

**TOWN OF KENT**  
Town Board Meeting  
March 18, 2014  
7:00 PM

**Executive Session – 6:30 p.m.**

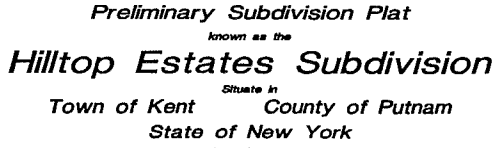
1. Discuss The Employment Status Of A Particular Person

**Workshop – 7:00 p.m.**

1. Presentation by Neil Wilson, Town Planner
  - Hilltop Associates
  - Frangel Realty
2. Presentation Regarding Putnam County Youth Bureau Grants  
By Lou Fernandez, Director Of Recreation
3. Discuss Revision Of Sewer Use Law
4. Discuss Term Limits
5. Discuss Development Of A New Town Website And  
Request For Proposal For Such
6. Discuss Rescission of February 4, 2014 Authorization To Release  
Erosion Control Bond To Henry Maldacker TM #31.17-1-9 In  
The Amount Of \$8,410.99 And New Authorization To Release  
Erosion Control Bond In The Amount Of \$8,410.00
7. Public Comment

## Meeting

1. Salute To The Flag
2. Roll Call
3. Close Public Hearing
  - Vote Whether To Recommend To DEP To Open The Property To Hiking
  - Vote Whether To Recommend To DEP To Open The Property To Hunting
4. Authorize Kent Police Department To Purchase 2014 Ford Police Interceptor Utility Vehicle And 2014 Ford Police Interceptor AWD Sedan
5. Authorize Supervisor To Sign Off On Putnam County Youth Bureau Reimbursement Agreement
6. Rescind Erosion Control Bond To Henry Maldacker TM #31.17-1-9 In The Amount Of \$8,410.99
7. Authorize Release Of Erosion Control Bond To Henry Maldacker TM #31.17-1-9 In The Amount Of \$8,410.00
8. Accept Erosion Control Bond In The Amount Of \$9,200.00 From Jonathan Buckley  
Authorize Request For Proposal For Development Of A New Town Website
9. Vouchers And Claims
10. Correspondence
11. Public Comment



Town of Kent Planning Board  
25 Sybil's Crossing  
Tel: 845-225-7802

email: [planning@townofkentny.gov](mailto:planning@townofkentny.gov)  
Kent, NY 10512  
Fax: 845-306-5283

W #1  
Frangel

**DATE:** January 21, 2014

**FROM:** The Kent Planning Board

**TO:** The Kent Town Board:  
Maureen Fleming, Supervisor - w/Att.  
Paul Denbaum  
Bill Huestis  
Penny Osborne  
Michael Tierney

**CC:** W. Walters, Building Inspector - w/Att J. Ramos - w/Att.  
L. Cappelli, Town Clerk - w/Att.  
T. Curtiss

**RE:** Frangel Realty Corp – Sewer Installation  
TM: 33.48-1-6

Please find attached the most recent plans from HDR Company pertaining to the Frangel Realty Sewer project on Route 52 in the Town of Kent. Also attached are comments from Neil Wilson, Planner for Town of Kent, and Julie Mangarillo, Engineer for the Kent Planning Board.

This project is for a site plan application and has been before the Kent Planning Board for their review and approval. At the January 9, 2014 meeting Ms. Julie Mangarillo, the Planning Board Engineer, suggested that this property is located on a state road and therefore needed to be reviewed and approved by the Putnam County Planning Department, which was done and we are awaiting their response. Also, the Kent Town Board recently adopted a sewer use law and she requested the applicant go over their plans to ensure they are consistent with the requirements of the new law. The Town Board is the governing body which oversees this law and she recommended it also be referred to you so they can review it and approve the connection to the new sewer main.

We would appreciate it greatly if we could have your response prior to February 6, 2014.

Thanks very much.

# **LRC PLANNING SERVICES, LLC**

LAND USE/REAL ESTATE/ENVIRONMENTAL CONSULTING

**8 MOREHOUSE ROAD  
POUGHKEEPSIE, NEW YORK 12603-4010  
TELE: 845-452-3822  
FAX: 845-452-3346**

## **MEMORANDUM**

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TO: Town of Kent Planning Board  
From: Neil A. Wilson  
Date: January 9, 2014  
Re: Frangel Realty

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With reference to the above matter, we have reviewed the materials submitted by the applicant's consulting engineer via site plan application dated December 19, 2013 and offer the following for the Board's consideration:

### **Project Summary**

The project involves work to install a new sewer lateral to the District line in NYS Route 52, and the removal of an on-site sewage treatment facility.

### **SEQRA**

The project is a Type II Action pursuant to 6 NYCRR 6175(11), and (1), (7), (19), and (20) and no further environmental review is required.

### **Site Plan Application**

Although the proposed action is submitted for site plan approval, a review of the activity indicates that there are no real planning issues involved here, since the project involves construction of a sewer lateral and removal of the existing on-site sewage treatment system. However, the language of Section 77-60(7) of the Zoning Law requires that the Planning Board issue site plan approval. Because the action involves a site plan approval for a project within 500 feet of a state highway the application must be referred to the Putnam County Planning Department for review under GML 239-m. We also note that the Planning Board waived the need for a public hearing.

We recommend that the Board refer the matter to the County for review. Upon receipt of the County's response the Board will be able to take action at the February 13<sup>th</sup> meeting.



# Memorandum

To: Planning Board  
Town of Kent

Attn: Michael McDermott  
Chairman

From: Julie S. Mangarillo, P.E., CPESC

Subject: Erosion Control Permit  
January 2014 Agenda

Date: January 9, 2014 - REVISED

Project: Frangel Realty Corp. – Sewer  
Installation  
TM #33.48-1-6

The following documents were reviewed:

- Transmittal letter from HDR, dated 12/19/2013
- Combined Application Form, dated 12/19/2013
- Owner's Affidavit, agent of Owner's Affidavit, Certification of Professional Engineer, Disclosure of Business Interest Form
- Site Plan Checklist, dated 12/18/2013
- Short Environmental Assessment Form (EAF), dated 12/18/2013
- Erosion Control Cost Estimates, prepared by HDR, dated 12/19/2013
- Stormwater Pollution Prevention Plan, prepared by HDR, dated 11/2013, including:
  - Notice of Intent, (NOI) signed 12/18/2013
  - MS4 SWPPP Acceptance Form with Sections I and II completed
- Drawings prepared by HDR, last revised 12/18/2013, including:

Cover Sheet	C-04 "Soil Erosion and Sediment Control Plan"
V-01 "Existing Conditions Plan"	C-05 "Proposed Sanitary Sewer Profiles"
C-01 "Demolition Plan"	C-06 "Proposed Sanitary Sewer Profiles"
C-02 "Grading and Pavement Plan"	C-07 "Civil Site Details"
C-03 "Final Utility Plan"	C-08 "Soil Erosion and Sediment Control Details"
C-03A "Building Connection Detail Plan"	

This application is for the construction of the sewer pipes to connect Frangel/ Lake Carmel Business Center to the municipal sewer line being installed along Route 52.

