From: Bob Kehoe
Sent: Thursday, February 21, 2019 11:16 AM
To: Kim DeLucia
Cc: Patricia Kalba
Subject: FW: Town of Somers - Workers' Compensation Premium Recovery Service
Attachments: Town of Somers.pdf; Letter of Authority - Town of Somers.docx

Kim,

For March TB meeting. Workers' Compensation Premium Recovery Service agreement with Leahy Group.

We have used them many times before.

Thanks,

Bob

Robert Kehoe
Director of Finance
Town of Somers
335 Route 202
Somers, New York 10589
914-277-4394
914-277-3788 Fax

From: Chris Byrnes [mailto:chris@leahycompany.com]
Sent: Monday, February 18, 2019 12:56 PM
To: Bob Kehoe
Subject: Town of Somers - Workers' Compensation Premium Recovery Service

Bob,

It's that time again! The New York Compensation Insurance Rating Board recently issued the Town of Somers' next (effective 7/1/19) Experience Rating so this would be a good time to conduct another review of the calculations. If you've not seen it yet it was issued at .88. This is great news – it represents a 10-point improvement of the Town's current Rating of .98 and, all other things being equal, should result in a lower workers' compensation cost for next policy term.

I have attached the "Getting Started" documents for your review. I'll follow up with you soon or feel free to call me with any questions.

Thanks

Chris

Christopher B. Byrnes | Vice President
The Leahy Company, Inc.
118 North Bedford Road, Suite 203
Mount Kisco, NY 10549
(914) 241-7300 ext 14

TOWN OF SOMERS

GETTING STARTED

WORKERS' COMPENSATION PREMIUM RECOVERY SERVICE

In order for The Leahy Company to pursue your refund, we need you to:

- ☐ *sign the enclosed Letter of Agreement*
- ☐ *prepare and sign a Letter of Authority (sample attached). **The letter must be signed and on your original letterhead.***

The documentation may be sent to us via regular mail or scan/email

THE LEAHY COMPANY, INC.

Workers' Compensation Consultants Since 1974

LETTER OF AGREEMENT

February 18, 2019

Mr. Robert Kehoe
Director of Finance
Town of Somers
335 Route 202
Somers, NY 10589

Dear Mr. Kehoe:

This letter will serve as the entire agreement relative to our Workers' Compensation Insurance Premium Recovery Service.

Our firm will conduct a complete review of your premium calculations including experience rating modifications, classification codes, rates, payroll allocations, discounts and other modifiers, applicable to the 7/1/19-20 policy period and all prior policy periods as permitted by the carrier(s) and rating authority(ies). The purpose of the review is to identify and correct any errors, thereby generating refunds, reduced premiums, or credits from your carrier(s). Once identified, we will obtain amended experience rating modifications and have them and all other corrections applied by your carrier(s).

Our fee is 50% of the actual refunds, reduced premiums, or credits that you receive as a result of our work on your behalf. IF THERE IS NO RECOVERY - THERE IS NO FEE. You will not be invoiced until you receive a check, credit or reduced premium from your carrier(s). At that time, our 50% fee is due, net upon presentation. Past due invoices will incur a finance charge equal to 1.5% per month (18% per annum) on the unpaid balance. All collection or legal fees incurred in the collection of our fee from you will be added to the sums due.

Sincerely yours,

THE LEAHY COMPANY, INC.



Christopher B. Byrnes
Vice President

AGREED TO & ACCEPTED BY:

Signature _____

Name _____

Title _____

Date _____

118 North Bedford Road, Suite 203 • Mount Kisco, New York 10549-2554

Tel: 914-241-7300 • Fax: 914-241-4452 • Email: workerscomp@leahycompany.com

Web: www.leahycompany.com

LETTER OF AUTHORITY

<DATE>

TO: All Interested Insurance Companies and Rating Authorities

Please release any and all information regarding our workers' compensation insurance as requested by The Leahy Company, Inc. This includes, but is not limited to, experience rating worksheets, file histories, unit statistical reports, audits, renewal policies, loss runs/claims data, retrospective accountings, statements of account, etc.

The requested data should be sent directly to The Leahy Company, Inc.

Thank you for your assistance.

Sincerely,

<NAME>

<TITLE>

<EMAIL ADDRESS>

LETTER OF AUTHORITY

February 18, 2019

TO: All Interested Insurance Companies and Rating Authorities

Please release any and all information regarding our workers' compensation insurance as requested by The Leahy Company, Inc. This includes, but is not limited to, experience rating worksheets, file histories, unit statistical reports, audits, renewal policies, loss runs/claims data, retrospective accountings, statements of account, etc.

The requested data may be sent directly to The Leahy Company, Inc. via email or regular mail at 118 North Bedford Road, Suite 203, Mount Kisco, NY 10549

Thank you for your assistance.

Sincerely,

**Mr. Robert Kehoe
Director of Finance
finance@somersny.com**

Sent to:
TB, TA, TC
3/6/19
KD

Kim DeLucia

From: Patricia Kalba
Sent: Tuesday, March 5, 2019 2:40 PM
To: Kim DeLucia
Subject: FW: Hidden Meadows - Route 6 in Somers, NY
Attachments: NYSDOT Perm33 COM Application.pdf

Please see email and attachment.

Patricia Kalba, RMC, CMC
Town Clerk

Town of Somers
335 Route 202
Somers, New York 10589

914-277-3323
914-277-3960 (fax)
pkalba@somersny.com

***Note:** This e-mail message is intended only for the use of the individual or entity to whom it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the identified addressee, you are hereby notified that any unauthorized use, disclosure, reproduction, dissemination or disruption of this communication is strictly prohibited. Please note that it is your responsibility to scan this e-mail for viruses. If you receive this e-mail message in error, please delete all copies of this message and notify the sender immediately by telephone at (914) 277-3323. Thank you.*

From: Chris Pennessi <CPennessi@elqindustries.com>
Sent: Tuesday, March 5, 2019 2:29 PM
To: Patricia Kalba <pkalba@somersny.com>
Subject: Hidden Meadows - Route 6 in Somers, NY

Ms. Kalba,

Attached is the NYSDOT Perm33 COM application for the watermain work to be done on Route 6 in Somers, NY.

I took the liberty of filling out the Towns information on Page 16, item 3.4 "Joint Applicant". Please confirm this information is accurate.

Also, please sign and date Page 19 under Additional Applicant and send back to me at your earliest convenience.

Should you have any questions, please reach out.

Thank you,



Chris Pennessi
Etre Associates, Ltd.
ELQ Industries, Inc.
567 Fifth Avenue
New Rochelle, NY 10801
Tel 914.654.1040, ext. 106
Cell 914.262.6390
Fax 914.654.1307
www.elqetre.com

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New York State Department of Transportation

Commercial Access Highway Work Permit Application and Checklist

INSTRUCTIONS FOR USE

The PERM 33-COM Application and Checklist is used to apply for a Commercial Access Highway Work Permit. It is designed to provide applicants with step-by-step design guidance and other information needed to generate a complete and accurate plan submission at each stage of the permit review process. A complete and accurate plan submission will allow NYSDOT to review and approve the permit more quickly.

Applicants should complete the required section(s) of this application/checklist at each of the three stages of the review process, and it should be submitted along with plans to the appropriate Regional Permit Coordinator (RPC). The RPC will review the plan submission and notify the applicant when the submission is complete and ready to move into the next stage of review, or may respond with comments and recommendations that the applicant must address before resubmitting.

Contact information for Regional Permit Coordinators can be found at [Regional Permit Coordinators](#).

Any exceptions to the standards or requirements identified here must be noted in the comments section, with any justification attached. The checklist must be printed and signed, and submitted with plans. It is recommended that applicants save the document on their computer to be updated with each submission.

Stage 1:	Initial Proposal Review	Questions 1.1 to 1.7	Pages 3-6
Stage 2:	Design Review	Questions 2.1 to 2.14	Pages 7-15
Stage 3:	Final Submission Review	Questions 3.1 to 3.10	Pages 16-19

EXPEDITED REVIEW FOR A COMMERCIAL ACCESS HIGHWAY WORK PERMIT

If your proposed commercial access project meets certain criteria, an Expedited Review of the application may be available. Go to www.dot.ny.gov/permits-expeditedreview to find out if your project meets the criteria necessary to be processed as an Expedited Review. If your project meets these criteria, contact the [Regional Permit Coordinator](#) for further guidance on developing your submission.

Review Stage <i>Applicant to check one</i>	Date Submitted <i>Applicant to identify date</i>	Date Received <i>NYSDOT to identify date</i>
<input checked="" type="checkbox"/> Initial Proposal Review	09/28/15	
<input type="checkbox"/> Design Review		
<input type="checkbox"/> Final Submission		

- OR -

<input type="checkbox"/> Expedited Review		
---	--	--

RESPONSIBILITIES OF PERMITTEE PURSUANT TO HIGHWAY WORK PERMIT

NOTE: FAILURE TO OBTAIN A PERMIT OR FAILURE TO COMPLY WITH THE TERMS OF A PERMIT MAY RESULT IN THE DEPARTMENT HALTING THE ACTIVITY FOR WHICH A PERMIT IS REQUIRED UNTIL A PERMIT HAS BEEN OBTAINED, OR UNTIL ADEQUATE CORRECTIONS HAVE BEEN MADE.

1. LIMITATIONS ON USE: The specific site identified in this Highway Work Permit, and only that site identified, will be available for use by Permittee only for the purpose stated in this Permit and only on the date(s) and for the duration designated in this permit. This Permit does not authorize any infringement of federal, state or local laws or regulations, is limited to the extent of the authority of NYSDOT and is transferable and assignable only with the written consent of the Commissioner of Transportation. The Commissioner reserves the right to modify fees and to revoke or annul the Permit at any time, at his/her discretion without a hearing or the necessity of showing cause.

2. CONDITIONS OF USE: NYSDOT makes no affirmation that the state-owned site used for the work has been designed, constructed, or maintained for the purpose of the conduct of the work. The Permittee assumes full responsibility for planning and conducting a safe and orderly project that does not expose workers or the public to any unreasonable hazards and that involves a minimal disruption of the normal uses of the state and local highway systems. **It shall be the sole obligation of the Permittee to determine whether the site is suitable for the purpose of safely conducting the work.** The Permittee assumes all responsibility for assuring that the use of the highway/property conforms to applicable requirements of law, including, but not limited to those set forth herein. Permittee agrees to assure compliance with New York State Labor Law, industrial regulations and OSHA regulations and to assure the safety of all workers who will be engaged to do the permitted work.

3. INSURANCE COVERAGE: Permittee must have the insurance that is required for the type and extent of the work being performed. To comply with this requirement, an applicant must furnish the Department with one of the following (For further information, see Section 3.17, or go to www.dot.ny.gov/permits-insurance):

- A completed **Certificate of Insurance** evidencing the required types and limits of insurance coverage, with the New York State Department of Transportation named as an additional insured on the commercial general liability policy. An industry standard ACORD 25 form (with ACORD 855 New York Construction Certificate of Liability Insurance Addendum) is acceptable evidence of the required coverage. Certificate Holder should be indicated as New York State Department of Transportation, with the address of the issuing regional office.
- Municipalities, Public Utilities, Transportation Corporations, Public Service Corporations and Railroads may provide a fully executed **Undertaking Agreement** as an alternative to providing the insurance certificate.

4. COMPENSATION AND DISABILITY INSURANCE COVERAGE: Permittee is required to have compensation insurance and disability coverage as noted in the provisions of the Worker's Compensation Law and Acts amendatory thereof for the entire period of the permit, or the permit will be invalid. Applicant must provide proof of coverage (Form C-105.2, U-26.3 or SI-12 for Worker's Compensation, and DB-120.1 or DB-155 for Disability Benefits), or provide proof of exemption from this requirement (Form CE-200).

5. INDEMNIFICATION: Permittee agrees that, in addition to any protection afforded to NYSDOT under any available insurance, NYSDOT shall not be liable for any damage or injury to the Permittee, its agents, employees, or to any other person, or to any property, occurring on the site or in any way associated with Permittee's activities or operations; whether undertaken by Permittee's own forces or by contractor or other agents working on Permittee's behalf. To the fullest extent permitted by law, the Permittee agrees to defend, indemnify and hold harmless the State of New York, NYSDOT and their agents from and against all claims, damages, losses and expenses, including but not limited to attorneys' fees, arising out of any claim, including but not limited to claims for personal injuries, property damage or wrongful death and/or environmental claims, in any way associated with the Permittee's activities or operations, no matter how caused.

6. NOTIFICATION: The following should be notified at the appropriate time as shown below:

- Commissioner of Transportation, through the NYSDOT regional office, one week prior to commencing work.
- Area gas distributors, 72 hours prior to any blasting.
- Utility companies with facilities in work areas, before starting work (in accordance with Industrial Code 53).
- Permission from utility company must be obtained before commencing work affecting the utilities' facilities.
- NYSDOT regional signal maintenance shop, 3 days prior to starting work (traffic signal work).
- NYSDOT regional office, at conclusion of work, and return original copy of permit to Resident Engineer.

7. SITE CARE AND RESTORATION: A bond, deposit (bank cashier's check), or a Letter of Credit, in an amount designated by the Department of Transportation, may be required before a permit is issued, in order to guarantee restoration of the site to its original condition. A fully executed Undertaking Agreement may be accepted as an alternative security, where applicable.

If the Department is obliged to restore the site to its original condition, the costs to the Department will be deducted from the amount of the Permittee's deposit at the conclusion of the work. Costs in excess of the bond/deposit on file will be billed directly to the Permittee. If Permittee posts a Letter of Credit, the Department may elect to have a contractor restore the site, and issue a draft drawn against the Letter of Credit as payment.

Anyone working within state highway right-of-way will wear high visibility apparel and hard hat meeting ANSI Class 2 requirements.

No unnecessary obstruction is to be left on the pavement or the state highway right-of-way, or in such a position as to block warning signs during non-working hours.

No work shall be done to obstruct drainage or divert creeks, water courses or sluices onto the state highway right-of-way.

All false work must be removed and all excavations must be filled in and restored to the satisfaction of the Resident Engineer or his designee.

8. COSTS INCURRED BY ISSUANCE OF THIS PERMIT: All costs beyond the limits of any liability insurance, surety deposits, etc. are the responsibility of the Permittee. The State shall be held free of any costs incurred by the issuance of this permit, direct or indirect.

9. SUBMITTING WORK PLANS: The applicant will submit work plans and/or a map as required by the Department. This shall include such details as measurements of driveways with relation to nearest property corner, positions of guys supporting poles and a schedule of the number of poles and feet of excavation necessary for completion of the work on the State right-of-way. A description of the proposed method of construction will be included.

Plan work with future adjustments in mind, as any relocation, replacement or removal of the installation authorized by this permit and made necessary by future highway maintenance, reconstruction or new construction, will be the responsibility of the Permittee.

Driveway plans should be prepared in accordance with NYSDOT POLICY AND STANDARDS FOR ENTRANCES TO STATE HIGHWAYS.

The Permittee must coordinate the work with any State construction being conducted.

10. TRAFFIC MAINTENANCE: A plan detailing how the Permittee intends to maintain and protect traffic shall be submitted with work plans. Traffic shall be maintained on the highway in a safe manner during working and non-working hours until construction is completed. The Permittee is responsible for traffic protection and maintenance, including adequate use of signs, barriers, and flag persons during working and non-working hours until construction is completed. All sketches will be stamped with "MAINTENANCE OF TRAFFIC SHALL BE IN CONFORMANCE WITH THE NATIONAL MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES."

11. COST OF INSPECTION AND SUPERVISION: Prior to issuance of the Highway Work Permit, the Permittee may be required to sign an INSPECTION PAYMENT AGREEMENT FOR HIGHWAY WORK PERMITS (FORM PERM 50) agreeing to the payment of construction inspection charges, based on the number of work days involved. In certain cases, the Permittee may also be required to sign a PAYMENT AGREEMENT FOR HIGHWAY WORK PERMITS DESIGN REVIEW (FORM PERM 51) agreeing to design review charges, based on the number of work hours in which Department employees were engaged in design review activity.

12. SCOPE:

- a) **Areas Covered:** Permits issued are for highways, bridges and culverts over which the New York State Department of Transportation has jurisdiction. (Local governments issue permits for highways under their jurisdiction.) Work locations must be approved by the Department.
- b) **Maintenance:** Property owners having access to a state highway shall be fully responsible for the maintenance of their driveway in accordance with POLICY AND STANDARDS FOR ENTRANCES TO STATE HIGHWAYS.
- c) **Work Commencement:** The Permittee shall have a copy of the permit available at the site during the construction period. Work should start within 30 days from validation date of permit or said permit may be revoked.

13. REPORTING ACCIDENTS: Permittee is required to report any accidents that occur during the course of the permit work to their insurance company, and to provide the Department with a copy of any such report.

14. COMPLETION OF PROJECT: Upon completion of the work within the State highway right-of-way authorized by the work permit, the person and his or its successors in interest shall be responsible for the maintenance and repair of such work or portion of such work as set forth within the Terms and Conditions of the Highway Work Permit.

Stage 1: Initial Proposal Review

In the Initial Proposal Review, an applicant should provide the following basic information about the proposed project concept and scope. A face-to-face meeting with the applicant is typically held during this review, and a representative of the impacted municipality is invited to attend. Your NYSDOT Regional Permit Coordinator can provide answers to any questions concerning the driveway design and the permit review process.

Complete questions 1.1 through 1.7 and submit this application/checklist, along with plans to the Regional Permit Coordinator. The Department will review the submission and respond with comments and recommendations that need to be addressed before continuing to Stages 2 (Design Review) and 3 (Final Submission).

1.1 Contact Information

- A. Name of Applicant** ELQ Industries, Inc.
Number and Street (mailing address) 567 Fifth Avenue
City New Rochelle Zip Code 10801
Daytime phone (914) 654-1040 E-mail address DBrown@Elqindustries.com
- B. Name of Property Owner (if different)** ☒ Same as Applicant
Number and Street (mailing address) _____
City _____ Zip Code _____
Daytime phone _____ E-mail address _____
- C. Firm Name of Consultant (if applicable)** Maser Consulting, P.A. ☒ Agent for Applicant
Contact Name Philip J. Gready, Ph.D., P.E.
Number and Street (mailing address) 11 Bradhurst Avenue
City Hawthorne Zip Code 10598
Daytime phone (914) 347-7500 E-mail address pgready@maserconsulting.com

1.2 Property Location Information

Number and Street (include State Route Number)
U.S. Route 6 (Birdsall Road)

City/Town/Village Zip Code
Town of Somers 10527

Nearest Cross Street with Distance and Direction:

Opposite Winsor Road (east end)

Between State Highway Reference Markers:

6 8703 3071 to 6 8703 3075

NYSDOT Reference Marker Manual

Approximate Latitude and Longitude of Proposed Driveway:

41N 20' 14" 73W 46' 17"

Find Latitude and Longitude

Comment:

The east end of Winsor Road is approximately 1850 ft. west of Mahopac Avenue

1.3 Project Name and Brief Description of Proposed Work

Project or Development Name **Hidden Meadow**

State Highway Number **1512**

Municipality **Town of Somers**

Brief Description of Proposed Work

53 Unit Townhouse Subdivision. U.S. Route 6 is proposed to be widened to accommodate a separate left turn lane westbound at the Windsor Road/Site Access intersection.

1.4 Anticipated Permit Type and Fees

Permit fees are payable at Final Submission (except 5a4).

MINOR COMMERCIAL: Less than 100 vehicles/hour entering volume and no anticipated mitigation on state highway:

☐ 5a2 Minor Commercial - Permit Fee \$550

☐ 5a2a Minor Commercial (Home Business) - Permit Fee \$100

MAJOR COMMERCIAL: 100 + vehicles/hour entering volume and/or anticipated mitigation on state highway:

☒ 5a3 Major Commercial (<100K sq. ft. GBA) - Permit Fee \$1,400

☐ 5a4 Major Commercial (100K sq. ft. + GBA) - Permit Fee \$2,000
\$2,000 fee due at time of application, with balance of actual design review costs payable when billed.

