

**TOWN OF KENT  
TOWN BOARD MEETING  
Tuesday, October 10, 2017**

**Budget Workshop/Executive Session - 6:00 p.m.**

Executive Session to discuss the medical, financial, credit or employment history of a particular person or corporation and current litigation

**Ceremony - 7:00 p.m.**

Roma Family Thank You Ceremony

**Workshop**

1. Pledge of Allegiance
2. Local Law on concrete plants
3. Municipal Repairs – Scrapping and donating 3 vehicles
4. Code Enforcer – Take down tree 60 Homestead Drive
5. Planning – Accept resignation of member
6. Beautification Committee – Appoint member/chairperson
7. Lake Carmel Park District – Removal of trees, dock on Teatown Court
8. Lake Carmel Sanitation – Truck purchase
9. 2018 Tentative Budget and Budget Meetings
10. Health Plan choices
11. Announcements
12. Public Comment

**Meeting**

1. Roll Call
2. Vote on the following:
  - a) Set Public Hearing on Local Law on concrete plants
  - b) Scrapping and donating 3 vehicles
  - c) Contract to take down tree on 60 Homestead Drive
  - d) Accept resignation of Planning Board member
  - e) Appointment of member/chair of Beautification Committee
  - f) Removal of trees in the Lake Carmel Park District
  - g) Dock off Teatown Court
  - h) Lake Carmel Sanitation truck purchase
3. Vouchers and claims
4. Public comment

TOWN OF KENT  
AMENDMENT TO  
CHAPTER 77 OF THE KENT TOWN CODE

BE IT ENACTED by the Town Board of the Town of Kent, Putnam County, New

York, as follows:

Section 1. Chapter 77 Entitled "Zoning", is hereby amended to add the following provisions.

§ 77-40.1 Prohibited Uses in Certain Districts.

A. Purpose. In order to safeguard the health, safety and welfare of the residents of the Town of Kent, it is necessary to prohibit certain uses which, by the very nature in which they are conducted, have the potential to significantly impact the environment, pose a risk to human health and safety, or disturb or interfere with reasonable community expectations regarding odors, noise, light, traffic and water quality.

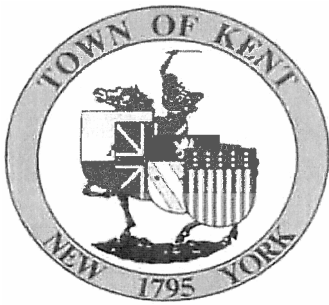
B. Prohibition. In any use district except for the Industrial-Office-Commercial District ("IOC District"), the production of concrete, the operation of a concrete products plant, or the manufacture in any form of concrete is hereby expressly prohibited.

C. Amortization. Any individual or business that is lawfully engaged in the production of concrete, the operation of a concrete products plant or the manufacture in any form of concrete, in any use district except for IOC District in the Town of Kent, upon the effective date of this subsection, shall become engaged in a legal nonconforming use and that use shall terminate by amortization no later than 2 years immediately following the effective date of this subsection.

Section 2. This local law shall take effect immediately.

Dated: October , 2017

BY THE ORDER OF THE TOWN BOARD  
TOWN OF KENT



# **TOWN OF KENT MUNICIPAL REPAIRS**

62 Ludington Court  
Kent Lakes, New York 10512  
(845) 225-6612  
Fax (845) 225-9464

E-mail: [municipalrepairs@townofkentny.gov](mailto:municipalrepairs@townofkentny.gov)  
Nicholas Mancuso, Service Manager

September 21st, 2017

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

Subject: Scrap / Donation of 3 Vehicles

Supervisor Fleming and Kent Town Board,

It is my recommendation that we should scrap the following vehicles as they are no longer suitable for use. The first is the 2008 Chevy Impala VIN# 2G1WS553481271737. The second is the 2000 Jeep Cherokee VIN# 1J4FF48S4YL219909. The 3<sup>rd</sup> vehicle is the 1997 Chevy Lumina VIN# 2G1WL52MXV9297055.

I was approached by the Lake Carmel Fire Chief Dave Churchill as well as the Town of Kent Assistant Fire Chief Steve Gasparini regarding donations to their respective Volunteer Fire Departments to be used for purposes of Training. We have done this in the past with other scrapped vehicles. With your permission I would like to donate the 2008 Chevy Impala and the 2000 Jeep Cherokee to the Lake Carmel Fire Department and the 1997 Chevy Lumina to the Kent Fire Department.

Sincerely,

Nicholas Mancuso,  
Municipal Repairs Service Manager



## CODE ENFORCEMENT

OF THE TOWN OF KENT, PUTNAM COUNTY, N.Y. 10512  
845-306-5598



September 26, 2017.

**From:** Zoning Enforcement Officer, Town of Kent:  
**To:** Supervisor Fleming, Town board members, Town of Kent:  
**Subject:** Violation requiring town corrective action:

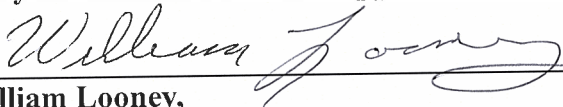
Enclosed please find violation issued by the undersigned and bids for correction.

**Locations requiring correction and lowest bid for site:**  
60 Homestead Drive. \$375.00

Site owner has responded to Notices of Violation but will not correct violation.