Supplementary or new comments are in **bold**.

The following is offered for consideration by the Planning Board from a comment memo dated 12/12/2013:

2. Refer to the Combined Application Form:
  - b. Per Page 2, #14, provide a copy of the deed.
5. Refer to the drawing set:
  - b. Indicate within the drawing set what the final condition will be of the area where the sand filter will be removed, such as lawn or pavement.

- i. **A note has been added that area is to be seeded. Specify mulch in addition to seeding. If topsoil is proposed, include that as well.**
- 6. We defer to the Planning Board's Environmental Consultant regarding any potential wetland impacts.
- 7. We defer to the Planning Board's Planning Consultant regarding SEQRA and referrals to other agencies.

**New Comments:**

- 1. 'Sewer Use Law' was adopted by the Town of Kent Town Board as Local Law #5 in December 2013. Review and revise if necessary the proposed sewer design and details to meet the requirements of the Sewer Use Law.
  - a. Revise the testing specifications in Note # 30 on the drawing Cover Sheet to be consistent with the Sewer Use Law.
  - b. Include a drawing note referencing the as-built drawing requirement.
  - c. Per Sewer Use Law, Section 503A, "Unless otherwise approved by the Town Board, a separate and independent building lateral shall be provided for every building requiring sanitary facilities." Each building has its own lateral, which are then combined with sewer pipe and manholes. There is only one proposed connection into the sewer main under Route 52. Additional interpretation may be needed from the designated Sewer Inspector to determine if this design requires approval from the Town Board or if this is considered a Sewer Extension under Article 4.
  - d. ***Recommend the Planning Board refer this application to the Town Board for review under the Sewer Use Law and for approval of the sanitary sewer connection.\****
- 2. No record of an erosion control bond for previous construction at Frangel could be located at the Town. An erosion control bond is required per Town Code §66-7.
  - a. Per §66-6.B(2)(g)[2] "Provide an estimate for the cost of implementing all elements of the erosion control plan."
- 3. Refer to the SWPPP:
  - a. Table 2: Soils, the soil symbol is not included in the chart.
  - b. Section 2.1 'Construction Sequence' –
    - i. Sequence of installation of new sewer piping and manholes and decommissioning of old sewer piping, tanks and subsurface sand filter are in reverse order from that listed on drawing C-01. Confirm which is correct and revise as necessary.
    - ii. #5 Include "mulch" for reseeded areas.
    - iii. This more detailed 'Construction Sequence' should be added to drawing C-04.
  - c. Per GP-0-10-001 Part III.B.1.f – include a permanent soil stabilization plan, in addition to Section 2.2.6 'Temporary Seeding'. All references to seeding, either

temporary or permanent, must also include mulching per NY State Standards and Specifications for Erosion and Sediment Control (aka Blue Book). This applies to the SWPPP and the drawing set.

- d. Section 2.5.1 regarding inspection prior to submitting Notice of Termination – Include the requirements from GP-0-10-001 Part V.A.4 for projects located in a regulated MS4.
4. Refer to the drawings:
- a. Add a note to the drawing Cover Sheet regarding MS4 (Town of Kent) final stabilization inspection and sign-off of the Notice of Termination before it can be submitted to NYSDEC (GP-0-10-001 Part V.A.4).
5. Final drawing sets are to be signed & sealed by the design professional.
6. If a NYSDOT highway work permit is required for work within the Route 52 right-of-way, provide copies of the permit.

  
Julie S. Mangarillo, P.E., CPESC

cc: Planning Board via email  
William Walters, via email  
Neil Wilson via email  
Bruce Barber via email  
Scott Davis, HDR, via email  
13-261-151-02

\*Revision – Added New Comment 1d.



December 19, 2013

Ms. Vera Patterson  
Planning Board Secretary  
Town of Kent Planning Board  
25 Sybil's Crossing  
Kent Lakes, NY 10512

Reference: Frangel Realty Corp.  
Sewer Installation  
TM #33.48-1-6

Dear Ms. Patterson:

This is in reference to Frangel Realty Corp. Sewer Installation Project, Town of Kent Planning Board submittal. The following documents are provided with this letter in response to Ms. Julie S. Mangarillo review memorandum dated December 12, 2013.

- Combined Application Form
- Affidavit
- Short Environmental Assessment Form (EAF)
- Site Plan Check List
- Cost Estimate
- Revised Plans
- SWPPP (includes NOI)
- slope analysis drawing

The following is HDR's response to the comments received from Ms. Julie S. Mangarillo on December 12, 2013:

1. The proposed project is within the NYCDEP East of Hudson watershed and will disturb more than 5,000 SF of land. A Town of Kent Erosion & Sediment Control Permit is required as well as coverage under NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity, GP-0-10-001.

**HDR Response:** The required application and slope analysis drawing for obtaining the Town of Kent Erosion and Sediment Control Permit has been included in this submission.

2. Refer to the Combined Application Form:

- a. Check off "Steep Slope & Erosion Control" in addition to "Site Plan."

**HDR Response:** Please refer to new application attached. It is checked off.

- b. Per Page 2, #14, provide a copy of the deed.

**HDR Response:** A copy of the deed will be provided separately.

- c. Provide information required in Part D for Steep Slopes and Erosion Control Permit.

**HDR Response:** Part D information is included in the new application attached. Information has now been provided on the Combined Application to obtain the Steep Slopes and Erosion Control Permit. In addition to the application a slope analysis of the property is required. A slope analysis for this property was completed when the original application to construct a wastewater treatment plant was filed in 2009. The building was never constructed and instead the area was re-graded to restore all disturbed areas to their original conditions, including slopes. As discussed on December 18, in lieu of providing a new slope analysis for the site since an as-built survey of the restored site is not available, it was agreed that a markup of the original analysis could be provided. The marked up plan shows the approximate limit of disturbance for the sewer upgrade project along with the area that was disturbed during the site restoration work completed in 2013.

- d. Provide a completed “Disclosure of Business Interest” form.

**HDR Response:** A copy of this form will be provided separately.

3. Refer to the EAF:

- a. Page 2, 13.a – regarding wetlands: Drawing V-01 has a note “Wetland Not Delineated.” The relation to wetlands should be clarified.

**HDR Response:** There is a small offsite wetland south of the project site located along the existing drainage swale. This wetland is off the property and will not be impacted by construction activities since these activities, with the exception of the chlorine tank decommissioning, will take place down-gradient of the stream. Because the wetland is located off site the note has been removed from drawing V-01. According to the instructions for filling out the short form EAF if a wetland is within 500 feet of the project site the response to item 13a on page 2 should be “yes”. Therefore this has been updated accordingly.

4. Refer to the Notice of Intent:

- a. Page 2, #2 – Recommend choosing “Redevelopment with no increase in impervious area” since the site is already developed.
- b. Page 3, #5 – Provide a response.
- c. Page 4, #12 – Project is located within AA, AA-s watershed area. Mark “yes” and provide response for #13.