SUBDIVISION STREET:

☐ 5a5 Permit Fee \$900

Comment:

1.5 Maps and Plans

The following maps and plan information should be submitted. Check all that are included with the Initial Proposal Review Submission:

- ☒ Location map with subject property identified (Google or Bing mapping is suitable)
- ☒ Tax map showing the subject parcel and all parcels immediately adjacent to it
- ☒ Survey of property (a plat is acceptable)
 - ☐ Right-of-way acquisition or donation is anticipated
- ☒ Available record plans
- ☒ Limits and legal description of any easements on the property, as well as on any adjacent parcels, must be clearly depicted on the submitted plans.
- ☒ Initial Proposal Plan (sketch)

It is recommended that this be shown on an aerial photo. The sketch should show the following, with labels:

- proposed driveways
- type of driveway (one-way or two-way)
- existing and proposed parking areas
- existing and proposed buildings
- dimensions for building offsets from property lines
- distances from proposed driveway(s) to any intersection within 1000 ft. (300 m)
- distances to any other driveways within 500 ft. (150 m)
- streets, roads and properties opposite the subject property

Comment:

A location map is provided on Sheet 1 of the Maser Consulting Highway Improvement Plans.


A tax map is provided on Drawing EX-1 of the Insite Engineering Site Plans.

A survey of the property is provided on Drawing EX-1 of the Insite Engineering Site Plans.

The pertinent sheets from the available record plans for U.S. Route 6 in this vicinity are attached. The full contract is provided in PDF format on the enclosed CD.

The Insite Engineering site plans provide the proposal for the site, while the Maser Consulting Highway Improvement Plans provide the proposal for the left turn lane widening along U.S. Route 6.

1.6 Traffic Impacts		
A.	Briefly describe the type of development that will be served by the driveway(s): 53 unit Townhouse/Apartment Residential Development	Comment:
B.	Average Annual Daily Traffic (AADT) for the highway: 18,452 AADT is available online through the NYSDOT Traffic Data Viewer .	Comment:
C.	Posted speed on state highway where entrance will be placed: 55 mph	Comment:
D.	Number of one-way vehicular trips for the proposed driveway: AM Peak Hour: 7 : 45 a.m. to 8 : 45 a.m. AM Peak Volume: 26 PM Peak Hour: 4 : 00 p.m. to 5 : 00 p.m. PM Peak Volume: 24 If the proposed access is for retail use, please provide: Saturday Peak Hour: 12 : 00 a.m. to 12 : 00 p.m. Saturday Peak Volume: <i>Trips generated should not be reduced by pass-by or other credits.</i>	Comment: Per Table No. 1 of the Traffic Evaluation the trip generation is estimated to be: <u>AM Peak Hour</u> 8 Entering Vehicles, 26 Exiting Vehicles <u>PM Peak Hour</u> 24 Entering Vehicles, 12 Exiting Vehicles
E.	How was the number of vehicular trips determined? <input type="checkbox"/> Similar development history <input checked="" type="checkbox"/> ITE Trip Generation Manual <input type="checkbox"/> Estimate from a NYS Licensed Professional Engineer	Comment: Trip Generation Estimates based on ITE Land Use Codes 220 - Apartments and 230 - Townhomes
F.	Is a Traffic Impact Study (TIS) required? <input type="checkbox"/> A TIS is not required <input type="checkbox"/> A TIS is required, and is in progress <input checked="" type="checkbox"/> A TIS is required, and is attached <input type="checkbox"/> Not sure if a TIS is required, need more information <i>Guidance on how to determine if a Traffic Impact Study is needed, and what elements should be included, can be found at https://www.dot.ny.gov/CommercialHWP/traffic-impact</i>	Comment: The Traffic Evaluation dated December 19, 2013 is attached along with associated Synchro files.

1.7 Environmental Impact		
A.	State Environmental Quality Review (SEQR) Lead Agency: Town of Somers Planning Board	Comment:
B.	SEQR Type Select one: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input checked="" type="checkbox"/> Unlisted	Comment:
C.	SEQR Status: <i>SEQR (State Environmental Quality Review) documentation must be complete before a permit will be issued.</i> <input type="checkbox"/> The lead agency has not yet been notified of the action <input type="checkbox"/> The lead agency has been notified of the action and the SEQR process is underway <input checked="" type="checkbox"/> The SEQR process is complete and the lead agency has made a declaration (<i>Attach a copy of the determination, if available</i>) <u>Highway Design Manual (HDM) Section 5A.2.1.3 – SEQR Coordination</u>	Comment:
<p>ACKNOWLEDGMENT: I HEREBY REQUEST A HIGHWAY WORK PERMIT, AND DO ACKNOWLEDGE AND AGREE TO THE RESPONSIBILITIES OF PERMITTEE AND OTHER OBLIGATIONS SET FORTH IN THIS PERMIT AND WARRANT COMPLIANCE THEREWITH.</p> <p><u>Chris Pennessi</u> APPLICANT SIGNATURE _____ DATE _____</p> <p><u>Chris Pennessi</u> PRINTED APPLICANT NAME _____</p>		
<div style="display: flex; align-items: center;">  <div> <p>STOP HERE for an Initial Proposal Review Stage Submission</p> <p>Print this application/checklist, sign above and submit along with plans to the Regional Permit Coordinator. Save this document on your computer to update for future stage submissions</p> </div> </div>		

Stage 2: Design Review and Plan Requirements

After satisfactorily addressing all comments received in the Initial Proposal Review, continue to develop your application by submitting plans for Stage 2, Design Review. Please be sure to include all elements listed in this checklist and outlined in the Plan Requirements.

2.1 Number and Spacing

Does the proposed number of driveways, spacing of driveways and spacing to intersections meet the criteria of Figure 5A-3 – Driveway Location Standards?

☒ Yes ☐ No

Highway Design Manual (HDM) Section 5A.4.1 – Spacing

Comment:

2.2 Sight Distance

A. From the proposed driveway, at a point 14-18 ft. from the edge of the travel lane, identify the sight distance (42 in. eye and object height) to the

Right: 575 ft. Left: 780 ft.

B. Using a 2 ft. object height, identify the stopping sight distance (SSD) to the

Right: 513 ft. Left: 684 ft.

C. Do the minimum stopping sight distances conform to Highway Design Manual Appendix 5B - Vertical Highway Alignment Sight Distance Charts and Highway Design Manual Exhibit 7-7 - Minimum Stopping Sight Distance (SSD)?

☒ Yes ☐ No

D. Do the intersection sight distances conform to Highway Design Manual (HDM) Section 5.9.5 – Intersection Sight Distances and Highway Design Manual (HDM) Appendix 5C - Intersection Sight Distance Charts?

☐ Yes ☒ No

Highway Design Manual (HDM) Section 5A.4.2 – Sight Distances

Comment:

The required intersection sight distance looking to the right adjusted for grade is 598 ft. The available sight distance to the right is 575 ft. Additional pruning/clearing of vegetation along the inside of the horizontal curve on the north side of the roadway will be completed in order to satisfy the intersection sight distance looking to the right.

The required intersection sight distance looking to the left adjusted for grade is 798 ft. The available sight distance from the driveway location is 780 ft. which is measured to the top of the crest vertical curve along Route 6 west of the site access location. The available sight distance is within 20 ft. of the required intersection sight distance.

2.3 Width

A.

Permissible Range of Driveway Widths

Driveway Classification	Within 30 ft. of traveled way, for roads posted 40 mph or less	Within 30 ft. of traveled way, for roads posted 45 mph or more
Minor Commercial Shared Two-way Driveway	22 ft. to 30 ft.	28 ft. to 35 ft.
Minor Commercial Divided or One-way Driveway	12 ft. to 24 ft.	12 ft. to 24 ft.
Minor Commercial Multi-lane Driveway	12 ft. to 15 ft. lanes	14 ft. to 16 ft. lanes

Select a driveway width: 30 ft.

Comment:

B.

The design vehicle is the largest vehicle that frequently uses a facility. Refer to *Highway Design Manual (HDM) 5.7.1 - Design Vehicle* and AASHTO's "A Policy on Geometric Design of Highways and Streets."

What is the design vehicle for the driveway?

- ☒ SU-30/Bus
☐ WB-50 (Requires turning movements to be shown on plans)
☐ WB-62/67 (Requires turning movements to be shown on plans)

2.4 Corner Angle and Layout Method

Refer to Driveway Entrance Type Selection table (NYSDOT 608-03 Standard Sheets, Sheet 2 of 7, Table 4)

Entrance type and angle:

- ☒ Radius
Select corner angle: 90 °
or
☐ Taper
Select corner angle: Select One °

Comment:

2.5 Complete Streets and Americans with Disabilities Act (ADA)

Projects must be designed to provide safe, convenient accessible accommodations for all road users (including pedestrians, bicyclists, public transportation riders) where warranted, in the public right-of-way.

Proposed pedestrian accommodations must comply with the Americans with Disabilities Act, as described in *Accessibility Guidelines for Pedestrian Facilities in the Public Right-of-Way*.

- ☒ The proposed work will maintain or enhance accommodations for pedestrians, bicyclists and/or public transit users in the public right-of-way.
☐ The proposed work will have little or no effect on pedestrians, bicyclists and/or public transit users in the public right-of-way.

Highway Design Manual (HDM) 5A.4.6 - Sidewalks, Walkways and Stairways | NYSDOT Complete Streets website

Comment:

Sidewalks are proposed to be constructed within the site as well as along the Site Access Road connecting out to Route 6. No sidewalks currently existing along Route 6. The development has also proposed to construct a wood chipped walking trail through the eastern side of the property that will also provide access to Route 6.

2.6 Maximum Grade	
<p>Maximum grade of proposed driveway, within 30 ft. of the edge of the travel lane : 6%</p> <p><i>In urban areas, the maximum grade is 6%. In rural areas, the maximum grade is 10%.</i></p> <p>Maximum Slope table (NYSDOT 608-03 Standard Sheets, Sheet 2 of 7, Table 2)</p>	<p>Comment:</p> <p>The driveway will slope away from Route 6</p>
2.7 Underground Utilities	
<p><i>Any existing underground utilities within the right-of-way should be identified and located during design of the proposed driveway and shown on the proposed driveway plan(s).</i></p> <p>Identify all methods/resources used to locate utilities:</p> <p><input checked="" type="checkbox"/> Existing records and drawings</p> <p><input checked="" type="checkbox"/> Ground survey of utility facilities</p> <p><input type="checkbox"/> Information obtained from utility company(ies)</p> <p><input type="checkbox"/> Subsurface Utility Engineering (SUE)</p> <p> <input type="checkbox"/> 2D mapping</p> <p> <input type="checkbox"/> 3D mapping</p> <p><input type="checkbox"/> None</p>	<p>Comment:</p>
2.8 Drainage	
<p>A. Is the proposed drainage <input checked="" type="checkbox"/> closed or <input type="checkbox"/> open?</p>	<p>Comment:</p> <p>Details of the proposed drainage system are still to be finalized</p>
<p>B. If the drainage is open, and the driveway will cross a ditch, a culvert with a tapered/flared end section is needed.</p> <p><i>Culverts shall be designed using the Rational Method ($Q=CiA$) and shall be no less than 15 in. in diameter.</i></p> <p>Inside diameter of proposed culvert: 15 in.</p> <p>Culvert pipe material: aluminum</p>	
<p>C. If over 2,000 sq. ft. of impervious area on the site will drain to the state right-of-way, refer to Highway Design Manual (HDM) 5A.6.3 – Drainage Study to determine if a drainage study is required. If so, use the standardized Drainage Report shell to develop the study.</p> <p>Is a drainage study required?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. A drainage study is required and is attached.</p>	
<p>D. <input checked="" type="checkbox"/> Applicable NYSDOT 603 Standard Sheet details are shown on the plans</p> <p><input type="checkbox"/> Details other than those shown on the NYSDOT 603 Standard Sheets are being used (Please identify in "Comment" area to the right)</p> <p><u>Highway Design Manual (HDM) Section 5A.4.5 – Drainage</u></p>	

2.9 Curb		
A.	<p>Sloped curb (T-100 curb) is preferred where the posted speed is 40 mph or more. 6" vertical curb is not permitted where the posted speed is 50 mph or more.</p> <p>Type of curb to be used: 6" vertical</p>	<p>Comment:</p>
B.	<p><input checked="" type="checkbox"/> Applicable NYSDOT 609 Standard Sheet details are shown on the plans</p> <p><input type="checkbox"/> Details other than those shown on the 609 NYSDOT Standard Sheets are being used (Please identify in "Comment" area to the right)</p> <p>Highway Design Manual (HDM) 5A.4.5.2 - Curbing</p>	<p>Comment:</p>
2.10 Guide Rail		
A.	<p>Will guide rail need to be modified or installed?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Comment:</p> <p>Appropriate NYSDOT Details for Guide Rail have not been included in the set at this point. Those will be included as part of a subsequent submission.</p>
B.	<p>If yes:</p> <p>What is the length (including end sections) and type of guide rail?</p> <p><input type="checkbox"/> ≥ 200' – cable*</p> <p><input checked="" type="checkbox"/> ≥ 100' – weak post w-beam <u>with</u> anchors</p> <p><input type="checkbox"/> ≥ 200' – weak post w-beam <u>without</u> anchors</p> <p><input type="checkbox"/> ≥ 125' – box beam</p> <p><input type="checkbox"/> ≥ 100' – heavy post blocked-out</p> <p>*Cable guide rail should not be used on roads with AADT over 5,000 vehicles per lane per day, unless NYSDOT Maintenance agrees to assume the increased time and cost of maintenance.</p>	
C.	<p>What is the deflection distance behind the guide rail (i.e., distance to objects or drop-offs)?</p> <p>>7 ft (box beam, cable, weak post w-beam, or HPBO)</p> <p>For post spacing to achieve minimum deflection distances, refer to Highway Design Manual (HDM) Table 10-3 –Barrier Deflections for Standard Impacts.</p>	
D.	<p>Select the guide rail end-section type:</p> <p>special anchorage unit (weak post w-beam)</p> <p>NOTE: Please ensure that the type of guide rail system matches in all of the above responses</p>	
E.	<p><input checked="" type="checkbox"/> Applicable NYSDOT 606 Standard Sheet details are shown on the plans</p> <p><input type="checkbox"/> Details other than those shown on the 606 NYSDOT Standard Sheets are being used (Please identify in "Comment" area to the right)</p> <p>Highway Design Manual (HDM) Chapter 10 – Roadside Design, Guide Rail, and Appurtenances Guide Rail Quick Reference Sheet</p>	

2.11 Driveway Materials

A. Refer to Driveway Materials and Thickness table (NYSDOT 608-03 Standard Sheets, Sheet 2 of 7, Table 3)

Select the proposed driveway material within the first 10 feet from traveled way:

☐ Concrete

Thickness of concrete:

Thickness of sub-base:

☒ Asphalt

Thickness of top course:

Thickness of binder course:

Thickness of base course:

Thickness of sub-base course:

B. Select the proposed driveway material from 10 feet to 30 feet from traveled way:

☐ Concrete

Thickness of concrete:

Thickness of sub-base:

☒ Asphalt

Thickness of top course:

Thickness of binder course:

Thickness of base course:

Thickness of sub-base course:

☐ Precast Pavers

Thickness of pavers:

Thickness of bedding course:

Thickness of base course:

Thickness of sub-base course:

☐ Stone

Thickness of stone course:

C. Is shoulder reconstruction needed?

☒ Yes [Use NYSDOT Standard Sheet 608-03, Sheet 5 of 7]

☐ No

Comment:

The proposed base course thickness is 8 inches as shown on Sheet No. 3 of the Highway Improvement Plans Set

2.12 Work Zone Traffic Control

Work zone traffic control (WZTC) must be employed to provide a safe work area while facilitating the safe and orderly flow of all road users.

Provide or identify WZTC drawings meeting site-specific WZTC needs and documenting that WZTC conforms to the Manual on Uniform Traffic Control Devices (MUTCD), NYS Supplement to the MUTCD, NYSDOT 619 Standard Sheets and any other applicable details furnished by the NYSDOT Regional Traffic Group.

Comment:

Site specific Work Zone Traffic Control Plans have been prepared per NYSDOT Standard Sheet 619 details. See Sheets 11 & 12 of the Highway Improvement Plans.

A. What WZTC specification items will be used? (Check all that apply)

- ☒ NYSDOT Standard Specification 619 items
- ☐ Special Specification items (Please identify items and provide justification in "Comment" area to the right)

B. ☒ Applicable 619 NYSDOT Standard Sheet details are shown on the plans. (Refer to the WZTC Standard Sheet Selection tool to determine which Standard Sheets are applicable.)

- ☐ Details other than those shown on the 619 NYSDOT Standard Sheets are being used (Please identify in "Comment" area to the right)

Highway Design Manual (HDM) 5A.3.5 - Traffic Control and Work Site Safety

2.13 Specifications

Identify the NYSDOT Specifications to be used for construction within the state highway boundary and within 30' of driveway opening: (Check all that apply)

- ☐ 554.50000015 Low Height Retaining Wall System
- ☐ 608.0105NN15 Curb Ramp
- ☒ 608.01100015 Concrete Sidewalk
- ☐ 608.01101015 Concrete Driveway Apron
- ☒ 609.10010015 Curbing
- ☐ 609.10010415 Asphalt Curbing
- ☐ 610.10000015 Landscape Development
- ☒ 645.86000015 Signs and Supports
- ☐ 680.01030015 Pedestrian Signal Systems
- ☐ 680.01040015 Traffic Signal Systems
- ☒ 685.20000015 Pavement Markings
- ☐ Other (Please identify in "Comment" area to the right)

Comment:

2.14 Plan Requirements

A digital file (pdf format) **must be submitted**. Contact your Regional Permit Coordinator (RPC) to determine if hard copies are required. The plans should be in US Customary units, at a scale of at least 1"=50' or larger, on 11" x 17" paper. A scale of 1"=20' should be used for closed drainage work.

Refer to Highway Design Manual (HDM) Chapter 20 (CADD Standards and Procedures) and Highway Design Manual (HDM) Chapter 21 (Contract Plans, Specifications and Estimate) for minimum text size, font and other drafting standards.