- d. Page 5, #15 – Runoff from the property flows into drainage for Route 52, which is controlled by NYSDOT. Revise response to indicate NYSDOT.
- e. Page 6 – Provide signature of the SWPPP Preparer.
- f. Page 7, # 25 and 26 – Provide responses.
- g. Page 13, #40 to 44 – Provide responses.

**HDR Response:** Please refer to revised NOI attached.

5. Refer to the drawing set:

- a. The property is located within the Town of Kent. In the drawing sheet title block, revise “Town of Carmel” to “Town of Kent.”

**HDR Response:** Title block is revised to indicate “Town of Kent”. Please refer to revised drawing set.

- b. Indicate within the drawing set what the final condition will be of the area where the sand filter will be removed, such as lawn or pavement.

**HDR Response:** A note is added to drawing C-02 for seeding.

- c. Recommend a note be added to C-04, “Soil Erosion and Sediment Control Plan” stating the asphalt at the entrance to the site should be maintained as long as possible and to minimize the amount of time between removing existing asphalt and re-paving.

**HDR Response:** A note stating above is added to drawing C04.

- d. Provide notes regarding maintenance of traffic into and out of the site, especially for work near the intersection with Route 52.

**HDR Response:** A note stating above is added to drawing C04.

- e. Refer to the Sanitary Profile sheets, C-05 and C-06 – Sewer pipe slopes shown as 0.4% for some pipe runs. 0.4% pipe slope is the minimum allowed for 8-inch diameter sewer pipe according to ‘Recommended Standards for Wastewater Facilities’ known as “10 States Standards”. Recommend design slope be increased to ensure final, constructed slopes are not less than 0.4%.

**HDR Response:** Please refer to submitted revised drawings. The slopes have been increased to stay above minimum 0.4% slope recommended by 10 State Standards.

- f. Refer to the Sanitary Profile sheets, C-05 and C-06 – Depth of cover above sanitary sewer pipes in some locations is less than 3 feet. Provide enough cover to prevent freezing, consistent with Route 52 sewer design or provide insulation.

**HDR Response:** Depth revised to 4 ft. where possible. Due to connections to existing piping, the 4-ft cover is not possible in all the piping segments, in particular those connecting to existing pipe. A note was added to drawing C-07 (pipe trench detail) to require freeze protection for pipes with depths of less than 4 ft. Styrofoam insulation is also added to the pipe trench detail.

- g. Specify indicator tape be placed above the sewer pipes.

**HDR Response:** A note is added to drawing C-07 (pipe trench detail) for this requirement. The tape is also shown in the pipe trench detail.

- h. Provide testing specifications consistent with Route 52 sewer design to ensure sewer pipes and manholes are properly constructed.

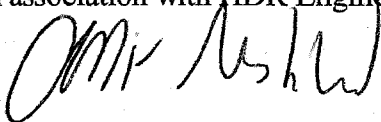
**HDR Response:** Note 30 is added to Cover Sheet for leakage testing requirement.

- i. Specify sanitary manhole covers will be labeled with “sanitary sewer” or other appropriate label.

**HDR Response:** This requirement is added to manhole detail on drawing C-07.

If there is a need for additional information or if you have any question concerning this submittal, please contact me at (201)-316-1037.

Sincerely,  
Hemningson, Durham & Richardson Architecture and Engineering, P.C.  
in association with HDR Engineering, Inc.



Amir Mashhad, PE  
Project Manager

Enclosures  
HDR File No.: 147-192149

**TOWN OF KENT PLANNING BOARD**

**SITE PLAN CHECKLIST**

APPLICANT NAME: Angelo Senno/Sara Kaplan

ADDRESS: 3960 Route 52, Holmes, NY 12531

CONTACT TELEPHONE NUMBER: 845-628-5488/845-878-7833

TM: 33.48 - 1 -6

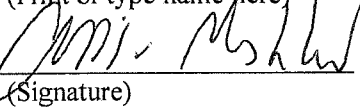
The following preliminary information must be included on the site plan. Please either check box as completed or indicate N/A (not applicable).

1. X The dimensions of all property lines
2. X Identify scale used
3. X Name of all adjacent roads and driveway location
4. N/A Sight distances if new curb cut is requested
5. N/A Easements for utilities including overhead
6. X All existing structures (including pools) shown and labeled as to their use and the distance from proposed structure and property lines
7. N/A Distance from the proposed structure to ALL property lines
8. N/A Completed bulk zoning table
9. N/A Location of any wetland, stream, lake or body of water within 100 feet of the property line.
10. X Location of septic system (including 100% expansion area)
11. N/A Location of well head
12. X Pre and post-construction topography (grading plan)
13. X Total limit of disturbance line
14. X Area(s) of disturbance where slopes are greater than 15%
15. X Total area of disturbance calculation (in square feet)
16. X Erosion and sediment control plan (if area of disturbance is greater than 5,000 square feet)
17. X Cost estimate (breakdown) to implement erosion and sediment control plan
18. N/A KNOX box system (if commercial property)

Check list completed by:

Amir Mashhad

(Print or type name here)



(Signature)

Project Manager

(Print or type Title here)

12-18-2013

(Date)

**DO NOT WRITE BELOW THIS LINE (OFFICIAL USE)**

Plans Date Stamped: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Town of Kent Planning Board  
Combined Application Form**

APPROVAL REQUESTED FOR: (Check all that apply)

Sketch Plan (subdivision) _____	Preliminary Subdivision _____
Final Subdivision _____	Lot Line Change _____
Site Plan _____ <b>X</b>	Conditional Use Permit _____
Freshwater Wetland _____	Steep Slope & Erosion Ctrl _____ <b>X</b>

Name of Project: Frangel Realty L.L.C - Site Restoration - Alternate Sewer Upgrade

Description of Proposed Activity: New sewer piping and manholes will be constructed. The new sewer system will be connected to Route 52 sewer manhole.

Name of Applicant(s): Frangel Realty L.L.C

Address: c/o Sara Kaplan, 3960 Route 52, Holmes, NY 12531

Telephone: 845-878-7833

Name and Address of Record Owner(s): Frangel Realty L.L.C

c/o Sara Kaplan, 3960 Route 52, Holmes, NY 12531

Tax Map Number of all parcels: Tax Map Number: 33

Parcel No.: 33.48, Block No.: 1, Lot No.: 6

**A) For All Applications:**

1) Total acreage involved in application: 4.93 ± Acres

2) Total contiguous acreage controlled by applicant/owner (1): 4.93 ± Acres

3) Total number of existing structures: 3

4) Type of existing structures: Three commercial/residential buildings

5) Total square footage of all new construction: 0

6) Estimated value of new construction or addition: \$600,000

7) Type of construction or activity proposed: (Check all that apply)

New Construction: Residential _____	Commercial _____	Institutional _____
Expansion: Residential _____	Commercial _____	Institutional _____
Home Occupation: _____	Change in use: _____	Other: <u>Sewer Upgrade</u>

8) Zoning District: Commercial

1) Shall include lands owned by family members of the applicant, and any corporation(s), partnership(s), limited liability company(ies) or other entities in which the applicant has an interest.

9) Does applicant intend to request any information waivers?