A. Plans shall include:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Name and contact information of applicant | <input type="checkbox"/> Tax map number of subject property |
| <input checked="" type="checkbox"/> State route number and adjacent highway reference markers | <input checked="" type="checkbox"/> North directional arrow |
| <input type="checkbox"/> Names of reputed owners of subject property and adjacent properties | <input checked="" type="checkbox"/> Scale |
| | <input checked="" type="checkbox"/> Note referencing <u>NYS DOT 608-03 Standard Sheets</u> |

Comment:

B. Location and dimensions of existing features (as applicable):

- | Included | Not Present | Included | Not Present |
|--|--------------------------|--|--------------------------|
| <input checked="" type="checkbox"/> -- Highway travel lanes (label edge of lanes) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Bus stops | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> -- Road shoulder (label edge of shoulder) | <input type="checkbox"/> | <input checked="" type="checkbox"/> -- All utilities and DOT cable (both public and private, overhead and/or underground) | <input type="checkbox"/> |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Curbs (identify material) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Traffic signs (include sign text) | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Guide rail (include type) | <input type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> Traffic signals, poles and highway lighting | <input type="checkbox"/> |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Medians | <input type="checkbox"/> | <input checked="" type="checkbox"/> -- Pavement markings within entire roadway section | <input type="checkbox"/> |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Sidewalk and curb ramps | <input type="checkbox"/> | <input checked="" type="checkbox"/> -- Right-of-way, property lines and easements | <input type="checkbox"/> |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Stairways | <input type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> Existing buildings or structures (bridges, retaining walls, etc.) | <input type="checkbox"/> |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Bike paths | <input type="checkbox"/> | <input checked="" type="checkbox"/> Existing landscape features | <input type="checkbox"/> |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Bike lanes | <input type="checkbox"/> | | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Shared driveways or cross-access (include agreement signed by all parties involved) | <input type="checkbox"/> | | |

Comment:

C. Design features to be incorporated in proposed construction or reconstruction (as applicable)

Provided Not
Proposed

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | -- | Edge of proposed driveway (include width and radii) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Location of proposed median openings and guide rail |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proposed buildings or structures |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proposed privately owned utility connections in the right-of-way
(Note: an additional plan set and/or separate permit may be required for any proposed utility connections. Information and applications for Highway Work Permits for Utility Work.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Dimensions of roadside islands and driveway medians |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Dimensions and elevations of curbs and sidewalks relative to the pavement edge |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Location of authorized traffic signs and/or pavement markings |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Location of commercial (advertising) signs |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proposed walkways, stairways, and curb ramps |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proposed landscape features |
| <input checked="" type="checkbox"/> | -- | Reference to 608-03 NYSDOT Standard Sheets for driveway profile, or elevation view of driveway |
| <input checked="" type="checkbox"/> | -- | Reference to 608-03 NYSDOT Standard Sheets for driveway typical section, or site-specific typical section |

Comment:

D. Existing and proposed drainage features (as applicable):

Refer to Highway Design Manual (HDM) Section 5A 4 5 - Drainage

Provided Not
Present/
Proposed

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Driveway culverts (include size, type, grade, location of end section, and direction of flow) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Highway drainage structures |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grade and pipe invert elevations |
| <input checked="" type="checkbox"/> | -- | Direction of surface water flow on applicant's property |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contours (if there is any proposed modification of paved areas) |

Comment:

E. Distance from each existing and proposed driveway on the site to:

Refer to Highway Design Manual (HDM) Section 5A 4 1- Spacing and Figure 5A-3

Included Not
Present

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The nearest side road in each direction, if within 1000 ft. (300 m) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nearest driveway on adjacent properties, if within 500 ft. (150 m) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Streets, roads or driveways opposite the subject property |

Comment:

F. Traffic Signal Plan(s), if required, must show:Traffic signal plans must be on a separate sheet or sheets. Refer to NYSDOT 680 Standard Sheets.Not
Included Present

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing features, such as drainage and overhead or underground utilities, which may conflict with the proposed signal |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Poles, power supply, pull boxes, conduit, controller, head layout (including face numbering), detection, output from a span wire analysis |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right-of-way lines |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Signs (include sign text) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pavement markings and turn lanes |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Buildings and driveways |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sidewalks, curb ramps and crosswalks, pedestrian pushbuttons, countdown timers |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Tables of operations, clearances, switch packs, input wiring, and loop wiring |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Phasing diagram |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estimate of quantities |

Traffic Signal Permit Information**Comment:**

No Traffic Signal

ACKNOWLEDGMENT: I HEREBY REQUEST A HIGHWAY WORK PERMIT, AND DO ACKNOWLEDGE AND AGREE TO THE RESPONSIBILITIES OF PERMITTEE AND OTHER OBLIGATIONS SET FORTH IN THIS PERMIT AND WARRANT COMPLIANCE THEREWITH.Chris Pennessi

APPLICANT SIGNATURE

DATE

Chris Pennessi

PRINTED APPLICANT NAME

**STOP HERE** for a Design Review Stage Submission

Print this application/checklist, sign above and submit along with plans to the Regional Permit Coordinator. Save this document on your computer to update for future stage submissions.

Stage 3: Final Submission

After satisfactorily addressing all comments received in the Design Review Stage, finalize your application by submitting this application/checklist along with final sealed plans. Please be sure to include all elements listed in this checklist and outlined in the Plan Requirements.

3.1 Professional Engineer (PE) Sealed Plans

All Final Submission Plans must be sealed and signed by a New York State Licensed Professional Engineer.

3.2 Project Information

- A. Estimated cost of work in the right-of-way: \$ 790,000
Submit written estimate.
- B. Anticipated duration of work:
From 03/05/19 to 10/31/19
- C. Will overhead or underground (5 ft.+) operations be involved in the proposed work?
☒ Yes
☐ No

Comment:

3.3 SEQR Determination

Date of Final SEQR Determination:

Comment:

3.4 Joint Applicant(s) If applicable, list up to 3 additional joint applicants

Name of Applicant Town of Somers

Number and Street 335 US-202

City Somers

Zip Code 10589

Daytime phone (914) 277-3323

E-mail address Pkalba@somersny.com

Comment:

Name of Applicant

Number and Street

City

Zip Code

Daytime phone

E-mail address

Name of Applicant

Number and Street

City

Zip Code

Daytime phone

E-mail address

3.5 24-Hour Emergency Contact

Name **Leo Silva**

Phone **(914) 906-0133**

E-mail address **CPENNESSI@ELQINDUSTRIES.COM**

Comment:

3.6 Return Address

Permit should be returned to:

☒ Permittee identified in Part 1

☐ Other, address below:

Name

Number and Street

City

Zip Code

Daytime phone

E-mail address

Comment:

3.7 Insurance

A. Check one form of insurance to be provided:

General Liability Insurance

A completed Certificate of Liability Insurance is required, evidencing required types and limits of insurance coverage, with the New York State Dept. of Transportation named as Additional Insured on the policy.

☒ **ACORD 25** Certificate of Liability Insurance with **ACORD 855** (New York Construction Addendum) attached

Undertaking (Municipalities, Public Utilities, Authorities, Railroads)

☐ Undertaking Agreement attached

Comment:

B.

Workers' Compensation Insurance & Disability Benefits Coverage

New York State Workers' Compensation Law requires that ALL permit applicants provide proof of Workers' Compensation Insurance and Disability Benefits Coverage on one of the following forms. If exempt from coverage, the applicant must provide Form CE-200 Proof of Exemption, which can be obtained on the Workers' Compensation Board website: [NYS Workers' Compensation Board Insurance Exemption Form](http://www.wcb.ny.gov/insurance-exemption-form)

Certificate of Workers' Compensation Insurance

☒ Form C-105.2

☐ Form U-26.3

☐ Form SI-12

☐ Form CE-200 Exemption

Certificate of Disability Benefits Coverage

☒ Form DB-120.1

☐ Form DB-155

☐ Form CE-200 Exemption

For further information on Insurance Requirements for Highway Work Permits, go to: www.dot.ny.gov/permits-insurance

3.8 Performance Security		
A.	<p>Check one type of performance security:</p> <p><input checked="" type="checkbox"/> Guarantee Deposit AMOUNT \$ 197,500.00</p> <p><input type="checkbox"/> Performance Bond AMOUNT \$</p> <p><input type="checkbox"/> PERM 44 Surety Bond – Performance is attached</p> <p><input type="checkbox"/> Letter of Credit</p>	<p>Comment:</p>
B.	<p>Guarantee Deposit Check or Bond Number:</p>	
C.	<p>Return deposit/bond to:</p> <p><input checked="" type="checkbox"/> Permittee identified in Part 1</p> <p><input type="checkbox"/> Other, address below:</p> <p>Name</p> <p>Number and Street</p> <p>City Zip Code</p> <p>Daytime phone</p> <p>E-mail address</p>	
3.9 Inspection/Supervision Payment Agreement & Consultant Agreement		
	<p><input type="checkbox"/> An <u>Inspection/Supervision Payment Agreement (PERM 50)</u> is required and is attached</p> <p><input type="checkbox"/> A <u>Consultant Agreement (PERM 36)</u> is required and is attached</p> <p><input type="checkbox"/> A <u>Special Conditions for Commercial-Major Non-Utility Highway Work Permit (PERM 55a)</u> is required for work in the highway R.O.W. equal to or exceeding \$250,000, and is attached.</p>	<p>Comment:</p>
3.10 Permit Fee		
A.	<p>The permit fee is payable by check, paid to the order of "NYSDOT"</p> <p>Select Operational Type and Fee amount:</p> <p>5a3 Major Commercial (<100K sq ft. GBA) \$1,400</p>	<p>Comment:</p>
B.	<p><input checked="" type="checkbox"/> A check for the permit fee is attached.</p> <p>Check No:</p>	

NOTE: PERMIT IS ISSUED CONTINGENT UPON ALL LOCAL REQUIREMENTS BEING SATISFIED.

ACKNOWLEDGMENT: I HEREBY REQUEST A HIGHWAY WORK PERMIT, AND DO ACKNOWLEDGE AND AGREE TO THE RESPONSIBILITIES OF PERMITTEE AND OTHER OBLIGATIONS SET FORTH IN THIS PERMIT AND WARRANT COMPLIANCE THEREWITH.

Chris Pennessi

Applicant signature

03.05.19

Date

Chris Pennessi

Printed applicant name

Additional applicant signature

Date

Printed additional applicant name

Additional applicant signature

Date

Printed additional applicant name

Additional applicant signature

Date

Printed additional applicant name

TO BE COMPLETED BY NYSDOT ISSUING OFFICE:

Approval recommended by Resident Engineer _____

Residency Number _____ Date _____

Approval recommended by Regional Traffic Engineer _____

Region Number _____ Date _____

Sent to:
TB, TA, TC
3/10/19
KO

Kim DeLucia

From: Dan Welsh
Sent: Monday, February 25, 2019 1:05 PM
To: Rick Morrissey
Cc: Kim DeLucia
Subject: Fwd: Somers RECs discussion

Rick:

Re renewable vs standard selection, discussed the possibility with Kim on Friday afternoon that the REC booking might have a little more flex than the energy since it is less volatile, and suggested that if Direct agreed, we could gain the space to make the decision by signing off on the contract with the standard supply indicated, then on March 7, if the board wanted to go renewable, swapping that out immediately for one signed on the renewable basis. Direct came back just now saying that they would accommodate that.

What do you think would that work for you?

- Dan

Dan Welsh
Program Director
Westchester Power
A Program of Sustainable Westchester

----- Forwarded message -----

From: Prisk, Tom
Date: Mon, Feb 25, 2019 at 12:57 PM
Subject: RE: Somers RECs discussion
To: Dan Welsh

Yes, sorry didn't remember the specific date. We will honor through March 7

From: Dan Welsh
Sent: Monday, February 25, 2019 11:56 AM
To: Prisk, Tom
Subject: Re: Somers RECs discussion

[External Email]

You mean March 7, yes?

On Mon, Feb 25,

Dan

I spoke with our desk and they will honor the REC pricing for Somers until it votes March 5.

Tom

From: Dan Welsh
Sent: Monday, February 25, 2019 9:33 AM
To: Prisk, Tom
Subject: Somers RECs discussion

[External Email]

So per how we left it, can you confirm this AM whether the scheme I suggested would be OK? That is, we get a contract signed for standard

supply, and then if they can pass the renewable option at their 3/7 meeting, we get your a contract suitably modified.

- Dan

Dan Welsh

Program Director

Westchester Power

A Program of Sustainable Westchester

Sent to:
TB, TA, TC
2/21/19
KD

Telephone
(914) 277-3539

FAX
(914) 277-3790

BUILDING DEPARTMENT
Town of Somers
WESTCHESTER COUNTY, N.Y.

TOWN HOUSE
ANNEX
337 ROUTE 202
SOMERS, NY 10589

Thomas J. Tooma, Jr.
Building Inspector



MEMO TO: Rick Morrissey, Town Supervisor

FROM: Thomas J. Tooma, Building Inspector

RE: RFP's for Reynolds House Air Conditioning and Heating

DATE: February 14, 2019

Permission is being requested to solicit Requests for Proposal (RFP's) to install air conditioning and heating in the Reynolds House.

Sent to
TB, TA, TC
2/27/19
KD

TEL: 914-277-3323
FAX: 914-277-3960

TOWN CLERK'S OFFICE

Town of Somers

WESTCHESTER COUNTY, N.Y.

Town House
335 Route 202
Somers, N.Y. 10589

PATRICIA KALBA
TOWN CLERK



MEMO

TO: Supervisor
Town Board

FROM: Patricia Kalba
Town Clerk

RE: Refuse Permit Renewal

DATE: February 27, 2019

Attached please find copies of applications for License to Collect Refuse within the Town of Somers for City Carting, County Waste Management and Oak Ridge Hauling, LLC, formerly Winters Bros. Waste Systems, CT for your review and placement on the Town Board Agenda. 3/1/19 - add CRP Sanitation, Inc. PK.

If there are any questions or concerns please do not hesitate to contact me.

/pk

Town of Somers

Application For License To Collect Refuses
Within The Town Of Somers

NAME AND ADDRESS OF CARTER: County Waste Management
P.O. Box 348, Harrison, N.Y. 10528

1. EQUIPMENT: a detailed description of all equipment shall be attached with the following information:
VEHICLE NO, AGE, MAKE, CONDITION OF VEHICLE, LINCENSE PLATE NO.

2. FEES: \$ 50.00 per vehicle up to 18,000 pounds #
\$100.00 per vehicle in excess of 18,000 pounds # 1

3. DESCRIPTION OF APPLICANT'S WORK FORCE:

Number of Drivers 8 Office Personnel 4 Other

4. PROPOSED RATES FOR COLLECTION (attach rate schedule)

5. OWNERS, STOCK HOLDERS, DIRECTORS, OFFICERS AND CREDITORS:

List name and addresses, actual or beneficial.

Addendum Ralph Mancini

6. CUSTOMERS: list No. of Customers 1100
Must attach minimum of 20

7. CONTINGENCY PLAN: By separate attachment, submit plan for providing service in the event of equipment failure, labor or other factors causing interruption of service.

8. METHOD OF BILLING: Carter must submit residential tonnage collected daily and monthly for tonnage delivered from the Town of Somers to Charles Point or designated transfer station.

9. OFFICE LOCATION AND 24 HOUR TELEPHONE NUMBER:

10. FINANCIAL:

Deposit sum equaling to cost of one month of total tipping fees.

11. INSURANCE

Name of Insurance Carrier (Certificate or Affidavit of Insurance to be attached)

12. Submit proof of Westchester County Health Department Certificate.

13. Statement must be submitted by the Applicant acknowledging that they have received a copy of the ordinance and agrees to abide by provisions thereof.

Feb 19, 2019
Date of Application

Mike Carter
Signature of Carter

THE EQUIPMENT:

2011 FREIGHTLINER

TRUCK # F-6

NEW. BOUGHT IT IN 2014 AS A LEFT OVER

LINCENSE PLATE # 773000ME

RATES

\$39.00 A MONTH CURB SERVICE 1X A WEEK

\$51.00 A MONTH DRIVEWAY SERVICE 1X A WEEK

\$49.00 A MONTH CURB SERVICE 2X A WEEK

\$60.00 A MONTH DRIVEWAY SERVICE 2X A WEEK

CONTINGENCY PLAN

WE HAVE SPARE TRUCKS AND EXTRA MEN IN CASE OF BREAK DOWNS AND SICK DAYS

DAILY TONNAGE

3-4 TONS A DAY MSW

1.25-1.50 TONS A DAY SINGLE STREAM

MOTHLY TONNAGE

51.96- 69.28 A MONTH MSW

21.65- 25.98 A MONTH SINGLE STREAM

OFFICE ADDRESS

625 WHITTIER STREET

BRONX, NY. 10474

24 HOUR CONTACT

MIKE GENTILE

Robert P. Astorino
County Executive

Solid Waste Commission

Hon. Daniel D. Angiolillo (Ret.)
Executive Director

Patricia A. O'Callaghan
Deputy Director

March 3, 2017

Re: License status: County Waste Management, Inc.

To Whom It May Concern:

Please be advised that County Waste Management, Inc.
FED ID #13-4106172 operating at 625 Whittier Street, Bronx,
New York is licensed by the Westchester County Solid Waste
Commission.

County Waste Management, Inc.'s application for renewal is
currently pending and may operate until such time as the
Commission makes a determination concerning its license renewal
application.

If you have any questions, please feel free to contact the Solid
Waste Commission at (914) 995-6826.

Sincerely,



Hon. Daniel D. Angiolillo (Ret.)
Executive Director

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2019

PRODUCER (203) 288-4995

Grasso Associates, LLC

3074 Whitney Avenue

Building #3, 2nd Floor

Hamden CT 06518-

INSURED

County Waste Management, Inc.; County Waste Services, Inc.; Country Waste

Service, Inc. P.O. Box 548

Harrison NY 10528-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Acceptance Indemnity Ins 20010

INSURER B: American Automobile Ins 21849

INSURER C: Merchants Mutual Ins Co. 23329

INSURER D: Delaware Life Co of NY 72664

INSURER E: AmGuard Insurance Company 42390

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	CL00246872	07/27/2018	07/27/2019	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Products/Completed		/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> Ops Incl In Gen Agg		/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		/ /	/ /	
B	AUTOMOBILE LIABILITY	MKG80989682	07/27/2018	07/27/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	OTHER THAN EA ACC AGG \$
	<input checked="" type="checkbox"/> Pollution Liability		/ /	/ /	
	\$1,000,000				
	GARAGE LIABILITY				
	<input type="checkbox"/> ANY AUTO		/ /	/ /	
C	EXCESS/UMBRELLA LIABILITY	CUP0002560	08/09/2018	07/27/2019	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	
	RETENTION \$				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCSBK1006860001	08/22/2018	08/22/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	OTHER NY Disability	DB02772577.1	04/21/2018	04/21/2019	
			/ /	/ /	
			/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

() - () -
Town of Somers
Town House
335 Route 202
Somers NY 10589-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

INS025 (0108) 06

ELECTRONIC LASER FORMS, INC. - (800) 327-0545

ACORD CORPORATION 1988

Page 1 of 2

Town of Somers

Application For License To Collect Refuses
Within The Town Of Somers

NAME AND ADDRESS OF CARTER: CITY CARTING INC
PO Box 17250 8 VIADUCT RD
STAMFORD CT 06907

1. EQUIPMENT: a detailed description of all equipment shall be attached with the following information: ATTACHED
VEHICLE NO, AGE, MAKE, CONDITION OF VEHICLE, LINCENSE PLATE NO.

2. FEES: \$ 50.00 per vehicle up to 18,000 pounds # 1
\$100.00 per vehicle in excess of 18,000 pounds # 14

3. DESCRIPTION OF APPLICANT'S WORK FORCE:

Number of Drivers 25 Office Personnel 4 Other _____

4. PROPOSED RATES FOR COLLECTION (attach rate schedule) ATTACHED

5. OWNERS, STOCK HOLDERS, DIRECTORS, OFFICERS AND CREDITORS:

List name and addresses, actual or beneficial.

Addendum

COO ANTHONY J FARINA 173 HEMSTEAD AVE ARISTYVILLE NY 11701

CFO KEVIN J McENERY 91 CHARISTIC HILL RD DARIEN CT 06820

6. CUSTOMERS: list No. of Customers 3325 RES 171 COMMERCIAL
Must attach minimum of 20

7. CONTINGENCY PLAN: By separate attachment, submit plan for providing service in the event of equipment failure, labor or other factors causing interruption of service. ATTACHED

8. METHOD OF BILLING: Carter must submit residential tonnage collected daily and monthly for tonnage delivered from the Town of Somers to Charles Point or designated transfer station. ATTACHED

9. OFFICE LOCATION AND 24 HOUR TELEPHONE NUMBER: ATTACHED

10. FINANCIAL:

Deposit sum equaling to cost of one month of total tipping fees.

11. INSURANCE

Name of Insurance Carrier (Certificate or Affidavit of Insurance to be attached)

12. Submit proof of Westchester County Health Department Certificate.

13. Statement must be submitted by the Applicant acknowledging that they have received a copy of the ordinance and agrees to abide by provisions thereof.

1/31/19

Date of Application



Signature of Carter

NEW RESIDENTIAL SETUP FORM (NY)

Information Taken by: _____ Date: ____/____/____

Customer Name: _____ Email Address: _____

Address: _____ EMAIL INVOICE YES/NO

City: _____ State: _____ Zip Code _____

RECURRING CREDIT CARD _____

Billing Address: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Location of Items: _____

Start Date: ____/____/____ Billing Date: ____/____/____

Somers (Baldwin Place, Lincolndale, Amawalk, Granite Springs, Shenorock) (Routes 680-684)

1x week Trash curb	\$44.00	_____	*Set up Recycling Service
2x week Trash curb	\$51.00	_____	*Set up Recycling Service
1x week Trash driveway	\$56.00	_____	
2x week Trash driveway	\$70.00	_____	

Westchester Area (Routes 691-695)

1x week Trash curb	\$44.00	_____	
1x week Trash driveway	\$56.00	_____	

(Bedford 2020 calls should go to the Sales Department) 2x week Options: *Addtl toter \$15 mth
* Extra Lift \$25
* Transfer station

North Salem (Purdys, Croton Falls) (Billed Quarterly) (Routes 685-687)

1x week Driveway	\$171.00 quarterly	_____
2x week Driveway	\$342.00 quarterly	_____

Somers Chase

2x week Trash curb	\$44.00	_____
--------------------	---------	-------

The Preserve

2x week Trash curb	\$41.00	_____
--------------------	---------	-------

*Toters provided when requested 95Gal Trash
65 Gal Recy

Add Work Ticket on p/up day advising NEW Customer

*Bulk p/ups (see set up sheet)

RESIDENTIAL BULK P/UP SETUP FORM (NY)

****Wednesday P/UP****

- General Bulk \$35 trip charge plus \$25 a yard (advise driver to count yards/ list items in ticket)
- Mattress \$ 35 trip charge \$ 30 each item
- Car Tires \$ 35 Trip Charge \$ 15 each item

***List as "BULK PICKUP" on the account**

Activity	Rate	Billing Unit
BULK PICKUP	\$35.00	Service

Complexes that require New Customer set up:

Mystic Pointe

Ridgeway @ White Plains

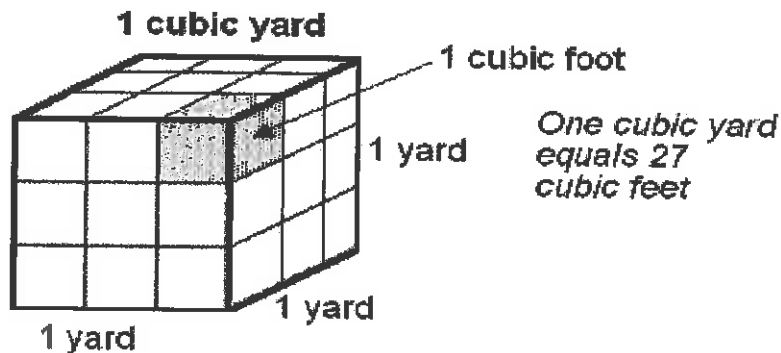
Heritage Hills – no trucking \$25 a yard only

North Salem – Ask resident to email photo of items

- Send request to dispatcher to get rate
- SETUP as a "CLEANUP".

Activity	Rate	Billing Unit
CLEANUP	\$385.00	Service

1 cubic yard = 3ft long, 3ft wide, 3 ft height



ATTACHMENT

Item #7- Contingency Plan

- 1- We use our back-up vehicles
- 2- We will rent vehicles
- 3- We will Subcontract
- 4- We have back-up men available to work

Item #8- Method of billing


Our customers are billed bi-monthly in advance.

Item #9- Office location and 24 hour telephone

City Carting, PO box 17250, Stamford Ct. 06907

914-277-4211 or 914-277-8896 or 203-324-4090

Item #13- We have received a copy of the ordinance and agree to abide by provisions thereof.

 (signature)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Risk Strategies Company 160 Federal St. 4th Floor Boston, MA 02110	CONTACT NAME: Julia Brador		
	PHONE (A/C, No, Ext): 617-330-5782 FAX (A/C, No): 617-451-8816		
	E-MAIL ADDRESS: jbrador@risk-strategies.com		
INSURED City Carting Inc 8 Viaduct Road Stamford CT 06907	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Starr Surplus Lines Insurance Company		13604
	INSURER B: Zurich American Insurance Company		16535
	INSURER C: Zurich American Insurance Company		40142
	INSURER D: Starr Indemnity & Liability Company		38318
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 45499310**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors Pollution GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		1000066600181	5/1/2018	5/1/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Contractor's Pollution \$5,000,000 COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BAP 4020234-00	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		1000337091181	5/1/2018	5/1/2019	EACH OCCURRENCE \$30,000,000 AGGREGATE \$30,000,000 Deductible \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WC4020233-01	5/1/2018	5/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Site Specific Pollution		1000066600181	5/1/2018	5/1/2019	Each incident/Agg \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Town of Somers
Town House
335 Route 202
Somers NY 10589

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael Christian



Workers'
Compensation
Board

CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
CITY CARTING INC.
ATTN: HUMAN RESOURCES DEPT.
8 VIADUCT ROAD
STAMFORD, CT 06907

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)

1b. Business Telephone Number of Insured
203-324-4090

1c. Federal Employer Identification Number of Insured
or Social Security Number
061200482

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

TOWN OF SOMERS
TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589

3a. Name of Insurance Carrier

ShelterPoint Life Insurance Company

3b. Policy Number of Entity Listed in Box "1a"

DBL314716

3c. Policy effective period

03/01/2018

to

02/29/2020

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.
☐ B. Disability benefits only.
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 12/4/2018

By

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100

Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed

By

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number

Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





WESTCHESTER COUNTY DEPARTMENT OF HEALTH - BUREAU OF ENVIRONMENTAL QUALITY
REFUSE COLLECTION PERMIT

Application having been duly made as required by Article VIII of the Sanitary Code, Laws of Westchester County, permission is hereby granted to:

FACILITY INFORMATION:

WCDH Facility Number: 03-0784

Business Name: CITY CARTING INC.

Telephone: (203) 324-4090

Mailing Address: PO BOX 17250, STAMFORD, CT 06907-0383

FACILITY OWNER INFORMATION:

Business Name: CITY CARTING INC Anthony Farina

Telephone: (203) 324-4090

Mailing Address: PO BOX 4383, STAMFORD, CT 06907

To engage in the business of removing, collection and/or transporting within the County of Westchester, the following types of waste indicated:

TYPES OF WASTE:

DISPOSAL SITES:

- ☒ Residential ☐ Regulated Medical/Infectious
☒ Commercial ☒ Construction Demolition
☒ Industrial ☐ Meat
☐ Other:

SO. CONNECTICUT RECYCLING — 2018

In the vehicles listed on reverse side of this permit, subject to the provisions of the aforementioned Sanitary Code and provided that:

1. Work shall be performed only under the direction of the permittee, who shall use only the vehicles listed on reverse side of this permit.
2. Removal, collection, and transportation of waste shall be in such a manner as not to cause a public health or other nuisance.
3. During transportation, waste shall be either completely enclosed and maintained entirely in the vehicles or so covered as to prevent the loss of any material.
4. The vehicles and containers must prevent the loss or discharge of waste during transportation.
5. Disposal of waste at sites owned, operated and/or maintained by the County of Westchester shall be in complete conformity with the requirements of the Westchester County Department of Environmental Facilities.
6. Disposal of waste shall be in complete conformity with the requirements of and written consent of the local authority in charge of the disposal site.
7. Disposal sites shall be limited to the facilities that are currently permitted by the regulatory government agency (agencies) to accept such material.
8. Disposal sites shall be limited to the facilities stated on the permit application.
9. Regulated Medical/Infectious Waste shall be removed, collected and transported in accordance with the requirements of the New York State Department of Environmental Conservation i.e. 6 NYCRR Part 364, Subdivision 364.9.
10. Waste shall be removed, collected and transported in compliance with all applicable municipal, county, state and federal ordinances, laws and regulations.
11. A copy of this permit shall be kept in each vehicle listed on reverse side and shall be shown to a representative of the Westchester County Department of Health or the New York State Department of Environmental Conservation, on demand.
12. This permit is not transferrable to vehicles other than listed on reverse side.
13. The owner or business name as stated on the permit application must be prominently shown on each vehicle listed on reverse side.

This permit shall become null and void and may be suspended or revoked for cause if the said business is not conducted in accordance with this permit or as stated on the application, or if vehicles other than those described on page 2 of this permit are used. Nothing contained in this permit shall be construed to invalidate any local, county, state or federal ordinances, regulations or laws affecting the conduct of this business.

Date Issued: 03/21/2018

Date Expired: 03/31/2019


Sherlita Amler, M.D. Commissioner of Health

SHERLITA AMLER, M.D.

Town of Somers

Application For License To Collect Refuses
Within The Town Of Somers

NAME AND ADDRESS OF CARTER:

Oak Ridge Hauling LLC
(Formerly Winters Bros) 307 White Street
Danbury CT 06810

1. EQUIPMENT: a detailed description of all equipment shall be attached with the following information:
VEHICLE NO, AGE, MAKE, CONDITION OF VEHICLE, LINCENSE PLATE NO.

2. FEES: \$ 50.00 per vehicle up to 18,000 pounds
\$100.00 per vehicle in excess of 18,000 pounds

3. DESCRIPTION OF APPLICANT'S WORK FORCE:

Number of Drivers 95 Office Personnel 65 Other 105

4. PROPOSED RATES FOR COLLECTION (attach rate schedule)

5. OWNERS, STOCK HOLDERS, DIRECTORS, OFFICERS AND CREDITORS:

List name and addresses, actual or beneficial.

Addendum

John Decker CEO - 88 Alcove Rd, Coeymans Hollow, NY 12046

Brian D'Amico Chairman - 74 Wildwood Lane, Orchard Park, NY 14127

Michael Brunnen CEO - 307 White St, Danbury Ct 06810

6. CUSTOMERS: list No. of Customers 61
Must attach minimum of 20

7. CONTINGENCY PLAN: By separate attachment, submit plan for providing service in the event of equipment failure, labor or other factors causing interruption of service.

8. METHOD OF BILLING: Carter must submit residential tonnage collected daily and monthly for tonnage delivered from the Town of Somers to Charles Point or designated transfer station. Quarterly Billing

9. OFFICE LOCATION AND 24 HOUR TELEPHONE NUMBER:

307 White Street, Danbury Ct 06810 203-743-0405

N/A 10. FINANCIAL:

Deposit sum equaling to cost of one month of total tipping fees.

✓ 11. INSURANCE Ironshore Specialty Ins Co

Name of Insurance Carrier (Certificate or Affidavit of Insurance to be attached)

✓ 12. Submit proof of Westchester County Health Department Certificate.

✓ 13. Statement must be submitted by the Applicant acknowledging that they have received a copy of the ordinance and agrees to abide by provisions thereof.

1-3-19

Date of Application

Sobha Macek officer
Signature of Carter Assistant

CONNECTICUT

APPORTIONED REGISTRATION CAB CARD

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

A-197197

This card must be carried in the vehicle to which it is issued or be subject to confiscation. The vehicle described in this cab card has been properly registered with the STATE OF CONNECTICUT and the jurisdictions indicated below.

COPIES ARE NOT VALID. VOID IF ALTERED

OWNER/LESSOR WINTERS BROS. HAULING OF C				CAB CARD NO. 0309509	
UNIT NUMBER RRL-2	YEAR 12	MAKE KW	MODEL T300	COLOR(S) GRN	
VEHICLE IDENTIFICATION NUMBER 2NKHHN7X6CM336186			TAX TOWN 034	TYPE TK	FUEL D
ACCOUNT NUMBER 007121	FLEET NO. 001	UNLADEN WEIGHT 11309	COMB. GROSS WEIGHT 33000		
ADMIN. FEE 20.00	CT REG. FEES 513.33	OTHER JURIS. FEES 32.29	TOTAL FEES 565.62		
US DOT NUMBER/CARRIER RESPONSIBLE FOR SAFETY 2138859 OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					
REGISTRANT OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					

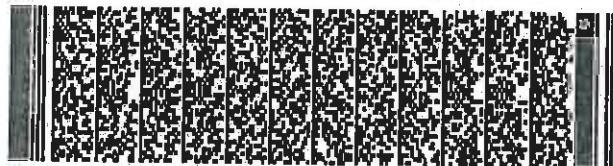
EFFECTIVE	EXPIRES	PLATE NO.	CLASS CODE
8/14/18	4/30/19	56832A	02

AB 014969	AL 033000	AR 033000	AZ 033000
BC 014969	CA 033000	CO 033000	CT 033000
DC 033000	DE 033000	FL 033000	GA 033000
IA 033000	ID 033000	IL 033000	IN 033000
KS 033000	KY 033000	LA 033000	MA 033000
MB 014969	MD 033000	ME 033000	MI 033000
MN 033000	MO 033000	MS 033000	MT 033000
NB 014969	NC 033000	ND 033000	NE 033000
NH 033000	NJ 033000	NL 014969	NM 033000
NS 014969	NV 033000	NY 033000	OH 033000
OK 033000	ON 014969	OR 033000	PA 033000
PE 014969	QC 2AXLE	RI 033000	SC 033000
SD 033000	SK 014969	TN 033000	TX 033000
UT 033000	VA 033000	VT 033000	WA 034000
WI 033000	WV 033000	WY 033000	** *****

NO REGISTRATION STICKER IS REQUIRED



OAK RIDGE HAULING LLC
307 WHITE ST
DANBURY CT 06810





STATE OF CONNECTICUT

Department of Motor Vehicles
Renewal Application and Registration

SAFETY
SECURITY
SERVICE

DMV

YOUR REGISTRATION EXPIRES ON 04/15/2018 FOLLOW INSTRUCTIONS BELOW TO RENEW (ADDITIONAL INSTRUCTIONS SEE REVERSE)

**IMPORTANT
NOTICE**

- 1) MAKE SURE YOU PAY ALL LOCAL PROPERTY TAXES DUE AND FULFILL ANY REQUIREMENTS LISTED BELOW.
- 2) SAVE TIME RENEW ONLINE AT CT.GOV/DMV OR TEAR OFF BOTTOM STUB AND MAIL WITH YOUR PAYMENT.

SAVE TIME RENEW ONLINE AT CT.GOV/DMV

YOUR PIN NUMBER IS 5317630

RL-28

KEEP IN VEHICLE

R1 000683948005317630

L173940024700201804157

VALID ONLY AFTER
RESOLVING ALL
COMPLIANCE
ISSUES

CONNECTICUT REGISTRATION CERTIFICATE

KEEP THIS PORTION IN YOUR VEHICLE - DO NOT MAIL
INSURANCE SHALL BE MAINTAINED AS REQUIRED BY CT LAW

VALID ONLY
AFTER PAYMENT
RECEIVED BY
DMV

PLATE NUMBER L17394	PLATE CLASS COMMERCIAL	EXP. DATE 04/15/2019	VEHICLE IDENTIFICATION NUMBER JALE5W165E7300756	YR 14	MAKE ISUZU	MODEL NRR
VEHICLE TYPE TRUCK	REGISTERED USAGE COMMERCIAL	LIGHT WT 7000	GVWR 19500	DECLARED WT 19500	STAND SEAT	AXLES
HAZ MAT? N	TITLE Y	EMISSIONS DUE	TOTAL FEE \$247.00	PLATE TYPE COMMERCIAL	TOWN 135	TAX TOWN STAMFORD
OWNER(S): WINTERS BROS HAULING OF CT LLC			2/24/2018			

COMMISSIONER OF MOTOR VEHICLES

RL-28
Michael R. Byrne

WINTERS BROS HAULING OF CT LLC
46 OLIVER TER
SHELTON, CT 06484

RENEWAL



TEAR OFF AND RETURN WITH PAYMENT

R2 000683948005317630

L173940024700201804152

RENEW ON THE WEB OR MAIL THIS STUB AND YOUR CHECK TO DMV PO BOX 150456, Hartford, CT 06115-0456
NO CHANGES ALLOWED ON THIS FORM. Visit our website at ct.gov/dmv

PLATE NUMBER L17394	PLATE CLASS COMMERCIAL	EXP. DATE 04/15/19	VEHICLE IDENTIFICATION NUMBER JALE5W165E7300756	YR 14	MAKE ISUZU	DW 19500	STAND SEAT	TAX TOWN STAMFORD
------------------------	---------------------------	-----------------------	--	----------	---------------	-------------	---------------	----------------------

Clean Air Act Fee \$5.00
Registration Fee \$242.00

WINTERS BROS HAULING OF CT LLC
46 OLIVER TER
SHELTON, CT 06484

To change your address visit our
website at ct.gov/dmv

PRINTED
2/24/2018

**\$247.00
AMOUNT DUE**



R3 000683948005317630

L173940024700201804157

CONNECTICUT

APPORTIONED REGISTRATION CAB CARD

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

A- 197048

This card must be carried in the vehicle to which it is issued or be subject to confiscation. The vehicle described in this cab card has been properly registered with the STATE OF CONNECTICUT and the jurisdictions indicated below.

COPIES ARE NOT VALID. VOID IF ALTERED

OWNER/LESSOR WINTERS BROS HAULING OF C				CAB CARD NO. 0389458	
UNIT NUMBER FL-24	YEAR 15	MAKE MACK	MODEL MRU6	COLOR(S) GRN	
VEHICLE IDENTIFICATION NUMBER 1M2AV04C0FM012530			TAX TOWN 034	TYPE TK	FUEL D
ACCOUNT NUMBER 007121	FLEET NO. 001	UNLADEN WEIGHT 38860	COMB. GROSS WEIGHT 53800		
ADMIN. FEE 20.00	CT REG. FEES 834.50	OTHER JURIS. FEES 52.85	TOTAL FEES 907.35		
US DOT NUMBER/CARRIER RESPONSIBLE FOR SAFETY 2138859 OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					
REGISTRANT OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					

EFFECTIVE	EXPIRES	PLATE NO.	CLASS CODE
8/14/18	4/30/19	55912A	02

AB 024403	AL 053800	AR 053800	AZ 053800
BC 024403	CA 053800	CO 053800	CT 053800
DC 053800	DE 053800	FL 053800	GA 053800
IA 053800	ID 053800	IL 053800	IN 053800
KS 053800	KY 053800	LA 053800	MA 053800
MB 024403	MD 053800	ME 053800	MI 053800
MN 053800	MO 053800	MS 053800	MT 053800
NB 024403	NC 053800	ND 053800	NE 053800
NH 053800	NJ 053800	NL 024403	NM 053800
NS 024403	NY 053800	NY 053800	OH 053800
OK 053800	ON 024403	OR 053800	PA 053800
PE 024403	RI 053800	RI 053800	SC 053800
SD 053800	SK 024403	TN 053800	TX 053800
UT 053800	VA 053800	VT 053800	WA 054000
WI 053800	WV 053800	WY 053800	** *****

NO REGISTRATION STICKER IS REQUIRED



OAK RIDGE HAULING LLC
307 WHITE ST
DANBURY CT 06810



CONNECTICUT

APPORTIONED REGISTRATION CARD

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

A-107034

This card must be carried in the vehicle to which it is issued or be subject to confiscation. The vehicle described in this card has been proportionally registered with the State of Connecticut and the jurisdictions indicated below.