No X Yes \_\_\_\_\_. If yes, please list all waivers (attach separate pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_

10) Are there agricultural and/or forestry exemptions affecting the property?

No X Yes \_\_\_\_\_. If yes, please list in detail (attach separate pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_

11) Have any area or use variances affecting the property been granted?

No \_\_\_\_\_ Yes X. If yes, please list in detail (attach separate pages if necessary):

At the August 2007 Town of Kent Planning Board Meeting a variance was granted for the driveway  
slope of 13.9%

12) Have any permits affecting the property been issued by any other governmental agency?

No \_\_\_\_\_ Yes X. If yes, please list in detail (attach separate pages if necessary):

Sate Pollution Discharge Elimination System (SPDES) permit by New York State Department of  
Environmental Conservation (NYSDEC). Permit No. NY0143863

13) Has any application(s) for any other permit(s) for any activity affecting the property been submitted to any other governmental agency?

No X Yes \_\_\_\_\_. If yes, please list in detail (attach separate pages if necessary):

\_\_\_\_\_

14) Attach a copy of the current deed and any easements affecting the property.

Name and Address of Professional Engineer: Scott Davis, P.E.

1200 Macarthur Blvd.. Mahwah. NJ 07430

Telephone:

201-529-5151

Name and Address of Licensed Land Surveyor: Terry Bergendorff Collins Land Surveying

52 Star Ridge Road, Brewster, NY 10509

Telephone:

845-279-4261

Name and Address of Attorney: Tom Costello, Costello & Folchetti, LLP

P.O. Box 1200, 1875 Route 6, Brewster, NY 10512

Telephone:

845-225-1900

Name and Address of Wetland Consultant: N/A

Telephone:

N/A

**B) For Subdivision and Lot Line Change Applications Only:**

- 1) Total number of lots proposed: \_\_\_\_\_
- 2) What is the size of the smallest lot proposed? \_\_\_\_\_
- 3) What the size of the largest lot proposed? \_\_\_\_\_
- 4) Number of private driveways proposed: \_\_\_\_\_
- 5) Number of common driveways proposed: \_\_\_\_\_
- 6) Maximum number of lots serviced by a common driveway: \_\_\_\_\_
- 7) Number of private roads proposed: \_\_\_\_\_
- 8) Number of lots serviced by a private road: \_\_\_\_\_
- 9) Preliminary Plat includes \_\_\_\_\_ acres and tentatively includes \_\_\_\_\_ future lots. The amount of area shown on this Preliminary Plat proposed to be dedicated for future public use, (exclusive of roads) is \_\_\_\_\_ (define measure: acres/square feet).
- 10) Does subdivider intend to submit a single subdivision plat for filing with County Clerk for all property in the Preliminary Plat? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, state the number of sections to be filed \_\_\_\_\_.

**C) For Freshwater Wetland Permit Applications Only:**

- 1) A map of the site, prepared using a recent boundary and topographic survey of the property showing conditions on the site as of the date of application, shall be submitted.
- 2) The survey map shall show the location of the all federal, state, and local jurisdictional wetland boundaries as delineated by the applicant's consultant, and the location of proposed disturbance to wetlands and wetland buffers. The survey map shall also show the location of all regulated water bodies on the site and within 200 feet of the boundary of the site.
- 3) What is the date of the boundary and topographic survey used as the base map for the application?  
\_\_\_\_\_



4) Proposed activity is located in:

- a) Lake/pond [ ] Control area of lake/pond [ ]
- b) Stream/River/Brook [ ] Control area of stream/river/brook [ ]
- c) Wetland [ ] Control area of wetland [ ]
- d) Not located in wetland/wetland buffer [ ]

5) Attach a description of the proposed activity in the controlled area including the following: i.e. maintenance, construction of dwelling, addition, driveway, culverts, including size and location.

6) Attach a statement of compliance with §39A-8 of the Town Code.

**D) For Steep Slopes and Erosion Control Permit Applications Only:**

1) A map of the site, prepared using a recent boundary and topographic survey of the property showing conditions on the site as of the date of application, shall be submitted.

2) Does the project involve any of the following:

a) Any disturbance involving one (1) or more acres of land? Yes \_\_\_\_\_ No X

b) Any disturbance on ground areas having a topographical gradient equal to or greater than fifteen percent (15%) measured by utilizing two (2) foot contours?  
Yes X No \_\_\_\_\_

3) What is the date of the boundary and topographic survey used as the base map for the application?

March 2006 and April 2012

4) Refer to Chapter 66 of the Town Code for the application requirements.

Slope analysis drawing has been included in the submission as required by Chapter 66 of the Code.

By His/Her signature the Applicant avows that: 1) He/She has read this application and is familiar with its content; and 2) He/She has read, is familiar with, and understands the requirements of the Town Kent Code provision(s) affecting or regulating the project for which this application is made; and 3) He/She agrees to comply with the requirements of the Town Kent Code provision(s) affecting or regulating the project for which this application is made including any general or special conditions of any permits or approvals granted by any board, agency, or department of the Town of Kent; and 4) He/She has read this statement and understands its meaning and its terms.

Applicant Signature: \_\_\_\_\_

Print Name: Scott Davis

Date: \_\_\_\_\_

12-19-13

**AFFIDAVIT TO BE COMPLETED BY OWNER**State of New YorkCounty of Rutland

ss:

FRANGEL REALTY, L.L.C. being duly sworn, deposes and says:

1. That I/we are the Owner(s) of the within property as described in the foregoing application for Subdivision / Lot Line Change / Site Plan / Conditional Use Permit / Change in Use / Freshwater Wetland / Steep Slope and Erosion Control approval(s) and that the statements contained therein are true to the best of my/our knowledge and belief.
2. That I/we hereby authorize HDR - Scott Davis, P.E. to act as my/our representative in all matters regarding said application(s), and that I/we have the legal right to make or authorize the making of said application.
3. That I/we understand that by submitting this application for Planning Board approval that I/we expressly grant permission to the Planning Board and its authorized representatives to enter upon the property, at all reasonable times, for the purpose of conducting inspections and becoming familiar with site conditions. I/we acknowledge that this grant of permission may only be revoked by the full withdrawal of said application from further Planning Board action.
4. That I/we understand that by submitting this application that I/we shall be responsible for the payment of all application fees, review fees, and inspection fees incurred by the Town related to this application.
5. That I/we understand that I/we, and our contractors shall be jointly and severally liable for all costs incurred, including environmental restoration costs, resulting from noncompliance with the approved application. I/we acknowledge that approval of the site plan and commencement of any work related to the approved application shall constitute express permission to the Planning Board, the Building Inspector, and their authorized representatives and designees, to enter the property for the purposes of inspection for compliance with the approved application, whether or not any other permits have been applied for or issued for the project. I/we acknowledge that approval of the application and the commencement of work related to the approved plan is an express waiver of any objection to authorized Town official(s) entering the property for the purpose of conducting inspections.
6. That I/we understand that the Town of Kent Planning Board intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury I/we declare that I/we have examined this affidavit and that it is true and correct.


  
Applicant/Owner

  
Applicant/Owner


  
Notary Public

**MICHAEL KAPLAN**  
**NOTARY PUBLIC-STATE OF NEW YORK**  
 No. 01KA6023625  
 Qualified in Dutchess County  
 My Commission Expires April 24, 2015

## AFFIDAVIT TO BE COMPLETED BY AGENT OF OWNER

State of New Jersey }  
 } ss:

County of Bergen }

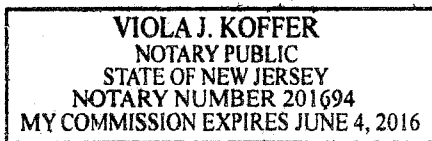
**Scott Davis**, being duly sworn, deposes and says:

1. That I/we are the Professional Engineer named in the foregoing application for Planning Board for Subdivision / Lot Line Change / Site Plan / Conditional Use Permit / Change in Use / Freshwater Wetland / Steep Slope and Erosion Control approval(s) and that the statements contained therein are true to the best of my/our knowledge and belief.
2. That he/she resides at 1200 Macarthur Blvd., Mahwah in the County of Bergen and the State of New Jersey.
3. That I/we understand that by submitting this application for Planning Board approval that I/we expressly grant permission to the Planning Board and its authorized representatives to enter upon the property, at all reasonable times, for the purpose of conducting inspections and becoming familiar with site conditions. I/we acknowledge that this grant of permission may only be revoked by the full withdrawal of said application from further Planning Board action. That I/we understand that by submitting this application that I/we shall be responsible for the payment of all application fees, review fees, and inspection fees incurred by the Town related to this application.
4. That I/we understand that I/we, and our contractors shall be jointly and severally liable for all costs incurred, including environmental restoration costs, resulting from noncompliance with the approved application. I/we acknowledge that approval of the site plan and commencement of any work related to the approved application shall constitute express permission to the Planning Board, the Building Inspector, and their authorized representatives and designees, to enter the property for the purposes of inspection for compliance with the approved application, whether or not any other permits have been applied for or issued for the project. I/we acknowledge that approval of the application and the commencement of work related to the approved plan is an express waiver of any objection to authorized Town official(s) entering the property for the purpose of conducting inspections.
5. That I/we understand that the Town of Kent Planning Board intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury I/we declare that I/we has examined this affidavit and that it is true and correct.

Applicant/Agent

Applicant/Agent

Notary Public



**CERTIFICATION OF PROFESSIONAL ENGINEER/LICENSED LAND SURVEYOR/ARCHITECT**

State of New Jersey }  
} ss:

County of Bergen }

Scott Davis being duly sworn, deposes and says:

1. That I/we are the Professional Engineer named in the foregoing application for Subdivision / Lot Line Change / Site Plan / Conditional Use Permit / Change in Use / Freshwater Wetland / Steep Slope and Erosion Control approval(s) and that I/we have been duly authorized by the owner in fee to make such application and that the foregoing statements contained therein are true to the best of my/our knowledge and belief.
2. That I/we understand that the Town of Kent Planning Board intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury I/we declare that I/we have examined this affidavit and that it is true and correct.

[Signature]  
Licensed Professional

\_\_\_\_\_  
Licensed Professional

Viola J. Koffer  
Notary Public

**VIOLA J. KOFFER  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
NOTARY NUMBER 201694  
MY COMMISSION EXPIRES JUNE 4, 2016**

**DISCLOSURE OF BUSINESS INTEREST**

State of \_\_\_\_\_ }

} ss:

County of \_\_\_\_\_ }

\_\_\_\_\_ being duly sworn, deposes and says:

1. Pursuant to §803 of the General Municipal Law the following municipal officer(s) or employee(s), and any of their family members, outside employers, business associates, clients, or campaign contributors, have, or will later acquire, an ownership position, employment position, or other contractual interest in the proposed project: (Insert name, home address and municipal position held. Attach additional pages as necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. That the interest of said municipal officer(s) or employee(s) is: (Detail the nature and extent of the interest. Attach additional pages as necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. That he/she understands that the Town of Kent Planning Board intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury he/she declares that he/she has examined this affidavit and that it is true and correct.

\_\_\_\_\_  
Agent/Owner

\_\_\_\_\_  
Agent/Owner

\_\_\_\_\_  
Notary Public

A completed Disclosure of Business Interest will be submitted separately.

617.20  
Appendix B  
Short Environmental Assessment Form

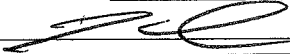
**Instructions for Completing**

**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.

<b>Part 1 - Project and Sponsor Information</b>							
Name of Action or Project: Frangel Realty LLC - Site Restoration - Alternate Sewer Upgrade Plan							
Project Location (describe, and attach a location map): Lake Carmel Business Center, Rt 52, Town of Kent, NY							
Brief Description of Proposed Action: New sewer piping and manholes will be constructed. The new sewer system will be connected to Route 52 sewer manhole.							
Name of Applicant or Sponsor: Sara Kaplan		Telephone: 845-878-7833 E-Mail: frangelrealty@aol.com					
Address: 3960 Route 52							
City/PO: Holmes		State: NY	Zip Code: 12531				
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NO</td> <td style="width: 50%; padding: 2px;">YES</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: Town of Kent Planning Board Approval			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NO</td> <td style="width: 50%; padding: 2px;">YES</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3.a. Total acreage of the site of the proposed action? <span style="float: right;">4.93 acres</span> b. Total acreage to be physically disturbed? <span style="float: right;">0.90 acres</span> c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <span style="float: right;">4.93 acres</span>							
4. Check all land uses that occur on, adjoining and near the proposed action. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" 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, a. A permitted use under the zoning regulations?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
b. Are public transportation service(s) available at or near the site of the proposed action?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: N/A		NO <input type="checkbox"/>	YES <input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____ N/A		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
b. Is the proposed action located in an archeological sensitive area?		<input checked="" 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 <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____		<input type="checkbox"/> NO <input type="checkbox"/> YES	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: <u>Scott Davis</u>	Date: <u>12-18-13</u>	
Signature: 		

**Part 2 - Impact Assessment.** The Lead Agency is responsible for the completion of Part 2. 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 type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input 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 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 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 type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input 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 type="checkbox"/>	<input type="checkbox"/>