COPIES ARE NOT VALID - VOID IF ALTERED

OWNER (LESSOR) WINTERS BROS HAULING OF C				CAB CARD NO. 0309472	
UNIT NUMBER FL33	YEAR 16	MAKE PTRB	MODEL 320	COLOR(S) GRN	
VEHICLE IDENTIFICATION NUMBER 3BPZL70X1GF100849			TAX TOWN 135	TYPE TK	FUEL D
ACCOUNT NUMBER 007121	FLEET NO. 001	UNLADEN WEIGHT 38480	COMB. GROSS WEIGHT 53800		
ADMIN. FEE 20.00	CT REG. FEES 834.50	OTHER JURIS. FEES 52.85	TOTAL FEES 907.35		
US DOT NUMBER/CARRIER RESPONSIBLE FOR SAFETY 2138859 OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					
REGISTRANT OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					

EFFECTIVE	EXPIRES	PLATE NO.	CLASS CODE
8/14/18	4/30/19	58855A	02

AB 024403	AL 053800	AR 053800	AZ 053800
BC 024403	CA 053800	CO 053800	CT 053800
DC 053800	DE 053800	FL 053800	GA 053800
IA 053800	ID 053800	IL 053800	IN 053800
KS 053800	KY 053800	LA 053800	MA 053800
MB 024403	MD 053800	ME 053800	MI 053800
MN 053800	MO 053800	MS 053800	MT 053800
NB 024403	NC 053800	ND 053800	NE 053800
NH 053800	NJ 053800	NL 024403	NM 053800
NS 024403	NV 053800	NY 053800	OH 053800
OK 053800	ON 024403	OR 053800	PA 053800
PE 024403	QC BAXLE	RI 053800	SC 053800
SD 053800	SK 024403	TN 053800	TX 053800
UT 053800	VA 053800	VT 053800	WA 054000
WI 053800	WV 053800	WY 053800	** *****

NO REGISTRATION STICKER IS REQUIRED



OAK RIDGE HAULING LLC
307 WHITE ST
DANBURY CT 06810



**CONNECTICUT**

APPORTIONED REGISTRATOR CAB CARD

STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES

A- 197032

This card must be carried in the vehicle to which it is issued or be subject to confiscation. The vehicle described in this cab card has been proportionally registered with the STATE OF CONNECTICUT and the jurisdictions indicated below.

COPIES ARE NOT VALID. VOID IF ALTERED

OWNER (LESSOR) WINTERS BROS HAULING OF C				CAB CARD NO. 0309474	
UNIT NUMBER RH-11	YEAR 17	MAKE FRHT	MODEL M210	COLOR(S) GRN	
VEHICLE IDENTIFICATION NUMBER 3ALACXC6HDJB1421			TAX TOWN 034	TYPE TK	FUEL D
ACCOUNT NUMBER 007121		FLEET NO. 001	UNLADEN WEIGHT 16700	COMB. GROSS WEIGHT 33000	
ADMIN. FEE 20.00	CT REG. FEES 513.33	OTHER JURIS. FEES 32.29		TOTAL FEES 565.62	
US DOT NUMBER/CARRIER RESPONSIBLE FOR SAFETY 2138859 OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					
REGISTRANT OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					

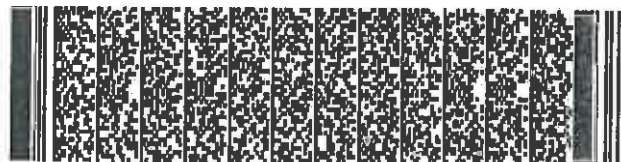
EFFECTIVE	EXPIRES	PLATE NO.	CLASS CODE
8/14/18	4/30/19	59968A	02

AB 014969	AL 033000	AR 033000	AZ 033000
BC 014969	CA 033000	CO 033000	CT 033000
DC 033000	DE 033000	FL 033000	GA 033000
IA 033000	ID 033000	IL 033000	IN 033000
KS 033000	KY 033000	LA 033000	MA 033000
MB 014969	MD 033000	ME 033000	MI 033000
MN 033000	MO 033000	MS 033000	MT 033000
NB 014969	NC 033000	ND 033000	NE 033000
NH 033000	NJ 033000	NL 014969	NM 033000
NS 014969	NV 033000	NY 033000	OH 033000
OK 033000	ON 014969	OR 033000	PA 033000
PE 014969	QC 2AXLE	RI 033000	SC 033000
SD 033000	SK 014969	TN 033000	TX 033000
UT 033000	VA 033000	VT 033000	WA 034000
WI 033000	WV 033000	WY 033000	** *****

NO REGISTRATION STICKER IS REQUIRED



OAK RIDGE HAULING LLC
307 WHITE ST
DANBURY CT 06810





CONNECTICUT
APPORTIONED REGISTRATOR CAB CARD

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

A- 199132

This card must be carried in the vehicle to which it is issued or be subject to confiscation. The vehicle described in this cab card has been proportionally registered with the STATE OF CONNECTICUT and the jurisdictions indicated below.

COPIES ARE NOT VALID. VOID IF ALTERED

OWNER (LESSOR)				CAB CARD NO.	
OAK RIDGE HAULING LLC				0311238	
UNIT NUMBER	YEAR	MAKE	MODEL	COLOR(S)	
RO-28	19	MACK	GR64	GRN	
VEHICLE IDENTIFICATION NUMBER			TAX TOWN	TYPE	FUEL
1M2GR4GC1KM001659			034	TK	D
ACCOUNT NUMBER	FLEET NO.	UNLADEN WEIGHT	COMB. GROSS WEIGHT		
007121	001	31700	66000		
ADMIN. FEE	CT REG. FEES	OTHER JURIS. FEES	TOTAL FEES		
10.00	1018.02	37.70	1065.72		
US DOT NUMBER/CARRIER RESPONSIBLE FOR SAFETY					
2138859 OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					
REGISTRANT					
OAK RIDGE HAULING LLC 307 WHITE ST DANBURY CT 06810					

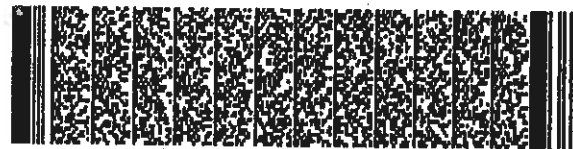
EFFECTIVE	EXPIRES	PLATE NO.	CLASS CODE
10/03/18	4/30/19	64163A	02

AB 029937	AL 066000	AR 066000	AZ 066000
BC 029937	CA 066000	CO 066000	CT 066000
DC 066000	DE 066000	FL 066000	GA 066000
IA 066000	ID 066000	IL 066000	IN 066000
KS 066000	KY 066000	LA 066000	MA 066000
MB 029937	MD 066000	ME 066000	MI 066000
MN 066000	MO 066000	MS 066000	MT 066000
NB 029937	NC 066000	ND 066000	NE 066000
NH 066000	NJ 066000	NL 029937	NM 066000
NS 029937	NV 066000	NY 066000	OH 066000
OK 066000	ON 029937	OR 066000	PA 066000
PE 029937	QC 4AXLE	RI 066000	SC 066000
SD 066000	SK 029937	TN 066000	TX 066000
UT 066000	VA 066000	VT 066000	WA 066000
WI 066000	WV 066000	WY 066000	** *****

NO REGISTRATION STICKER IS REQUIRED



OAK RIDGE HAULING LLC
307 WHITE ST
DANBURY CT 06810



40 yard



307 White Street, Danbury, CT 06810
203-743-0405

December 12, 2018

Patricia Kalba – Town Clerk
Town of Somers – 335 Route 202
Somers, NY 10589

Ref: For Items #3, 7, 9, & 13 on the 2018 Refuse Collection Permit Application

Oak Ridge Hauling is a full service waste management company, with over 70 waste collection trucks and permitted refuse transfer stations handling local MSW, construction/demolition, single stream recyclables, cardboard and office paper, employing over 260 workers.

We have received the Town of Somers Articles of Residential and Commercial Refuse Collection and agree to abide by them. Our service contingency plans are that we have spare vehicles for mechanical issues, a good working relationship with our drivers' union and managerial staff qualified to drive trucks in the highly unlikely event of a work stoppage. There are 6 holidays where we do not collect; New Years, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas Day. Services for those days will be done on the next work day, excluding Sundays. We look forward to working with the Town and appreciate the opportunity to provide waste services. Our Sales Dept. can answer any questions on our services, applicable rates and customer information at 203-702-8920.

Regards,

A handwritten signature in dark ink, appearing to read "Debra Macek", is written over a horizontal line.

Debra Macek
Permits and Registrations Department



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
M & T Insurance Agency, Inc
7799 Leesburg Pike, Suite 600 N
Falls Church VA 22043

CONTACT
NAME:
PHONE:
(A/C, No, Ext):
E-MAIL:
ADDRESS: service@mtb.com

FAX
(A/C, No):

INSURED
Oak Ridge Hauling, LLC
307 White Street
Danbury CT 06810

IMPEWAS-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Ironshore Specialty Ins Co	25445
INSURER B : Indemnity Ins Co of North Amer	43575
INSURER C : Ace American Ins. Company	22667
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 976915174

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	003027102	1/1/2019	1/1/2020
						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS90	Y	Y	ISAH25273412	1/1/2019	1/1/2020
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	N10908279003	3/3/2018	3/3/2019
						EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WLRC65438859	1/1/2019	1/1/2020
						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Pollution Liab.			003027102	1/1/2019	1/1/2020
						Limit Ded \$1,000,000 \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General/Pollution Liability - Blanket Additional Insured/Primary Non-contributory/Waiver of Subrogation if required by written contract per form IE.COV.EPIC.001 05/13

Auto Liability - Blanket Additional Insured if required by written contract per form DA9U74c 0316
Auto Liability - Blanket Primary if required by written contract per form CA0449 1116
Auto Liability - Blanket Waiver of Subrogation if required by written contract per form CA13115a 0614
Workers' Compensation - Blanket Waiver of Subrogation if required by written contract per form WC 00 03 13
Umbrella Liability - Blanket Additional Insured/Primary if required by written contract per form XS-41887 1/14
Umbrella Liability - Blanket Waiver of Subrogation as required by written contract per form XS-41884 1/14
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Town of Somers
335 Route 202
Somers NY 10589

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

AGENCY M & T Insurance Agency, Inc		NAMED INSURED Oak Ridge Hauling, LLC 307 White Street Danbury CT 06810
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Town of Somers is included as additional insured, ATIMA, when required by written contract.

Facility Name: OAK RIDGE WASTE AND RECYCLING of CT LLC

WCDH Facility No.: 13-933

Permit Year: 2019

Location of Truck Depot: OAK RIDGE WASTE and RECYCLING OF CT LLC TRANSFER STATION - 2018

Make & Year	Body Type	License Plate & State	Capacity	Decal #
East 1992	Trailer	V99736 CT	40 Cubic Yards	369
Mack 2007	Rolloff	59264A CT	40 Cubic Yards	368
Mack 2015	Front Loader	59278A CT	40 Cubic Yards	367
INTERNATIONAL 2009	BOX TRUCK	61633A CT	15 Cubic Yards	366
MACK 2017	Rolloff	59283A CT	40 Cubic Yards	365
Mack 2010	rearload	58981A CT	30 Cubic Yards	364
Mack 2017	FRONT LOAD	61228A CT	32 Cubic Yards	363
KW 2016	Rolloff	61226A CT	20 Cubic Yards	362
Freight 2012	rearloader	L17393 CT	11 Cubic Yards	361
East 1996	trailer	V99712 CT	100 Cubic Yards	360
MACK 2006	Rolloff	59284A CT	40 Cubic Yards	359
FREIGHTLINER 2003	rear loader	59257A CT	14 Cubic Yards	358
FREIGHT 2017	rearload	52014A CT	17 Cubic Yards	357
KENILWORTH 2015	SIDE LOADER	56833 A CT	14 Cubic Yards	356
MACK 2006	Rolloff	52012A CT	42 Cubic Yards	355
Mack 2006	Rolloff	53834A CT	42 Cubic Yards	354
KENILWORTH 2012	REAR LOADER	56832 A CT	14 Cubic Yards	353
KENWORTH 2016	rear loader	57919A CT	16 Cubic Yards	352
Mack 2015	Front loader	55912 A CT	35 Cubic Yards	351
Ford 2004	Rolloff	K89269 CT	20 Cubic Yards	350
Mack 2006	Rolloff	57373A CT	40 Cubic Yards	349
Mack 2006	Rolloff	56296A CT	40 Cubic Yards	348
Mack 2016	Front loader	58854A CT	35 Cubic Yards	347
UD 2007	Rolloff	L17751 CT	20 Cubic Yards	346
MAC T 2015	TRAILER	W18676 CT	100 Cubic Yards	345
MACK 2015	FRONT LOAD	55825A CT	35 Cubic Yards	344
MACK 2006	FRONT LOAD	54772A CT	35 Cubic Yards	343
KENWORTH 2016	rear loader	58592A CT	16 Cubic Yards	342
FREIGHTLINER 2006	container	L17392 CT	10 Cubic Yards	341
ISUZU 2014	rearload	L17394 CT	8 Cubic Yards	340
MACK 2017	Rolloff	54771A CT	40 Cubic Yards	338
MACK 2017	Rolloff	59250A CT	40 Cubic Yards	337
FORD 2005	Rolloff	AE09281 CT	20 Cubic Yards	336
FREIGHT 2017	Rolloff	59968A CT	20 Cubic Yards	335
MACK 2018	Trailer	29-16281 ME	100 Cubic Yards	334
MACK 2018	Trailer	29-16282 ME	100 Cubic Yards	333
EAST 1995	Trailer	V99722 CT	100 Cubic Yards	332
FREIGHT 2017	rearload	60857A CT	13 Cubic Yards	331
East 1996	trailer	V99733 CT	100 Cubic Yards	330
EAST 2000	TRAILER	W17510 CT	110 Cubic Yards	329
Mack 2006	Front loader	59279A CT	40 Cubic Yards	328
Peter 2016	Front loader	58855A CT	11 Cubic Yards	327
MACK 2007	Rolloff	52013A CT	42 Cubic Yards	326
Freightliner 2017	Trac	60856A CT	16 Cubic Yards	594
Freightliner 2019	Container	63035A CT	10 Cubic Yards	339
Freightliner 2019	Container	63036A CT	10 Cubic Yards	988
Mack 2003	Rolloff	52015A CT	40 Cubic Yards	598
Mack 2006	Rolloff	59272A CT	40 Cubic Yards	599
Mack 2007	Rolloff	59264A CT	40 Cubic Yards	600
Mack 2015	Rolloff	61723A CT	40 Cubic Yards	0778
Freight 2019	container	64157A CT	20 Cubic Yards	774
Freightliner 2019	Container	64163A CT	20 Cubic Yards	775
MAC 2018	Front Loader	PWG9629 OH	40 Cubic Yards	1008
FRHT 2019	Rolloff	64209A CT	20 Cubic Yards	1006
MAC 2019	Rolloff	83925A CT	40 Cubic Yards	1007
EAST 2015	Dump	30-20762 ME	60 Cubic Yards	1012
WAMC 2014	Trailer	30-20763 ME	100 Cubic Yards	1013
WAMC 2014	Trailer	30-20764 ME	100 Cubic Yards	1014
WAMC 2013	Trailer	30-20765 ME	100 Cubic Yards	1015
WAMC 2013	Trailer	30-20766 ME	100 Cubic Yards	1016
WAMC 2013	Trailer	30-20767 ME	100 Cubic Yards	1017
SPEC 2011	Trailer	30-20768 ME	100 Cubic Yards	1018
WAMC 2013	Trailer	30-20769 ME	100 Cubic Yards	1019
WAMC 2013	Trailer	30-20770 ME	100 Cubic Yards	1020
SPEC 2011	Trailer	30-20771 ME	100 Cubic Yards	1021
SPEC 2011	Trailer	30-20772 NY	100 Cubic Yards	1022
MACK 2019	Rolloff	63924A CT	40 Cubic Yards	1023

*

DT-1
WP-4

5
6
7
8
9
10
11
12
13
20-27

George Latimer
Westchester County Executive

Westchester
gov.com

Patricia A. O'Callaghan, Esq.
Acting Executive Director

Part B

Westchester County Solid Waste Commission

CERTIFICATE OF LICENSE

For Posting in accordance with Section 826-a.303(5) of the Laws of Westchester County and principal place of business at Oak Ridge Waste & Recycling of CT LLC (hereinafter the "Licensee") having an office the Licensee to operate in the County of Westchester as a Class A hauler for the term commencing on 04/11/18 and terminating on 04/10/20 unless terminated sooner in accordance with the provisions of Chapter 826-a of the Laws of Westchester County.

The Licensee is hereby authorized to operate only those vehicles which have been authorized by the Westchester County Solid Waste Commission in connection with the referenced license, and may not substitute the use of any other vehicle in connection with the licensed activities without the advance written approval of the Executive Director of the Westchester County Solid Waste Commission.

The Licensee has also been authorized by the County of Westchester to operate the following named transfer station(s):
N/A

The Licensee has read and is familiar with the provisions of Chapter 826-a of the Laws of Westchester County, and hereby agrees that it, its officers and employees shall abide by the standards and procedures specified thereunder for the duration of the license term and any renewal thereof.

The Licensee hereby acknowledges and agrees, as a condition of this license, that it shall comply, at its own expense, with all applicable federal, state and local laws, rules, regulations and ordinances which may be applicable to the Licensee in connection with its performance of the activities for which it has been issued a license here under, and, in particular those antitrust or other laws relating to the restraint of trade.

Conditions which may be imposed upon the Licensee's authority to operate in Westchester County, if any, are set forth in Part "A" of this License Certificate.

This license is issued by the County of Westchester solely in accordance with the stated purposes of Chapter 826-a of the Laws of Westchester County, which are to reduce corruption in the solid waste hauling industry and to ensure accurate reporting of waste hauling activities in accordance with the Westchester County Solid Waste Management Plan, and is in no way intended to operate to ensure the safety or capacity of the vehicles, equipment, and/or employees operated and/or utilized by the Licensee in connection with the operation of this license. The Licensee hereby acknowledges and agrees that it shall hold harmless the County of Westchester for any and all claims for damage to property and/or persons which the Licensee may cause in connection with the operation of this license for the duration of the term of this license.

Agreed to on this 5th day of October, 2018.

LICENSEE:

Richard O'Neill Safety + Compliance Mgr
Name & Title

Authorized on this 9th day of Oct, 2018.

WESTCHESTER COUNTY SOLID WASTE COMMISSION

Patricia A. O'Callaghan

Patricia A. O'Callaghan, Esq., Acting Executive Director

\$100

Town of Somers

Application For License To Collect Refuses
Within The Town Of Somers

NAME AND ADDRESS OF CARTER:

CRP Sanitation, Inc.
2 Bayview Rd
Cortlandt Manor, NY 10567

1. EQUIPMENT: a detailed description of all equipment shall be attached with the following information:
VEHICLE NO, AGE, MAKE, CONDITION OF VEHICLE, LINCENSE PLATE NO.

2. FEES: \$ 50.00 per vehicle up to 18,000 pounds # _____
\$100.00 per vehicle in excess of 18,000 pounds # 1

3. DESCRIPTION OF APPLICANT'S WORK FORCE:

Number of Drivers 38 Office Personnel 12 Other 12

4. PROPOSED RATES FOR COLLECTION (attach rate schedule)

5. OWNERS, STOCK HOLDERS, DIRECTORS, OFFICERS AND CREDITORS:

List name and addresses, actual or beneficial.

Addendum Richard Carbone 29 Finnerly Pl Putnam Valley NY 10571
Gary Carbone 20 Dirubba Dr Cortlandt Manor NY 10567
Ronald Carbone 39 Spencer Ct Hartsdale NY 10530

6. CUSTOMERS: list No. of Customers _____
Must attach minimum of 20

7. CONTINGENCY PLAN: By separate attachment, submit plan for providing service in the event of equipment failure, labor or other factors causing interruption of service.

8. METHOD OF BILLING: Carter must submit residential tonnage collected daily and monthly for tonnage delivered from the Town of Somers to Charles Point or designated transfer station.

9. OFFICE LOCATION AND 24 HOUR TELEPHONE NUMBER:

10. FINANCIAL:

Deposit sum equaling to cost of one month of total tipping fees.

11. INSURANCE

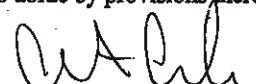
Name of Insurance Carrier (Certificate or Affidavit of Insurance to be attached)

12. Submit proof of Westchester County Health Department Certificate.

13. Statement must be submitted by the Applicant acknowledging that they have received a copy of the ordinance and agrees to abide by provisions thereof.

2-19-19

Date of Application



Signature of Carter



March 20, 2017

Town of Somers
335 Route 202
Somers, NY 10589

Re: Refuse Collection License

Attachment 1

4) Rates for Collection:

The following price model is used for all our residential customers. All prices are negotiable.