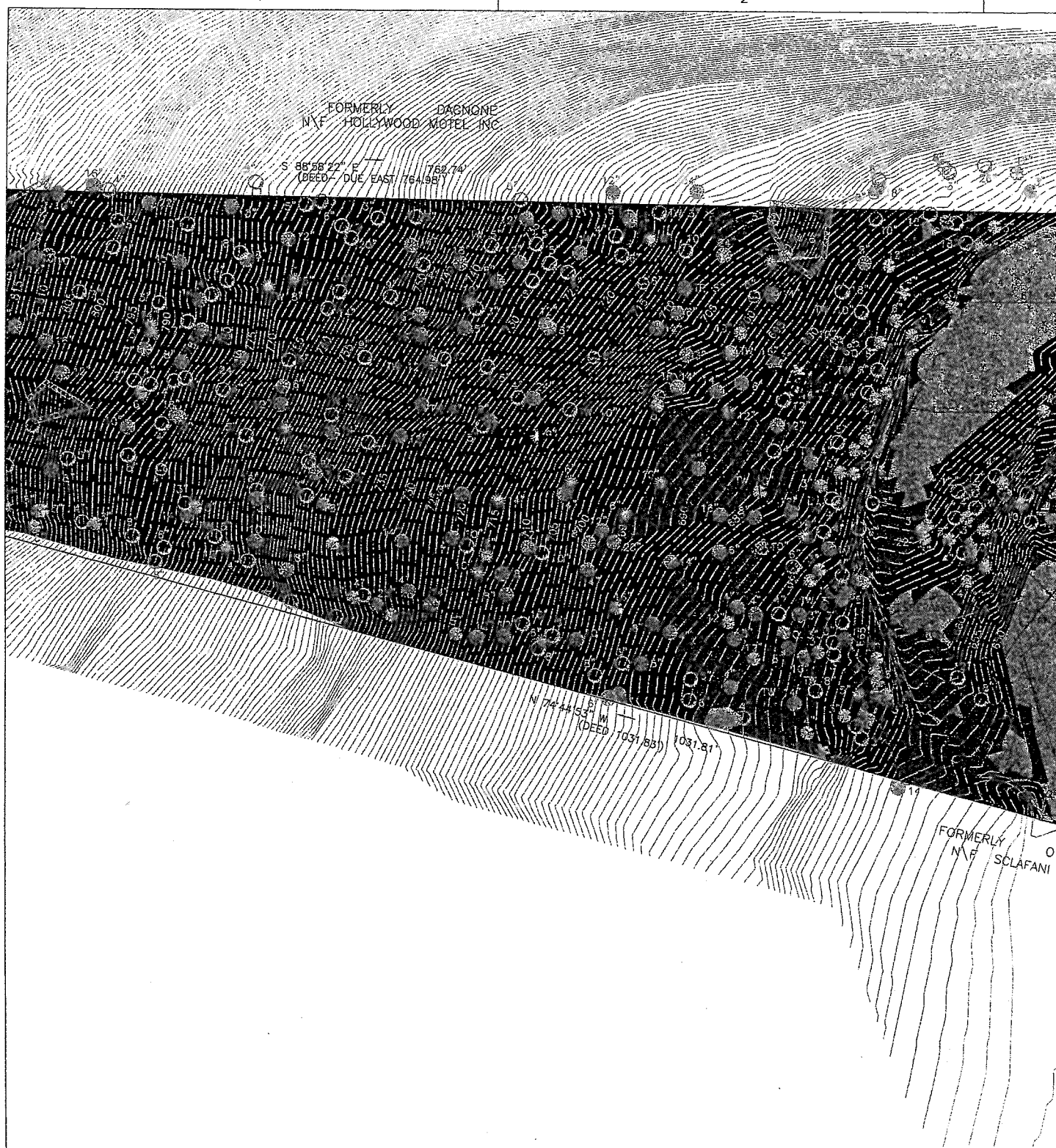


	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** 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.

<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 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.
<div> <div>Name of Lead Agency</div> <div>Date</div> </div>	
<div> <div>Print or Type Name of Responsible Officer in Lead Agency</div> <div>Title of Responsible Officer</div> </div>	
<div> <div>Signature of Responsible Officer in Lead Agency</div> <div>Signature of Preparer (if different from Responsible Officer)</div> </div>	


**PRINT**



Henningson, Durham & Richardson, Architecture and Engineering, P.C. In Association with HDR Engineering, Inc.

0	05-05-09	ISSUED FOR BID

PROJECT MANAGER	K. WRIGHT
PROCESS	S. DAVIS, P.E.
CAD	S.W./W.S.
I & C	L. ANDERSON
STRUCTURAL	M. PAINE
MECHANICAL	M. WHALEN
ELECTRICAL	L. ANDERSON
QA/QC	A. MOEEN

 SIGN  
WARNING: It is  
law for any  
licensed profe  
plans in any  
alterations sh  
7700 of the

Louis M. Fernandez  
Director of Recreation and Parks



Town of Kent Recreation and Parks Department  
770 Route 52 Kent Lakes, NY 10512

Telephone: (845) 531-2100  
Fax: (845) 306-7249

Email: [recreation@townofkentny.gov](mailto:recreation@townofkentny.gov)  
Webpage: [www.townofkentny.gov](http://www.townofkentny.gov)

March 12, 2014

Kent Town Board  
25 Sybil's Crossing  
Kent Lakes, NY 10512

W 2

Subject: 2014 OCFS Grant

Dear Town Board Members,

The 2014 grant offered by the New York State Office of Children and Family Services has become available however there have been significant changes to this year's application process. In the past all that was required was a Town Board resolution along with the grant application paperwork. The new process still involves the grant application paperwork but now requires the Town to enter into contract with the Putnam County Youth Bureau. The reason for this change is now the funds will come directly from the Putnam County Youth Bureau and not from the Office of Children and Family Services. Previously the Youth Bureau would handle the paperwork aspect but the funds would come directly from the OCFS. Now the Youth Bureau will handle the paperwork and distribute the funds. Once the Youth Bureau distributes the funds they will send in claims to the OCFS for reimbursement. Because the Youth Bureau will be dispersing monies before they have received the funds from OCFS there is a caveat in the agreement between the Town and the Youth Bureau where in if the Youth Bureau does not receive reimbursement from OCFS the Town will have to give back the monies received from the Youth Bureau.

I realize that this appears to be more cumbersome and convoluted then in the past and our maximum grant amount is only \$1,376 however the town will offer these programs whether or not we receive this grant. As long as there are no issues entering into the contract with the Youth Bureau then it still makes sense to apply for this grant. I have attached the new additional contractual information required with this year's application for your review. If you have any questions or concerns please feel free to contact me. Thank you for your consideration in this matter.

Sincerely,

Louis Fernandez  
Director of Recreation and Parks

**JOSEPH A. DEMARZO**  
*Deputy Commissioner*

**JANEEN CUNNINGHAM**  
*Executive Director*

**PAMELA PHILLIPS-ZELLER**  
*Youth Services Specialist/RHY  
and Youth Development  
Coordinator*



**MARYELLEN ODELL**  
*County Executive*

**MICHAEL J. PIAZZA, JR**  
*Commissioner*

## **YOUTH BUREAU**

TO: All Youth Bureau Funded Program Directors  
FROM: Pamela Phillips-Zeller, Youth Services Specialist  
RE: 2014 Contracts  
DATE: March 3, 2014

Enclosed please find the documents required to complete your 2014 contract. These include:

- 1 - INDIVIDUAL PROGRAM APPLICATION (OCFS-5001) - requires the original signature of your Executive Director or Town Supervisor.
- 2 - AGENCY - PROGRAM PROFILE (OCFS-5002)
- 3 - INDIVIDUAL PROGRAM APPLICATION Program Summary-Program Components (OCFS-5003)
- 4 - PROGRAM BUDGET (OCFS-5005)
- 5 - NOTICE OF APPLICATION TO CERTIFY COMPLIANCE WITH NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES REGULATIONS WITH RESPECT TO REIMBURSEMENT - requires the original signature of your Town Supervisor (applies to municipal programs only)
- 6 - PUTNAM COUNTY REQUIRED INSURANCE DOCUMENTS:
  - a) W-9 Form
  - b) Notice of Compliance with Federal Law (requires notarized original signature of your Executive Director or Town Supervisor)
  - c) Accord Document "Certificate of Liability Insurance"
  - d) Workers' Compensation Insurance Coverage

Please note that we have provided you with your 2013 OCFS-5001, OCFS-5002 and OCFS-5003 completed forms. Please make any corrections necessary and have the OCFS-5001 signed by your Executive Director or Town Supervisor.

DONALD B. SMITH COUNTY GOVERNMENT CAMPUS  
110 Old Route 6 ~ Building No. 3 ~ Carmel, New York 10512  
Tel (845) 808-1600 ~ Fax (845) 808-1907

PUTNAM COUNTY YOUTH BUREAU  
NOTICE OF APPLICATION TO CERTIFY COMPLIANCE WITH NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES REGULATIONS  
WITH RESPECT TO REIMBURSEMENT

The COUNTY may, in its sole discretion and insofar as may statutorily and/or otherwise be permitted, advance funds to CONTRACTOR in anticipation of reimbursement of such funds from the STATE. Inasmuch as the COUNTY'S contribution is based on a ratio set forth by the STATE, in the event such ratio is changed, the COUNTY reserves the right to change its contribution accordingly.

Notwithstanding, the COUNTY may, where permitted, applicable and in its sole discretion, advance funds to CONTRACTOR in anticipation of reimbursement of such funds from the STATE. In the event the COUNTY does not receive reimbursement from the STATE for funds advanced to the CONTRACTOR by the COUNTY in its discretion, CONTRACTOR agrees to return to the COUNTY such advanced funds which are not reimbursed by the STATE but were advanced to the CONTRACTOR in anticipation of such reimbursement from the STATE.

Signature:\_\_\_\_\_ Date\_\_\_\_\_

Print Name: \_\_\_\_\_

Title: Town Supervisor\_\_\_\_\_

Address \_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 8. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-3(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

• The U.S. grantor or other owner of a grantor trust and not the trust, and

• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-8. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-8 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-8 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-8.

Also see *Special rules regarding partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-8, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(c)(3), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 6
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-5876).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.



Contract # \_\_\_\_\_

**PUTNAM COUNTY PURCHASING DEPARTMENT**  
**NOTICE OF APPLICATION TO CERTIFY COMPLIANCE WITH FEDERAL LAW**  
**(8 U.S.C. SECTION 1324A)**  
**WITH RESPECT TO LAWFUL HIRING OF EMPLOYEES**  
*To be completed by Applicant/Covered Employer/Owner*

EMPLOYER/BUSINESS/COMPANY NAME: \_\_\_\_\_

(1) ADDRESS: \_\_\_\_\_

(2) VENDOR # \_\_\_\_\_ (if known) (3) CONTRACT ID: \_\_\_\_\_ (if known)

(4) CONTACT: \_\_\_\_\_ (5) TELEPHONE: \_\_\_\_\_

(6) TERM OF CONTRACT OR EXTENSION: \_\_\_\_\_

(7) AMOUNT OF CONTRACT OR EXTENSION: \_\_\_\_\_

(8) BRIEF DESCRIPTION OF PROJECT OR SERVICE: \_\_\_\_\_

SUBCONTRACTOR: \_\_\_\_\_

(1) ADDRESS: \_\_\_\_\_

(2) VENDOR # \_\_\_\_\_ (3) TELEPHONE: \_\_\_\_\_

(4) CONTACT: \_\_\_\_\_

(5) DESCRIPTION OF COMPENSATION, PROJECT OR SERVICE: \_\_\_\_\_

(6) **EVIDENCE OF COMPLIANCE:** COPIES OF THE FOLLOWING MUST BE MAINTAINED BY COVERED EMPLOYERS OR THE OWNERS THEREOF FOR EACH EMPLOYEE FOR THE TIME PERIODS SET FORTH IN PUTNAM COUNTY CODE, CHAPTER 134, SECTION 5:

- A. United States passport; or
- B. resident alien card or alien registration card; or
- C. birth certificate indicating that person was born in the United States; or
- D. (1) a driver's license, if it contains a photograph of the individual; and (2) a social security account number card (other than such a card which specifies on its face that the issuance of the card does not authorize employment in the United States); or
- E. employment authorization documents such as an H-1B visa, H-2B visa, and L-1 visa, or other work visa as may be authorized by the United States Government at the time the County contract is awarded for all covered employees.



## PUTNAM COUNTY INSURANCE REQUIREMENTS

- I. It is the requirement of the County of Putnam that for work performed under contract and/or permit authorized by the County and/or any event or performance conducted on county property that the contractor or permittee procure and maintain at their own expense and without expense to the County, until final acceptance of the work by the County, the insurances listed below.
  - Before commencement of any work, event or performance a certificate or certificates of insurance must be furnished to the county and/or highway department in forms satisfactory to the County and/or Highway Department.
  - All insurance coverages must be from an A.M. Best Rated "secured" (B++-A++), New York State admitted insurer.
  - All certificates of insurance must provide that the policy or policies shall not be changed or canceled until at least thirty (30) days prior written notice has been given to the County and/or Highway Department.
  - When required by the Highway Department the "XCU" exclusion of the policy or policies shall be eliminated or show proof that "XCU" is covered.
- II. The Contractor shall provide and maintain at its own expense the following minimum insurance coverage:
  - A. Workers' Compensation Insurance - This is statutorily required and is required for all contracts. Each policy must cover all operations and all locations involved in the contract. If applicable, the policy should also include New York State Disability Benefits. Proof of Workers' Compensation Insurance is required and should be received by Putnam County on a C105.2 form, SI 12 form, CE-200 form or U-26.3 - all of these forms are available through your carrier.
  - B. Commercial General Liability Insurance - Each policy must cover all operations and all locations involved in the contract and include the following:
    - \$1,000,000 for each occurrence
    - \$50,000 for the Fire Damage Legal Liability Limit
    - \$5,000 for the Medical Expense Limit
    - \$1,000,000 for the Personal & Advertising Injury Limit
    - \$2,000,000 for the General Aggregate Limit
    - \$2,000,000 for the Products/Completed Operations Aggregate Limit
  - C. Commercial Automobile Liability Insurance - Each policy must cover all operations and locations involved in the contract and including the following:
    - (1) Owned Automobiles
    - (2) Hired Automobiles
    - (3) Non-Owned Automobiles

Unless specifically required, each policy shall provide Combined Single Limits of not less than \$1,000,000 for Bodily Injury and Property Damage.