- 1x/week Curbside Trash & Recycling Pick-Up \$40 per month
- 2x/week Curbside Trash & Recycling Pick-Up \$50 per month
- 1x/week Driveway Trash & Recycling Pick-Up \$50 per month
- 2x/week Driveway Trash & Recycling Pick-Up \$60 per month

6) Proposed Service Area:

We will service any residential or commercial customer in the entire Town of Somers.

7) Contingency Plan:

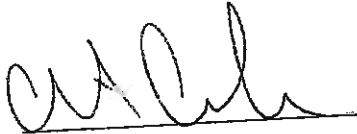
We currently employ 35 drivers at CRP Sanitation, Inc. Of those 35 drivers employed, 3 are in the position of Swing Driver, which are utilized for vacation, sick, or replacement purposes. In the rare event where all 3 swing drivers are being utilized, 5 supervisors who are currently in office positions are former drivers who have advanced to office positions, are available to drive as well. We have over 40 pieces of equipment, and 5 of those are spare trucks to be utilized in the event of breakdowns.

9) Office Location:

CRP Sanitation, Inc.
2 Bayview Rd
Cortlandt Manor, NY 10567
914-592-4129

10) Financial:

CRP Sanitation has been in business since 1979. Our weekly disposal bills are more than \$50,000.00. We currently have a checking account balance that exceeds that figure 5-fold.

A handwritten signature in black ink, appearing to read 'Anthony Carbone', written over a horizontal line.

Anthony Carbone
General Manager
CRP Sanitation, Inc.

Vehicle ID	Make	Gross Wt	Year	Age	Vin	Plate#	Reg Class	Reg Exp
C2	CHEVY	11,400	2004	-	1GBJC34134E213411			
C3	CHEVY	11,400	2006	11	1GBJC34256E125293	67666JU	COM	9/30/2019
C4	CHEVY	11,400	2006	11	1GBJC342X6E126259	67668JU	COM	9/30/2019
C5	CHEVY	11,400	2006	11	1GBJC34246E123969	67667JU	COM	9/30/2019
C6	Chevy	13,200	2016	1	1GB3CYC87GF262243	28351MJ	COM	9/30/2018
CD-1	INTL	25,999	2002	15	1HTMMAAM32H393559	62302MH	COM	10/31/2018
CD-2	INTL	25,500	1994	23	1HTSCPLM1RH546265	16220KA	NY COM	7/31/2018
CD-3	INTL	25,999	2005	12	1HTMKAANX5H689844	45354MJ	COM	9/30/2018
M-1	ISUZU	19500	2006	11	JALE5B16X67300312	62325MH	COM	11/30/2018
M-2	INTL	25999	2006	11	IHTMMAAL06H344090	88547MJ	COM	2/28/2018
RL-03	MACK	54,000	2000	17	1M2K195CXYM015845	29421ME	COM	2/28/2018
RL-04	MACK	54,999	2003	14	1M2K195C33M022922	99639MG	COM	7/31/2018
RL-05	MACK	53,000	2001	16	1m2k185c31m008204	40973MK	COM	3/31/2018
RL-06	MACK	54,999	2005	12	1M2K195C25M025717	85165MK	COM	11/30/2018
RL 35	FRGHT	51,000	1997	20	1FV6HLAB3VH862923	29418ME	COM	2/28/2018
G-9	01 MACK	54,999	2001	16	1M2B210C81M028508	62301MH	COM	10/31/2018
G-11	04 MACK	57,000	2004	13	1M2K189C14M024884	14177PC	IRP NY	10/31/2018
MT-1	06 MACK	54,999	2006	11	1M2K189C36M033542	94861JU	COM	12/31/2017
MT-2	06 MACK	57,000	2006	11	1M2K189C16M033541	14176PC	NY IRP	10/31/2018
MT-3	06 MACK	54,999	2006	11	1M2K189C16M033540	94870JU	COM	12/31/2017
MT-4	06 MACK	54,999	2006	11	1M2K189C6M033540	94858JU	COM	12/31/2017
Y-1	06 MACK	54,999	2006	11	1M2K189C36M033539	94858JU	COM	12/31/2017
Y-2	06 MACK	54,999	2006	11	1M2K189C26M033564	99569MG	COM	12/31/2017
Y-3	06 MACK	54,999	2006	11	1M2K189C66M033566	94878JU	COM	12/31/2017
Y-4	06 MACK	57,000	2006	11	1M2K189C46M033565	94876JU	COM	12/31/2017
FL-29	MACK	54,000	2004	13	1M2K189C86M033567	28541PC	IRP NY	10/31/2018
FL33	MACK	54,999	2000	17	1M2K189C34M024501		COM	
F-7	MACK	54,500	2015	2	1M2K185C7YM007955	88546MJ	COM	11/30/2018
F-8	MACK	54,500	2015	2	1M2AV04C7FM012461	58095ME	COM	6/30/2018
F-9	MACK	54,999	2001	16	1M2AV04C9FM012462	58096ME	COM	6/30/2018
F-10	Mack	54000	2003	14	1M2K195C21M018714		COM	
F-11	MACK	54000	2007	10	1M2K195C43M022878	99270MH	COM	3/31/2018
F-12	MACK	54999	2004	13	1M2K189C67M039160	41058MK	COM	5/31/2018
R-5 RO63	Mack	54,500	1994	23	1M2K189CX4M025533	41089MK	COM	6/30/2018
R-10 RO69	MACK	56,000	1995	22	1M2P268C3RM017239	46814ka	COM	9/30/2018
R-16 RO70	MACK	57,000	1999	18	1M2P268C9SM021138	16833PC	NY IRP	10/31/2018
R-18 RO71	MACK	57,000	2001	16	1M2P267C3XM044343	14180PC	NY IRP	10/31/2018
R-19 RO72	MACK	57,000	2002	15	1M2P271C71M059367	37606PC	NY IRP	10/31/2018
R-21 RO73	MACK	55,000	2002	15	1M2P271C32M063708	14181PC	NY IRP	10/31/2018
R-20 RO66	MACK	55,000	2002	15	1M2P264C02M033944	14183PC	NY IRP	10/31/2018
R-22	MACK	54,000	2001	16	1M2P264C52M033941	14182PC	NY IRP	10/31/2018
R-23	MACK	54,999	1993	24	1M2P267CX1M056965	29456ME	COM	3/31/2018
R-24	INTER	25,500	2003	14	2M2P264C3PC014070	99341MH	COM	4/30/2018
R-25	Mack	54,999	1998	19	1HTMNAAL03H571742	22104MG	COM	10/31/2018
R-26	Mack	54,999	2000	17	1M3AM27K2WM001087	22014MG	COMM	7/31/2018
R-27	KENWORTH	33,000	2005	12	1M2P65C9YM030676	14178PC	IRP	10/31/2018
R-28	KENWORTH	33,000	2018	-1	2NKMHD7X95M102510	99329MH	COM	4/30/2018
H-1	INTL	24,000	2008	9	2NKHJ7X5JM210990	80245MK	COM	11/8/2018
H-2	FREIGHT	25,999	2001	16	1HTMMAAL88H563799	29419ME	COM	2/28/2019
					1FVABSAK21HJ41346	99342MH	COM	4/30/2019

WESTCHESTER COUNTY DEPARTMENT OF HEALTH - BUREAU OF ENVIRONMENTAL QUALITY
REFUSE COLLECTION PERMIT

Application having been duly made as required by Article VIII of the Sanitary Code, Laws of Westchester County, permission is hereby granted to:

FACILITY INFORMATION:

WCDH Facility Number: 00-0059

Telephone: (914) 592-4129

Business Name: CRP SANITATION INC

Mailing Address: 2 BAYVIEW ROAD, CORTLANDT MANOR, NY 10567

FACILITY OWNER INFORMATION:

Telephone: (914) 592-4129

Business Name: RONALD CARBONE

Mailing Address: 2 BAYVIEW ROAD, CORTLANDT MANOR, NY 10567

To engage in the business of removing, collection and/or transporting within the County of Westchester, the following types of waste indicated:

TYPES OF WASTE:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Regulated Medical/Infectious |
| <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Construction Demolition |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Meat |
| <input type="checkbox"/> Other: | |

DISPOSAL SITES:

Railroad transfer station — 2018
WEST NYACK TRANSFER STATION — 2018

In the vehicles listed on reverse side of this permit, subject to the provisions of the aforementioned Sanitary Code and provided that:

1. Work shall be performed only under the direction of the permittee, who shall use only the vehicles listed on reverse side of this permit.
2. Removal, collection, and transportation of waste shall be in such a manner as not to cause a public health or other nuisance.
3. During transportation, waste shall be either completely enclosed and maintained entirely in the vehicles or so covered as to prevent the loss of any material.
4. The vehicles and containers must prevent the loss or discharge of waste during transportation.
5. Disposal of waste at sites owned, operated and/or maintained by the County of Westchester shall be in complete conformity with the requirements of the Westchester County Department of Environmental Facilities.
6. Disposal of waste shall be in complete conformity with the requirements of and written consent of the local authority in charge of the disposal site.
7. Disposal sites shall be limited to the facilities that are currently permitted by the regulatory government agency (agencies) to accept such material.
8. Disposal sites shall be limited to the facilities stated on the permit application.
9. Regulated Medical/Infectious Waste shall be removed, collected and transported in accordance with the requirements of the New York State Department of Environmental Conservation i.e. 6 NYCRR Part 364, Subdivision 364.9.
10. Waste shall be removed, collected and transported in compliance with all applicable municipal, county, state and federal ordinances, laws and regulations.
11. A copy of this permit shall be kept in each vehicle listed on reverse side and shall be shown to a representative of the Westchester County Department of Health or the New York State Department of Environmental Conservation, on demand.
12. This permit is not transferrable to vehicles other than listed on reverse side.
13. The owner or business name as stated on the permit application must be prominently shown on each vehicle listed on reverse side.

This permit shall become null and void and may be suspended or revoked for cause if the said business is not conducted in accordance with this permit or as stated on the application, or if vehicles other than those described on page 2 of this permit are used. Nothing contained in this permit shall be construed to invalidate any local, county, state or federal ordinances, regulations or laws affecting the conduct of this business.

Date Expired: 03/31/2019

Date Issued: 03/26/2018

Sherlita Amler MD
Sherlita Amler, M.D., Commissioner of Health
SHERLITA AMLER, M.D.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Haylor, Freyer & Coon, Inc.
231 Salina Meadows Parkway
P.O. Box 4743
Syracuse NY 13221

CONTACT NAME: Richard DeLand
PHONE (A/C, No, Ext): 315-703-9155
E-MAIL: associatetransportation@haylor.com
FAX (A/C, No): 315-362-5712

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : National Interstate Insurance Comp - OH		32620
INSURER B : Merchants Mutual Ins. Co.		23329
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
CRP Sanitation, Inc.
2 Bayview Road
Cortlandt Manor, NY 10567

CRPSANITAT

CERTIFICATE NUMBER: 720847781

REVISION NUMBER:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	WAR831001400	12/31/2017	7/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$5,000 Comp <input checked="" type="checkbox"/> \$5,000 Coll	Y	WAR831001400 CAW021017301	12/31/2017 12/31/2017	7/1/2019 7/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	CUP0002315	12/31/2018	7/1/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	WRW831001400	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Auto Liability Additional Insured - As required by written contract NI CA 59 57 06 14
Auto Liability Primary and Non-Contributory - As required by written contract NI CA 20 56 01 14

General Liability Additional Insured - Owners, Lessees or Contractors - Person or Organization - Ongoing Operations - As required by written contract CG 20 10 04 13
General Liability Additional Insured - Owners, Lessees or Contractors - Completed Operations - As required by written contract CG 20 37 04 13

See Attached...

CERTIFICATE HOLDER

Town of Somers
335 Route 202
Somers NY 10589

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Richard DeLand

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AGENCY CUSTOMER ID: CRPSANITAT
LOC #: _____

Page 1 of 1



ADDITIONAL REMARKS SCHEDULE

AGENCY Haylor, Freyer & Coon, Inc.		NAMED INSURED CRP Sanitation, Inc. 2 Bayview Road Cortlandt Manor, NY 10567
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

General Liability Primary and Noncontributory - As required by written contract CG 20 01 04 13

Umbrella Follow Form

Sent to:
TB, TA, TC
2/27/19
KD

Telephone
(914) 277-3539

FAX
(914) 277-3790


BUILDING DEPARTMENT
Town of Somers
WESTCHESTER COUNTY, N.Y.

TOWN HOUSE
ANNEX
337 ROUTE 202
SOMERS, NY 10589

Thomas J. Tooma, Jr.
Building inspector



MEMO TO: Town Board

FROM: Thomas J. Tooma, Jr. 
Building Inspector

RE: 63 Route 6 – 4.20-1-5 – Application to Planning Board

DATE: February 26, 2019

Per Chapter 67 of the Code of the Town of Somers, Application Processing Restrictions, the applicant has a pending violation but wishes to appear before the Planning Board to remedy the violation. Please consider allowing the applicant to remedy the stop work order issued.

TT:ds

cc: Town Planner Syrette Dym

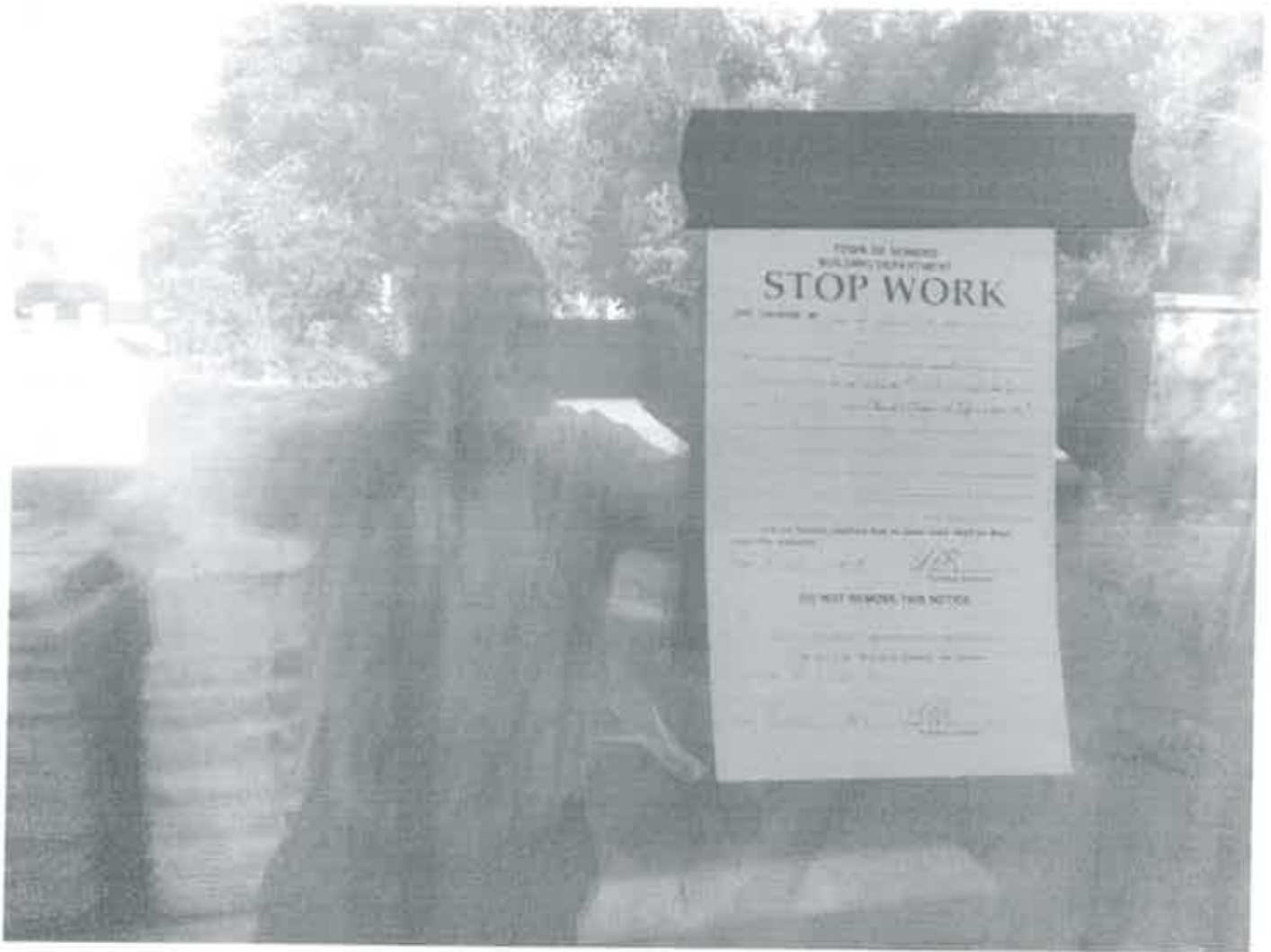
attachments – Chapter 67 of the Code of the Town of Somers
Stop Work Order

Town of Somers, NY
Tuesday, February 26, 2019

Chapter 67. Application Processing Restrictions

§ 67-4. Submission of proof; processing and approval.

- A. Simultaneously with the filing of an application to any board or official of the Town of Somers, an applicant must submit proof, using the certification attached hereto,^[1] that no fees are due to the Town of Somers and that no outstanding violations of any local law or ordinance of the Town of Somers exist on the property.
[Amended 7-9-2009 by L.L. No. 4-2009]
[1] *Editor's Note: Said certification is included at the end of this chapter.*
- B. The processing and approval of any and all applications for approval and issuance of any permit or certificate of occupancy by any board or official of the Town of Somers for any property owner who has fees outstanding to the Town of Somers or outstanding violations of any local laws or ordinances of the Town of Somers on the property for which the approval is being requested is hereby prohibited.
- C. In the event that an application is in process before any of the boards or officials as listed above and a violation of this chapter occurs, processing of the application shall cease upon presentation of proof of the violation by the Zoning Enforcement Officer of the Town of Somers. Once the applicant submits proof that the violation of this chapter has been corrected, the application process shall be allowed to continue.
- D. For purposes of this chapter only, a violation of any local law or ordinance of the Town of Somers shall be deemed to have occurred when one of the following events occurs:
- (1) When a property owner has exhausted his or her administrative remedies to cure a specific notice of violation or has waived his or her right to do so;
 - (2) When a property owner has failed to seek a variance or appeal within 30 days after the issuance of a notice of violation; or
 - (3) Upon the issuance of a criminal summons by the Code Enforcement Officer.



September 24, 2018

On Wednesday, August 29, 2018 the Building Inspector Efreem Citarella issued a Stop Work Order at 63 Route 6 as the contractor for the tenant (Coral Seafood Restaurant) was doing exterior work – widening a ramp and building an outdoor patio, without going through the Planning Board process to get site plan approval.

They were issued a Building Permit on September 6, 2018 to do interior work only.

October 5, 2018 –

Owner of the property Paul Iaccone came into the office to confirm that they received the Stop Work order of October 3, 2018. In addition, he confirmed that no additional outside work had been done since the last Stop Work order was issued on August 30, 2018.

The October 3, 2018 Stop Work order was generated as a result of a concern that Steve Woelfle had. As it turns out what he thought was being constructed was what was being done when the Stop Work in August was issued.

The owner will make arrangements to go before the Planning Board for site plan approval for that outside work.

Sent to:
TB, TA, TC
2/27/19
KD

Adam Smith
Superintendent of Water & Sewer
asmith@somersny.com

Water & Sewer Department

Town of Somers

WESTCHESTER COUNTY, N.Y.

P.O. Box 618
40 Lakeview Drive
Shenorock, NY 10587
Telephone & Fax
(914) 248-5181



Date: February 26, 2019
To: Somers Town Board
From: Adam Smith *AS*
Water Superintendent
RE: 2019 Vehicle Purchase

At this time the Special Districts have sufficient funds available in the operating budget to cover the purchase of a new vehicle. Therefore I respectfully request the town board authorize the purchase of a new vehicle the cost of which shall not exceed \$32,000.

The purchase shall be made through the Westchester County Bureau of Purchase and Supplies. Attached is a copy of the vehicle specifications, the cost and the proposed recommended options. The vehicle is a Ford Transit 250 Cargo Van which will replace our existing E250 Cargo Van.

The cost of this vehicle shall be shared between the three water districts and the sewer district. The percentage of the cost will be allocated based on the number of service connections in each district.

The following is an estimated cost to each district based on a purchase price of \$32,000.

Amawalk Heights	7%	\$ 2,252.00
Amawalk-Shenorock	72%	\$ 22,993.00
Somers Sewer	19%	\$ 5,971.00
Windsor Farms	2%	\$ 784.00

CONTRACT AWARD NOTIFICATION

TITLE:	Cargo / Passenger Vans
CONTRACT NUMBER:	RFB-WC-17200
CONTRACT PERIOD:	2017 / 2018 Model Year
DATE OF ISSUE:	August 22, 2017
NEW EXTENDED CONTRACT PERIOD:	
COUNTY DEPARTMENTS:	DPW
SPECIFICATION REFERENCE:	As Incorporated In The Invitation for Bids
CONTRACTOR INFORMATION:	Appears on the attached pages of this Award

Address Inquiries To:

County Departments & Vendors	Political Subdivisions
Name : Martin Connolly Title : Senior Buyer Phone : 914-231-1329 Fax : 914-231-1546 E-mail: mmcf@Westchestergov.com	Customer Service Name : Dianne Munro Phone : 914-231-1315 Fax : 914-231-1546 E-mail: mmm6@Westchestergov.com

Description

A File Price has been established for Cargo / Passenger Vans, effective for the 2017-2018 model year, for use by all County Departments and Participating Municipalities.

This is an agreement covering 2017 / 2018 Cargo / Passenger Vans which is available to participating municipalities. The awarded items and prices are on the following pages and the vendor terms are below:

FORD TRANSIT VANS

VENDOR:
Vendor #725433
Vance Country Ford
C/O The Cruisers Division
420 Mt Pleasant Avenue
Mamaroneck, NY 10543

AREA REP

Mr. Gary Gerstein

TELEPHONE NO.: (914) 381-7700

TERMS: NET

F.O.B.: Destination

OEM Option Discount: 5%

Item 1: 2017 / 2018 Ford Transit 150 LR Cargo Van, as per the attached specifications and requirements.

Base Price per Vehicle: \$23,590.16

Options and associated pricing are detailed herein.

VEHICLE SPECIFICATIONS

2018 FORD TRANSIT LOW ROOF CARGO VAN

WHEELBASE	130 inches
GVW	8600 lbs.
PAYLOAD CAPACITY	3680 lbs.
WIDTH OVERALL	81.3 inches (without mirrors)
HEIGHT OVERALL	83.6 inches
LENGTH OVERALL	219.9 inches
ENGINE	3.7 Liter V6 Gasoline with electronic Fuel Injection and engine oil cooler. 275 HP minimum
ELECTRICAL SYSTEM	Twelve (12) volt Ignition, lighting and accessory system.
BATTERY	heavy duty maintenance free, 70 amp
ALTERNATOR	Heavy duty - min 250 amperes.
TRANSMISSION	6 speed automatic with overdrive and heavy duty transmission oil cooler
REAR DIFFERENTIAL	Limited slip, 4.10 ratio or comparable
ANTILOCK BRAKES	Heavy duty 4 wheel power disc Antilock Brakes with electronic stability control.
FRAME	Unibody construction or full frame
STEERING	Hydraulic Power Assist
SUSPENSION	Heavy duty suspension -

COOLING SYSTEMS	Extra fine density heavy duty radiator and engine condenser for air conditioner heat dissipation to adequately and properly carry out their functions.	AS SPEC'D
	Coolant Recovery System - Permanent type antifreeze shall be used to protect the liquid cooling systems against freezing in temperatures ranging to 30 degrees below zero Fahrenheit.	AS SPEC'D
TIRES AND RIMS	2 all weather radial tires on front wheels 2 snow / traction type radial tires on rear wheels 1 full size spare tire and wheel. Steel Wheels Tire size 235/65R16, to include wheel covers	(5) 235/65R16 ALL SEASON TIRES. TIRE SIZE MAY CHANGE DEPENDING ON MODEL UPGRADES
OUTSIDE MIRRORS	Aero style exterior / power	AS SPEC'D
POWER WINDOWS	Power group 90L or equal	AS SPEC'D
EXTERIOR CARGO DOORS	60/40 split passenger side cargo doors and 50/50 split rear doors to include fixed door glass in all cargo doors with metal security grates on glass	AS SPEC'D
SEATS, FRONT	Vinyl, bucket style.	AS SPEC'D
UPHOLSTERY	Heavy duty vinyl.	AS SPEC'D
FLOOR MATS	Full Rubber Floor Mat.	AS SPEC'D
COLOR - Exterior	To be determined at time of order	AS SPEC'D STD RPO COLOR
Interior	Black or Gray	AS SPEC'D
WIPER/WASHER TIME DELAY	Heavy duty 2 speed electric wiper with delay, with automatic washer service with washing fluid reservoir located under the hood and filled with washer fluid.	AS SPEC'D
SEAT BELTS	3 point for all seating positions	AS SPEC'D
FUEL TANK	25 Gallons. To be filled with fuel at time of delivery	AS SPEC'D
GAUGES	To include all factory gauges and instrumentation	AS SPEC'D

AIR BAGS	Factory installed Driver, passenger & side curtain air bags.	AS SPEC'D
LIGHTING	Halogen headlights / Daytime running lights 2 high intensity dome lights and map light Rear cargo interior LED lighting to illuminate entire cargo area with 1 switch near driver seat and 1 switch near rear cargo doors	AS SPEC'D
AIR CONDITIONING / HEAT	FACTORY INSTALLED	AS SPEC'D
MISCELLANEOUS:		
<u>DMV inspection</u>	All vehicles must be delivered with complete NYS inspections. In the event that a vehicle is delivered uninspected, \$250 will be deducted from the invoice by the agency to cover the cost of the inspection and to compensate for time.	AS SPEC'D
	Warranty: 3 year/36,000 miles - bumper to bumper 5 year/60,000 miles - powertrain	AS SPEC'D
	To include 3 keys/fobs, each able to start and operate vehicle.	AS SPEC'D
	Front and Rear Bumpers with license plate brackets and rear bumper to be step type	AS SPEC'D
	Cargo screen behind driver and passenger with center access door to cargo area	AS SPEC'D
	Back-up Alarm audible to 50 ft.	AS SPEC'D
	Rear View Camera, installed	AS SPEC'D
	(1) 5 lb. ABC Fire Extinguisher w/mounting bracket	AS SPEC'D
	DOT Roadside Emergency Kit	AS SPEC'D
	(1) Set shop manuals per order.	1 SET WESTCHESTER CTY
	Lift Jack and handle to lift fully loaded vehicle.	AS SPEC'D
	Owners Manual for each vehicle.	AS SPEC'D

No name other than that of manufacturer shall appear anywhere on the vehicle.

AS SPEC'D

The unit shall be manufactured and equipped in accordance with the current Federal Government National Traffic Safety Agency and State of New York Bureau of Motor Vehicles Standards for

All vehicles manufacturer's standard equipment shall be furnished unless otherwise superseded by any of the above.

AS SPEC'D

The County will be provided with an order confirmation from the OEM, detailing all optional equipment and a complete option content broadcast sheet shall be forwarded to the County after the vehicle(s) have been built.

AS SPEC'D

BASE PRICE:

Cost of vehicle as per preceding specs

23590.15

PLEASE QUOTE OPTION PRICING:

OEM % DISCOUNT

% off OEM options not listed

5%

OPTIONS: (QUOTE PRICE)

Options to be added at the County's Discretion

1. OEM installed Class IV HD Tow package with hitch

\$461.00

2. 2 front amber LED lights mounted in grill
2 rear amber LED warning lights to be mount
to rear exterior of vehicle to be controlled
by switch on front dash

\$800.00

3. upgrade engine to 3.5 L V6 EcoBoost, 310 HP

\$1772.00

4. upgrade to 148 inch wheel base LOW ROOF

\$756.00

5. upgrade to 250 series cargo van LOW ROOF

\$244.00

6. upgrade to 350 series cargo van LOW ROOF

\$2647.00

7. upgrade to XL Wagon 150 series van, 8 passenger

\$1450.00

8. upgrade to XL Wagon 350 series:

5 passenger

N/A

12 passenger

LOW ROOF

\$4226.00

15 passenger

LOW ROOF

\$6103.00

9. Roof Options:

Medium roof - 100.8 inches

High roof - 110.1 inches

CARGO VANS

9) E1C: 150 MED ROOF 130" WB CARGO	\$3252.00
9) E3C: 150 MED ROOF 143" WB CARGO	\$4744.00
9) R1C: 250 MED ROOF 130" WB CARGO	\$4085.00
9) R2C: 250 MED ROOF 148" WB CARGO	\$5578.00
9) W9C: 350 MED ROOF 130" WB CARGO	\$5183.00
9) W2C: 350 MED ROOF 143" WB CARGO	\$6675.00

9) R2X: 250 HIGH ROOF 148" WB	\$7491.00
9) W2X: 350 HIGH ROOF 148" WB	\$8589.00

PASSENGER VANS

9) K1C: 150 MED ROOF 130" WB 8 PASS	\$5344.00
9) X2C: 350 MED ROOF 143" WB 12 PASS	\$8547.00
ADD \$1350 FOR 15 PASS	

9) X2X: 350 HIGH ROOF 148" WB 12 PASS	\$9542.00
ADD \$1350 FOR 15 PASS	

IF YOU NEED ADDITIONAL OPTIONS, PLEASE CALL

10) VEHICLE OPTIONS	DISCOUNT
WHELEN, FEDERAL SIGNAL, CODE 3, FENIEK	44.2
HAVIS	30.
HINT	21.
ADRIAN STEEL, RANGER DESIGN, WEATHER GUARD	10
PRO GUARD, SETIMA, GO RHINO	10
ALL OTHER MFG 15% OVER COST	

Sent to:
TB,TA,TC
2/27/19
KD



February 26, 2019

Orrick, Herrington & Sutcliffe LLP
51 West 52nd Street
New York, NY 10019-6142
+1 212-506-5000
Orrick.com

VIA E-MAIL (supervisor@somersny.com)

Hon. Rick Morrissey
Supervisor
Town of Somers
335 Route 202
Somers, New York 10589

Douglas E. Goodfriend

E dgoodfriend@orrick.com
D +1 212 506 5211
F +1 212 506 5151

Re: Town of Somers, Westchester County, New York
Reimbursement and Appropriation Resolution – Sewer District Planning Study
Orrick File: 42302-2-17

Dear Rick:

In accordance with our recent email with Roland, with apologies, I have prepared and enclose herewith a form of reimbursement intention resolution for adoption by the Town Board at its next meeting. As discussed, adoption of the actual bond resolution prior to any expenditure is what is required for reimbursement by later borrowing pursuant to Section 165.10 of the Local Finance Law, technically. This resolution authorizes the general fund expenditures for later cash reimbursement.

Please see that this resolution is adopted by the affirmative vote of at least a majority of the voting strength of the Town Board. This resolution is adopted subject to permissive referendum and notice should be posted on the Town signboard and website, and published in the Town's official newspaper within ten (10) days of adoption pursuant to Section 90 of the Town Law.

When available, please furnish us with a certified copy of this resolution.

With best wishes,

Very truly yours,

Douglas

Douglas E. Goodfriend

DEG/zmt
Enclosures
4136-1365-4554.01

cc: Roland Baroni, Esq. (w/encl.) (rbarone@prodigy.net)

REIMBURSEMENT AND APPROPRIATION RESOLUTION
(SUBJECT TO PERMISSIVE REFERENDUM)

At a regular meeting of the Town Board of the Town of Somers, Westchester County, New York, held at Town House, in Somers, New York, in said Town, on the 7th day of March, 2019, at _____ o'clock P.M., Prevailing Time.

The meeting was called to order by _____, and
upon roll being called, there were

PRESENT:

ABSENT:

The following resolution was offered by _____, who
moved its adoption, seconded by _____, to-wit:

RESOLUTION DATED MARCH 7, 2019.

RESOLUTION OF INTENT REGARDING THE TEMPORARY EXPENDITURE OF GENERAL FUND MONIES OF THE TOWN OF SOMERS, WESTCHESTER COUNTY, NEW YORK, IN THE AGGREGATE AMOUNT NOT EXCEEDING \$300,000 FOR THE COST OF THE ENGINEERING, PLANNING AND OTHER PRELIMINARY EXPENSES FOR A PROPOSED FUTURE SEWER DISTRICT, IN AND FOR SAID TOWN.

WHEREAS, the Town of Somers, Westchester County, New York (the "Town"), has the power and authority to pay the cost of engineering, planning and other preliminary expenses in connection with the establishment of a future sewer district, pursuant to the applicable provisions of Sections 191-a and 209-b of the Town Law and Section 99-d of the General Municipal Law of the State of New York (together, the "Act"); and

WHEREAS, the Town Board of the Town wishes to proceed under the provisions of the Act to expend general fund monies for said purpose, subject to reimbursement in the event of establishment of such a sewer district in an aggregate amount not to exceed \$300,000;

NOW, THEREFORE, BE IT RESOLVED, by the Town Board of the Town of Somers, Westchester County, New York, as follows:

Section 1. The Town Board of the Town hereby finds and determines:

- (a) By virtue of the Act, the Town has been vested with all powers necessary and convenient to carry out and effectuate the purposes and provisions of the Act and to exercise all powers granted to it under the Act;
- (b) It is the intent of the Town to expend an amount not exceeding \$300,000 for the purpose of paying the cost of engineering, planning and other preliminary expenses in connection with the establishment of a future sewer district (the "Project"), pursuant to the provisions of the Act, and said amount is hereby appropriated therefor; and

(c) In anticipation thereof, the Town hereby states its intention to reimburse general fund monies of the Town hereafter expended in an amount not to exceed \$300,000 in connection with the Project from monies raised in said future sewer district in the event said sewer district is established.

Section 2. A copy of this resolution shall be placed on file in the office of the Town Clerk where the same shall be available for inspection during business hours and shall be published in the official newspaper of the Town within ten (10) days of the date hereof.

Section 3. This resolution is adopted subject to permissive referendum.

The question of the adoption of the foregoing resolution was duly put to a vote on roll call, which resulted as follows:

_____ VOTING _____

_____ VOTING _____

_____ VOTING _____

_____ VOTING _____

_____ VOTING _____

The resolution was thereupon declared duly adopted.

* * * * *

**NOTICE OF ADOPTION OF RESOLUTION
OF THE TOWN BOARD OF THE TOWN OF SOMERS,
WESTCHESTER COUNTY, NEW YORK
SUBJECT TO PERMISSIVE REFERENDUM**

Notice is hereby given that the following resolution of the Town Board of the Town of Somers, Westchester County, New York, was adopted on March 7, 2019 subject to permissive referendum.

Town Clerk

[PUBLISH FULL TEXT HERE]

CERTIFICATION FORM

STATE OF NEW YORK)
) ss.:
COUNTY OF WESTCHESTER)

I, the undersigned Clerk of the Town of Somers, in the County of Westchester, New York (the "Issuer"), DO HEREBY CERTIFY:

- 1) That a meeting of the Issuer was duly called, held and conducted on the 7th day of March, 2019.
- 2) That such meeting was a special regular (circle one) meeting.
- 3) That attached hereto is a proceeding of the Issuer which was duly adopted at such meeting by the Board of the Issuer.
- 4) That such attachment constitutes a true and correct copy of the entirety of such proceeding as so adopted by said Board.
- 5) That all members of the Board of the Issuer had due notice of said meeting.
- 6) That said meeting was open to the general public in accordance with Section 103 of the Public Officers Law, commonly referred to as the "Open Meetings Law".
- 7) That notice of said meeting (the meeting at which the proceeding was adopted) was given PRIOR THERETO in the following manner:

PUBLICATION (here insert newspaper(s) and date(s) of publication)

POSTING (here insert place(s) and date(s) of posting)

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Issuer this _____ day of March, 2019.

Town Clerk

(CORPORATE
SEAL)

Sent to:
TB, TA, TC 2/27/19
Kim DeLucia KD

From: Patricia Kalba
Sent: Wednesday, February 27, 2019 1:22 PM
To: Kim DeLucia
Subject: FW: Annual Ribbon Campaign

This needs to be places of the Town Board agenda.

Patricia Kalba, RMC, CMC
Town Clerk

Town of Somers
335 Route 202
Somers, New York 10589

914-277-3323
914-277-3960 (fax)
pkalba@somersny.com

Note: This e-mail message is intended only for the use of the individual or entity to whom it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the identified addressee, you are hereby notified that any unauthorized use, disclosure, reproduction, dissemination or disruption of this communication is strictly prohibited. Please note that it is your responsibility to scan this e-mail for viruses. If you receive this e-mail message in error, please delete all copies of this message and notify the sender immediately by telephone at (914) 277-3323. Thank you.

From: Deborah Scogna <deborahs@namiwestchester.org>
Sent: Thursday, February 21, 2019 10:24 AM
To: Patricia Kalba <pkalba@somersny.com>
Subject: Annual Ribbon Campaign

Last year the Town of Somers participated in our Ribbon Campaign for the month of May, which is Mental Health Awareness Month and we hope you will do the same this year.

The ribbons will be placed in designated areas as indicated by the Town. We ask that you provide us with written approval that indicates exactly where the ribbons can be placed. The ribbons go up on May 1st and are removed by May 31st.

I look forward to hearing from you.

Thank you.

Deborah A. Scogna

Program Administrative Assistant

NAMI Westchester, Inc.

100 Clearbrook Road

Elmsford, New York 10523

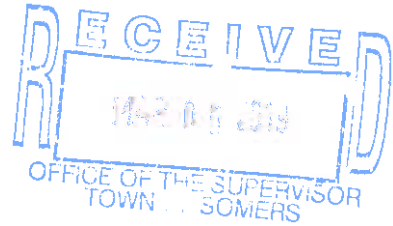
Phone #: 914-592-5458

Fax #: 212-849-0990

www.namiwestchester.org



Sent to:-
TB, TA, TC
3/6/19
KO



Town of Somers, New York

Town Justice Court

**Statement of Cash Receipts, Cash Disbursements
and Cash Balances**

Year Ended December 31, 2018

Independent Auditors' Report

**The Honorable Town Supervisor
and Members of the Town Board
of the Town of Somers, New York**

Report on the Financial Statements

We have audited the accompanying statement of cash receipts, cash disbursements and cash balances of the Town Justice Court of the Town of Somers, New York, as of and for the year ended December 31, 2018, and the related note to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with the basis of accounting described in Note 1; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on this financial statement based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statement referred to in the first paragraph presents fairly, in all material respects, the cash receipts, cash disbursements and the cash balances of the Town Justice Court of the Town of Somers, New York as of December 31, 2018 and for the year then ended, in accordance with the basis of accounting as described in Note 1.

Basis of Accounting

We draw attention to Note 1 of the financial statement, which describes the basis of accounting. The financial statement was prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Restriction on Use

This report is intended solely for the information and use of the Board of Trustees, the Office of Court Administration and management and is not intended to be and should not be used by anyone other than these specified parties.

PKF O'Connor Davies, LLP

PKF O'Connor Davies, LLP

Harrison, New York

February 11, 2019

Town of Somers, New York

Town Justice Court

Statement of Cash Receipts, Cash Disbursements and Cash Balances

Year Ended December 31, 2018

	Joint Bail	Fines and Parking Justice McDermott	Justice Timone
CASH RECEIPTS			
Bail	\$ 87,100	\$ -	\$ -
Fines, fees and other	-	119,056	149,343
Total Cash Receipts	87,100	119,056	149,343
CASH DISBURSEMENTS			
Remittances to Town	-	119,606	150,925
Remittances to other governments	15,000	-	-
Bail refunds and bail applied to fines and forfeitures	29,805	-	-
Total Cash Disbursements	44,805	119,606	150,925
Excess (Deficiency) of Cash Receipts Over Cash Disbursements	42,295	(550)	(1,582)
CASH BALANCES			
Beginning of Year	23,925	5,223	15,082
End of Year	\$ 66,220	\$ 4,673	\$ 13,500
CASH BALANCES REPRESENTED BY			
Amounts due to Town	\$ -	\$ 4,673	\$ 13,500
Undisposed cases	66,220	-	-
Cash Balances - December 31, 2018	\$ 66,220	\$ 4,673	\$ 13,500

The accompanying note is an integral part of the financial statement.