- D. **Professional Liability Insurance (if applicable)** - Each policy must cover errors and omissions. The policy limit shall be no less than \$1,000,000 per claim.
- E. **Excess Liability Insurance or an Umbrella Policy (if applicable)** - A policy is required if the amount paid under the contract is above \$100,000. The limits required on the policy depend on the total contract amount.
- \$100,000 - \$250,000 - 1 million
  - \$250,001 - \$500,000 - 5 million
  - \$500,000+ - 10 million
- F. **Bid, Performance/Payment, Labor & Material Bonds** - A policy is required for any contract in excess of \$250,000. These bonds shall be provided by a New York State admitted surety company in good standing.

**III. Specific Information MUST appear on each and every Insurance Certificate provided to the County.**

- A. The following must appear under the section entitled, "Certificate Holder"

**COUNTY OF PUTNAM  
48 GLENEIDA AVENUE  
CARMEL, NEW YORK 10512  
ATTN.: LAW DEPT./RISK MANAGER**

- B. The following language must appear in the section entitled, "Description of Operations/Locations, etc.":

***"Putnam County is included as an additional insured except for Professional Liability and Workers' Compensation."***

**STANDARD INSURANCE REQUIREMENTS AND INDEMNIFICATION REQUIREMENT:**

All policies and certificates of insurance of the contractor  
shall contain the following clauses:

1. Putnam County is named as an additional insured and as Certificate Holder. Insurers shall have no right of recovery or subrogation against the County of Putnam (including its agents and agencies), it being the intention of the parties that the insurance policies so effected shall protect both parties and be primary coverage for any and all losses covered by the above described insurance.
2. The Clause "other insurance provisions" in a policy in which the County of Putnam is named as an additional insured, shall not apply to the County of Putnam.
3. The insurance companies issuing the policy or policies shall have no recourse against the County of Putnam (including its agents or agencies) for payment of any premiums or for assessments under any form of policy.
4. Any and all deductibles in the above described insurance policies shall be assumed by and be for the account of, and at the risk of the contractor.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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	CONTACT NAME	FAX (A/C, Mkt)
	PHONE (A/C, Mkt, Ext)	
	E-MAIL ADDRESS	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: Master Cert 12-13

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.

INBR LTR	TYPE OF INSURANCE	ADD. COVER (NBR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COM/PROP AGG \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				<input checked="" type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROFESSIONAL/PARTNERS/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N	N/A			EL EACH ACCIDENT \$
	(Type description under DESCRIPTION OF OPERATIONS below)					EL DISEASE - EA EMPLOYEE \$
C	NY State Disability Benefits					EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Putnam County is included as an Additional Insured except for Professional Liability & Workers Comp

**CERTIFICATE HOLDER****CANCELLATION**

County of Putnam Att: Law Dept / Risk Manager 48 Gleneida Avenue Carmel, NY 10512	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

ACORD 25 (2010/05)

INS025 (201005).01

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STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<b>1a. Legal Name &amp; Address of Insured (Use street address only)</b>  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b>  <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b>  <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b>
<b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  County of Putnam Risk Management Dept 48 Glenclida Avenue Carmel, NY 10512	<b>3a. Name of Insurance Carrier</b>  <b>3b. Policy Number of entity listed in box</b> <b>3c. Policy expiration date</b>  <b>3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included)</b>  <input type="checkbox"/>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under item 3a on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by:

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:

(Signature)

(Date)

Title:

Telephone Number of authorized representative or licensed agent of insurance carrier:

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

C-105.2 (01/03)

www.wcb.state.ny.us

WORKSHEET #6

RESOLUTION #3 (Revised)  
Year 2014

Date: March 11, 2014

From: The Kent Planning Board

To: The Kent Town Board:  
Maureen Fleming, Supervisor - w/Att.  
Paul Denbaum  
Bill Huestis  
Penny Osborne  
Michael Tierney

CC: W. Walters, Building Inspector - w/Att                      J. Ramos - w/Att.  
L. Cappelli, Town Clerk - w/Att                      Finance Department - w/Att.  
T. Curtiss  
Mr. Henry Maldacker

RE: Request for Release of Erosion Control Bond and Escrow fund by:  
Mr. Henry Maldacker  
1596 Capel Street  
Mt. Pleasant, SC 29466 (Check to be mailed to this address and made out to Henry Maldacker)  
For Property listed below:  
Gordon Road Road, Kent, NY 10512  
TM: 31.17-1-6

Resolved: On January 9, 2014 at the Town of Kent Planning Board meeting it was confirmed by the Planning Board consultants and the Kent Building Inspector that they had visited the property noted above and found that the construction of a residence has been completed and the property stabilized. The recommended that the erosion control bond in the amount of \$8,410.00 be returned to the applicant as soon as possible. This was previously before the Town Board, however the amount of \$8,410.99 was inaccurate.

Please find attached the supporting documentation pertaining to this property as well as a letter from Mr. Maldacker stating that he was the sole executor of his wife, Susan's, estate and a copy of her death certificate. Note that the Planning Board reviewed this material at the meeting held on December 12, 2013 and again on January 9, 2014. A motion to release the Erosion Control Bond and escrow being held by the Town of Kent was made by Mr. Philip Tolmach and seconded by Ms. Janis Bolbrock. The motion carried.

The Planning Board respectfully asks that, if the Town Board is in agreement, they pass a resolution decreeing that the above actions be taken.

I, Vera Patterson, Planning Board Secretary of the town of Kent, County of Putnam, State of New York, do hereby certify that the foregoing is a true excerpt from the minutes of a meeting of the Planning Board of the Town of Kent held on January 9, 2014.

Dated: March 11, 2014

  
\_\_\_\_\_  
Vera Patterson  
Planning Board Secretary

mtg #8

this pg only  
goes on website

RESOLUTION #4  
Year 2014

Date: March 11, 2014

From: The Kent Planning Board

To: The Kent Town Board:  
Maureen Fleming, Supervisor - w/Att.  
Paul Denbaum  
Bill Huestis  
Penny Osborne  
Michael Tierney

CC: W. Walters, Building Inspector - w/Att J. Ramos - w/Att.  
L. Cappelli, Town Clerk - w/Att Finance Department - w/Att.  
T. Curtiss  
John Delano - Badey Watson  
Jonathan Buckley

RE: Erosion Control Bond and Escrow fund by:  
Mr. Jonathan Buckley  
286 Beach Road N.  
Wilmington, NC 28411  
For Property listed below:  
12 Par Court, Kent, NY 10512  
TM: 42.7-1-20

Resolved: On February 28, 2014 the Town of Kent Planning Board recommended that an Erosion Control Bond in the amount of \$9,200.00 and inspection fee in the amount of \$1,000 be approved and accepted by the Kent Town Board. The motion was made by Mr. George Brunner and seconded by Mr. Philip Tolmach.

The Planning Board respectfully asks that, if the Town Board is in agreement, they pass a resolution decreeing that the above actions be taken.

I, Vera Patterson, Planning Board Secretary of the town of Kent, County of Putnam, State of New York, do hereby certify that the foregoing is a true excerpt from the minutes of a meeting of the Planning Board of the Town of Kent held on February 28, 2014.

Dated: March 11, 2014

  
\_\_\_\_\_  
Vera Patterson  
Planning Board Secretary