Note 1 - Summary of Significant Accounting Policies

A. Basis of Accounting

This financial statement was prepared on the basis of cash receipts and cash disbursements in conformity with the accounting principles prescribed in the New York State Handbook for Town and Village Justices, which is a comprehensive basis of accounting other than generally accepted accounting principles. Under this basis of accounting, revenues are recognized when cash is received and expenditures are recognized when cash is disbursed.

B. Cash and Equivalents, Investments and Risk Disclosures

Cash and Equivalents - Cash and equivalents consist of funds deposited in demand deposit accounts, time deposit accounts and short-term investments with original maturities of less than three months from the date of acquisition.

The Town Justice Court's deposits and investment policies follow the Town of Somers, New York's ("Town") policies. The Town's investment policies are governed by state statutes. The Town has adopted its own written investment policy which provides for the deposit of funds in FDIC insured commercial banks or trust companies located within the state. The Town is authorized to use demand deposit accounts, time deposit accounts and certificates of deposit.

Collateral is required for demand deposit accounts, time deposit accounts and certificates of deposit at 100% of all deposits not covered by Federal deposit insurance. The Town has entered into custodial agreements with the various banks which hold their deposits. These agreements authorize the obligations that may be pledged as collateral. Such obligations include, among other instruments, obligations of the United States and its agencies and obligations of the State and its municipal and school district subdivisions.

Investments - Permissible investments include obligations of the U.S. Treasury, U.S. Agencies, repurchase agreements and obligations of New York State or its political subdivisions.

The Town follows the provisions of GASB Statement No. 72, "*Fair Value Measurement and Application*", which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted market data. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist.

Risk Disclosure

Interest Rate Risk - Interest rate risk is the risk that the government will incur losses in fair value caused by changing interest rates. The Town does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates. Generally, the Town does not invest in any long-term investment obligations.

Note 1 - Summary of Significant Accounting Policies (Continued)

Custodial Credit Risk - Custodial risk is the risk that in the event of a bank failure, the Town's deposits may not be returned to it. GASB Statement No. 40 directs that deposits be disclosed as exposed to custodial credit risk if they are not covered by depository insurance and the deposits are either uncollateralized, collateralized by securities held by the pledging financial institution or collateralized by securities held by the pledging financial institution's trust department but not in the Town's name. The Town's aggregate bank balances that were not covered by depository insurance were not exposed to custodial risk at December 31, 2018.

Credit Risk - Credit risk is the risk that an issuer or other counterparty will not fulfill its specific obligation even without the entity's complete failure. The Town does not have a formal credit risk policy other than restrictions to obligations allowable under General Municipal Law of the State of New York.

Concentration of Credit Risk - Concentration of credit risk is the risk attributed to the magnitude of a government's investments in a single issuer. The Town's investment policy limits the amount of deposit at each of its banking institutions.

Sent to:
TD, TA, TC
3/5/19
KD

Kim DeLucia

From: Carolyn Brush
Sent: Monday, March 4, 2019 1:00 PM
To: Kim DeLucia; Patricia Kalba
Cc: Bob Kehoe
Subject: Budget Modifications/Transfer for Town Board Meeting
Attachments: Signed_2018 GF_Budget Transfer Modifcations_2.pdf; SIGNED_2018 AH 2018 budget transfers.pdf; SIGNED_2018 ASWD_WF_SS_Budget Transfers and Modifications.pdf; SIGNED_2018 Highway_Budget Transfer Modifcations_1.pdf; Signed_2018 _Library_Budget Transfers.pdf; Signed_2018_Debt Service_Budget Transfers.pdf

Kim& Patty,

Attached please find 2018 signed budget modification and transfers for the town board's approval.

Let me know if you have any questions.

Carolyn

Carolyn Brush

Town of Somers
335 Route 202
Somers, NY 10589

Sent to:
TB, TA, TC
3/5/19
KD

2018 General Fund Budget Transfer

FROM:			
FUND	ACCOUNT CODE	ACCOUNT NAME	AMOUNT
1	9065 05	Health Insurance	\$270,789.00
1	001 0875	Assigned Full Capital Costs	\$302,171.00
Total:			\$1,092,960.00
TO:			
FUND	ACCOUNT CODE	ACCOUNT NAME	AMOUNT
1	1010 04	Town Board Contractual Expense	\$1,094.00
1	1110 04	Town Justice Contractual Expense	\$7,376.00
1	1220 01	Supervisor Personal Services	\$6,926.00
1	1310 04	Auditor Contractual Expense	\$2,000.00
1	1330 01	Tax Collector Personal Services	\$5,414.00
1	1420 041	Legal Services	\$37,765.00
1	1440 02	Engineer Equipment	\$30,494.00
1	1620 02	Building Equipment	\$30,664.00
1	1980 04	MTA Tax	\$104.00
1	3120 02	Police Equipment	\$13,320.00
1	4020 01	Vital Statistics Personal Services	\$370.00
1	4322 04	Mental Health North Westchester Guidance	\$4,933.00
1	1994 04	Advanced Life Support	\$1.00
1	5010 01	Superintendent Highways Personal Services	\$16,844.00
1	6772 01	Nutrition Personal Services	\$2,793.00
1	6773 01	Nutrition SNAP Personal Services	\$5,470.00
1	7020 04	Pecreation Admin Contractual Expense	\$1,151.00
1	7110 041	Parks Bldg. Maint. & Repair	\$34,784.00
1	7310 01	Youth Services Personal Services	\$31,135.00
1	7620 043	Reis House Restoration	\$1,036.00
1	8010 01	Zoning Personal Services	\$2,340.00
1	8160 011	Energy & Environment Overtime	\$487.00
1	8959 011	ARB Overtime	\$273.00
1	9030 02	Social Security	\$6,122.00
1	9045 05	Life Insurance	\$5,445.00
1	9950 09	Transfer to Capital Fund	\$312,209.00
1	9950 093	Transfer to Debt Service Fund	\$11.00
Total:			\$1,092,960.00

Explanation:

To cover budget overages for 2018.

Signature:

Bob Kehoe, Director of Finance

Date: 2/20/2019

Sent to:
TB, TA, TC
3/5/19
KS

2018 Amawalk Heights Budget Transfer

FROM:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
50	8340.04	Water Transmission Contractual Expense	\$1,432.00
50	50.0909	Fund Balance Unreserved	\$3,315.00
50	8320.041	Purchase of Water	

Total: \$4,747.00

TO:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
50	8310.04	Water Admin Contractual Expense	\$4,699.00
50	8320.04	Water Supply Contractual Expense	\$48.00

Explanation:

Total: \$4,747.00

To cover budget overages for 2018.

Signature:


Adam Smith
Water Superintendent

Sent to:
TB, TA, TC
3/5/19
KO

2018 Windsor Farms Budget Transfer

FROM:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
49	8340.44	Contracted Services	\$1,201.00

TO:

Total: \$1,201.00


<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
49	8310.04	Contractual Expense	\$1,201.00

Explanation:

Total: \$1,201.00

To cover budget overages for 2018.

Signature:


Adam Smith
Water Superintendent

Date:

2/14/2019

2018 WF Budget Modification

INCREASE:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
49	.0049.2140	Metered Sales	\$2,643.00

INCREASE:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
49	8310.04	Contractual Expense	\$1,277.00
49	8320.041	Purchase of Water	\$1,366.00

Explanation:

To cover contractual expenses not budgeted for in 2018.

Signature:



Adam Smith
Water Superindendent

Date: 2/14/18

2018 SS Budget Modification

INCREASE:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
40	40.212	Sewer Rents	\$540.00

INCREASE:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
40	8110.0401	ASWD Salary & Benefits	\$42.00
40	8120.04	Contractual Expense	\$498.00

Explanation:

To cover contractual expense and personal services not budgeted for in 2018.

Signature:



Adam Smith
Water Superintendent

Date: 2/14/19

2018 ASWD Budget Transfer

FROM:

FUND	ACCOUNT CODE	ACCOUNT NAME	AMOUNT
51	1980.04	MTA Tax	\$181.00
51	8320.04	Water Supply Contractual Expense	\$7,320.00
51	8330.04	Water Purification Contractual Expense	\$5,987.00
51	9010.08	Retirement - State ERS	\$6,740.00
51	9030.08	Social Security Tax	\$1,264.00
51	9030.085	Medicare Tax	\$355.00
51	9040.08	Workers Compensation	\$1,846.00
51	9045.08	Life Insurance	\$266.00
51	9060.08	Health Insurance	\$1,204.00
51	9089.08	Dental Insurance	\$1,908.00
51	9090.08	Optical Insurance	\$256.00
51	9950.09	Interfund Transfers	\$4.00

Total: \$27,331.00

TO:

FUND	ACCOUNT CODE	ACCOUNT NAME	AMOUNT
51	1930.04	Judgement & Claims Contractual Expense	\$504.00
51	8310.04	Water Admin Contractual Expense	\$16,420.00
51	8340.04	Water Transmission Contractual Expense	\$10,407.00

Total: \$27,331.00

Explanation:

To cover budget overages for 2018.

Signature:

Adam Smith
Water Superintendent

Date:

2/14/2019

2018 ASWD Budget Modification

INCREASE:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
51	51.214	Metered Sales	\$6,514.00

INCREASE:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
51	8340.04	Water Transmission Contractual Expense	\$5,591.00
51	8320.04	Water Supply Contractual Expense	\$923.00

Explanation:

To cover contractual expense not budgeted for in 2018.

Signature:



Adam Smith
Water Superintendent

Date: 2/14/19

Sent to:
TB, TA, TC
3/5/19
KD

2018 Budget Transfer

FROM:

FUND	ACCOUNT CODE	ACCOUNT NAME	AMOUNT
2	1980.04	MTA Tax	\$824.00
2	5130.01	Machinery Personal Services	\$34,480.00
2	5130.011	Machinery Overtime	\$4,356.00
2	5130.02	Machinery Equipment	\$26,464.00
2	5148.01	Service for Other Govt Personal Services	\$544.00
2	5148.011	Service for Other Govt Overtime	\$1,384.00
2	5148.04	Service for Other Govt Contractual	\$1,449.00
2	9010.08	State Retirement	\$18,911.00
2	9030.08	Social Security Tax	\$14,068.00
2	9030.085	Medicare Tax	\$2,951.00
2	9040.08	Workers Compensation	\$12,054.00
2	9050.08	Unemployment Insurance	\$2,295.00
2	9060.08	Health Insurance	\$52,010.00
			\$173,170.00

TO:

FUND	ACCOUNT CODE	ACCOUNT NAME	AMOUNT
2	5110.01	General Repairs Personal Services	\$59,001.00
2	5112.02	Grips Equipment	\$57,804.00
2	5140.01	Brush & Waste Personal Services	\$34,259.00
2	5142.04	Snow Removal Contractual	\$22,009.00
2	9045.08	Life Insurance	\$75.00
2	9050.093	Transfer to Dept Service	\$19.00
			\$173,170.00

Explanation:

To cover budget overages for 2018.

Signature:


Thomas Chioverri
Highway Superintendent

Date:

2/12/2019

Sent to:
TB, TA, TC
3/5/19
KO

2018 Library Budget Transfer

FROM:

FUND	ACCOUNT CODE	ACCOUNT NAME	AMOUNT
5	9010.08	State Retirement Employee Benefits	\$12,063.00
5	9030.08	Social Security	\$1,690.00
5	9030.085	Medicare	\$411.00
5	9040.08	Workers Compensation	\$1,172.00
5	9045.08	Life Insurance	\$82.00
5	9055.08	Disability Insurance	\$1,200.00
5	9060.08	Health Insurance	\$15,023.00
5	9090.08	Optical Insurance	\$213.00
5	.005.0909	Fund Balance Unreserved	\$49,509.00
			\$81,943.00

TO:

FUND	ACCOUNT CODE	ACCOUNT NAME	AMOUNT
5	9950.09	Library Transfers	\$70,432.00
5	7410.04	Contractual Expense	\$10,883.00
5	9089.08	Library Dental Insurance	\$628.00

\$81,943.00

Explanation:

To cover budget overages for 2018

Signature:


Andrew Farber
Library Director

Date: 2/21/19

Sent to:
TB, TA, TC
3/5/19
KD

2018 Debt Budget Modification

Increase:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
3	3 2401	Interest	\$30 00

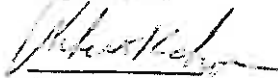
Increase:

<u>FUND</u>	<u>ACCOUNT CODE</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
3	9711 74	Interest Equipment	\$30 00

Explanation:

To cover budget overages for 2018.

Signature:



Bob Kehoe
Director of Finance

Date: 2/15/19

Sent to:
TG, TA, TC
2/27/19
KD

Highway Department

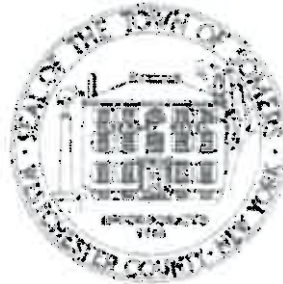
TELEPHONE
(914) 232-4848
FAX
(914) 232-0130

Town of Somers
WESTCHESTER COUNTY, N.Y.

250 RT. 100
P.O. BOX 281

THOMAS E. CHIAVERINI
Superintendent of Highways

LOUIS N. NOTO, JR.
Deputy Supt. of Highways



MEMO TO: SUPERVISOR
TOWN BOARD

FROM: THOMAS E. CHIAVERINI
SUPT. OF HIGHWAYS


DATE: FEBRUARY 25, 2019

RE: REQUEST TO USE FUND BALANCE

The Superintendent of Highways request permission to use Fund Balance towards the purchase of 2018 RAM 3500 HD 4x4 Dual Rear Wheel 60in Cab Chassis/Utility Body w/Plow in the amount of \$52,331.00 from the rollover of the Sales of Equipment and Scrap Metal.

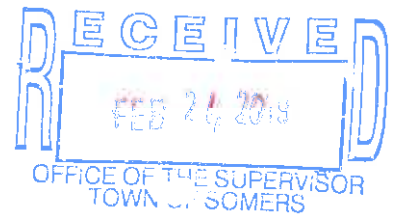
If you should have any questions please feel free to contact me.

Yours truly,


Thomas E. Chiaverini
Supt. of Highways

Sent to:
TBJA, TC
2/25/19
KD

MICHAEL J. KEAPE, P.A.



Phone #:

9

Date: Feb 23 2019

Tom Toomey
Building Inspector
Town of Somers
333 Route 202
Somers, NY 10589

Re: Position of Assistant Building Inspector

Tom Toomey

I am regret to inform you that I will be resigning from the part time position of assistant building inspector. I am accepting a full time position with benefit with the City of Yonkers effective 2/22/19.

I thank you for the time that you spent training me and the opportunity to work for this municipality. I did enjoy working for you and the town.

Michael J. Keape, P.A.

A handwritten signature in cursive script that reads "Michael J. Keape".

Sent to:
TB,TA,TC
2/26/19
KO

PLANNING AND ENGINEERING DEPARTMENTS

Telephone
(914) 277-5366
Fax
(914) 277-4093

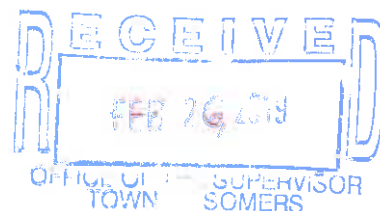
Town of Somers
WESTCHESTER COUNTY, N.Y.

SOMERS TOWN HOUSE
335 ROUTE 202
SOMERS, NY 10589
www.somersny.com

Steven Woelfle
Principal Engineering Technician
swoelfle@somersny.com



Syrette Dym, AICP
Town Planner
sdym@somersny.com



February 26, 2019

Town Board
Finance

FROM: Barbara J. Sherry
Planning Board Secretary

RE: DiSiena Subdivision
Return of SEQRA Professional Service Fee

The above mentioned project has been completed. Please refund the remaining balance of \$241.38 to Mr. Frank DiSiena,

C: Town Clerk
Town Attorney
Christopher Foley, Esq.

Z:\PE\Subdivision files\Disiena\Return of Escrow Letter.doc
2/5/2019 3:50 PM

Sent to:
TB, TA, TC
2/27/19
KD

PLANNING AND ENGINEERING DEPARTMENTS

Telephone
(914) 277-5266
Fax
(914) 277-4093

Town of Somers
WESTCHESTER COUNTY, N.Y.

SOMERS TOWN HOUSE
385 ROUTE 402
SOMERS, NY 10589
WWW.SOMERSNY.COM

Steven Woelfle
Principal Engineering Technician
swoelfle@somersny.com



Suzette Dym, AICP
Town Planner
sdym@somersny.com

Date: February 27, 2019
To: Town Board
From: Steven Woelfle SW
Principal Engineering Technician
RE: Tomassetti Wetland Permit #AW2013-30
TM: 15.12-2-2
Release of Erosion Control Bond
Check Received August 19, 2013

This office has no objection to the return of the Erosion Control Bond in the amount of \$200.

Please return to:

Anthony Tomassetti, Jr.

SW/wg

cc: Town Clerk
Director of Finance
Anthony Tomassetti, Jr.

Sent to:
Tb, TA, TC 2/27/19
KD

Adam Smith
Superintendent of Water & Sewer
asmith@somersny.com

Water & Sewer Department

Town of Somers

WESTCHESTER COUNTY, N.Y.

P.O. Box 618
40 Lakeview Drive
Shenorock, NY 10587
Telephone & Fax
(914) 248-5181



Date: February 26, 2019

To: Somers Town Board

From: Adam Smith, *AJS*
Water Superintendent

RE: **Water Fee Schedule**

Attached for your consideration is a proposed Fee Schedule for the Town Water Districts. The current water fees have not been revised in many years. The water districts have seen significant growth and have the potential to see further development. The proposed fees reflect today's cost of providing water service and takes into consideration our present customers, current capacity to provide water, the water and tax rates charged in each district, and the need to treat each new extension equally.

Town of Somers Water District Fee Schedule	
Amawalk Heights, Amawalk-Shenorock and Windsor Farms Water District	
Reference	Fee
Water Main Extension (But-in-Fee): For all extensions of water mains without an existing water district, the applicant for such an extension shall pay the sum of \$8,000 per dwelling unit serviced or to be serviced by such extension. The fee shall be paid at the time the building permit is issued.	\$8,000 Per dwelling unit to be serviced

Service Line Connections (residential & commercial): The application fee for all residential and commercial water service connections are as set forth in the following table. The application fee for three-fourths- and one-inch service connections includes the tap application, the service line inspection and either one five-eighths by three-fourths-inch meter or a one-inch meter. The application fee for service connections 1 1/4 inches through eight inches includes the tap application and the service line inspection.	In-District	Out of District
3/4 inch	\$600	\$8,000
1 Inch	\$800	\$8,000
1.25 Inch	\$900	\$8,000
1.5 inch	\$1,000	\$8,000
2 Inch	\$1,100	\$8,000
4 Inch	\$1,200	\$8,000
6 Inch	\$1,500	\$8,000
8 Inch	\$1,500	\$8,000
Damaged Water Meter Charge:		
5/8 x 3/4 Inch	\$235.00	
1 Inch	\$300.00	
1.25 inch and larger	At owners expense	
Replacement of Radio Transmitter:		
	\$250.00	
Restoring water service:		
	\$50.00	
Final reading:		
	\$20.00	
Backflow Prevention:		
	\$100.00 Per device to review and submit plans	

cc: Town Clerk
Town Engineer
Town Building Inspector
Director of Finance
Town Attorney