Bids have been proposed by Bill Henry Tree Service, Larry Reynold's Tree Service, and Johnson's Tree Service and are enclosed.

For your consideration and approval:

  
\_\_\_\_\_  
William Looney,  
Zoning Enforcement Officer,  
Town of Kent.

Bill Henry Tree Service INC.

20 Indian Hill Road  
Brewster, NY 10509  
(845) 278-9355

# Estimate

Date	Estimate #
9/13/2017	121

Name / Address
Code Enforcement Town Of Kent Carmel, NY 10512

			Project
Description	Qty	Rate	Total
Job Site: 60 Homestead Drive, Kent, NY  Remove Dead Black Birch Tree. Chip Brush & Clean Up. Remove Wood.  If you would rather have the wood cut & left there, it would be \$375.00.		475.00	475.00T
		<b>Subtotal</b>	<del>\$375.00</del> \$475.00
		<b>Sales Tax (0.0%)</b>	\$0.00
		<b>Total</b>	<del>\$375.00</del> \$475.00

# Invoice / Proposal

## Larry Reynolds Tree Service, Inc.

Established 1986

168 Tibet Drive, Carmel, New York 10512

(845) 225-7954 Cell (917) 295-3546

Fax (845) 228-5246

Page No. \_\_\_\_\_ of \_\_\_\_\_

Date 9/25/17

To: Town of Kent  
#25 - Sybil's Crossing  
Kent Lake, N.Y. 10512

JOB NAME / NO.
LOCATION
<u>C/O William Mooney</u>
PHONE <u>(845) 306-5598</u>

Putnam County License # PC-743-A

Location #60 - Wadsworth St - Lake Carmel

Black Birch - dead - front house + deck

Take down, chip brush, cut wood 18 to 20 inches + stack  
off to side. Take & clean

\$ 550.00

**We Propose** hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: \_\_\_\_\_ dollars (\$\_\_\_\_\_).

Payable as follows: \_\_\_\_\_

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or deviation from above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance.

Authorized  
Signature \_\_\_\_\_

NOTE: This proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

**Acceptance of Proposal** - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_



# Estimate

1361 Route 52, Carmel, NY 10512

Phone: 845-878-75691

Email: johnsonswoodpile@aol.com

Website: www.johnsonstreeserviceinc.com

Name/Address
William Looney Town of Kent Building Department 25 Sybil's Crossing Kent Lakes, NY 10512

Date	Estimate No.	Project
09/26/17	149	

Item	Description	Quantity	Cost	Total
Tree Work	FOR: 60 Homestead Drive, Kent Lakes, NY Take down tree by the attached deck. Cut wood and stack on site. Not to be removed. Putnam County Sales Tax	1	700.00 <del>8.375%</del>	700.00T <del>58.63</del>
			Total	\$758.63



**CODE ENFORCEMENT  
OF  
THE TOWN OF KENT, PUTNAM COUNTY, N.Y. 10512  
845-306-5598**

**ORDER TO REMEDY VIOLATION**

**Location:** 60 Homestead Dr Kent, NY

**Map NO:** 22.57-2-43

**Date:** 9/5/2017

**TO:**

Elizabeth McCauley  
1255 South Beach St Apt 2098  
Daytona Beach, FL 32114

**PLEASE TAKE NOTICE: THERE EXISTS A VIOLATION OF:**

Town of Kent Municipal Code\Chapter 55 A Property Maintenance Code

*B-1-C*

**at premises hereinafter described in that:**

**DANGEROUS TREE: THERE EXISTS ON SITE A DANGEROUS TREE POSING A  
THREAT TO THE HEALTH AND SAFETY OF THE RESIDENTS THEREON AND  
ADJACENT PEOPLE AND PROPERTY.**

**OWNER HAS TEN DAYS FROM THIS DATE TO SUBMIT A PLAN TO THIS OFFICE TO  
REMOVE THE DANGER PRESENTED BY THE INDICATED TREE.  
IF THE ABOVE LISTED VIOLATION IS NOT CORRECTED, NOR NOTICE RECEIVED,  
THE TOWN OF KENT WILL CONTRACT WITH A VENDOR TO ADDRESS THE ISSUE  
AND THE FEE THE COMPANY PRESENTS WILL BE CHARGED TO THE PROPERTY  
OWNERS. IF THE PROPERTY OWNERS FAIL TO PAY THE BILL THE DEBT WILL BE  
ATTACHED TO THE OWNER'S TAX BILL PAYABLE ON THE NEXT INSTALLMENT.**

**YOU ARE THEREFORE DIRECTED AND ORDERED to comply with the law and  
remedy the conditions above mentioned within ten days from this date. Failure to remedy  
the conditions aforesaid and to comply with the law and may constitute an offense  
punishable by fine or imprisonment or both.**

**WILLIAM LOONEY  
ZONING ENFORCEMENT  
OFFICER TOWN OF KENT**













**Subject:** Request for agenda item for Oct 3

**Date:** Thursday, September 28, 2017 at 10:14:53 AM Eastern Daylight Time

**From:** Lcpd Clerk

**To:** Maureen Fleming

**CC:** jasmine ramos

Tree work approved by the town board in October 2016 for the Lake Carmel Park District had several trees deleted from the list prior to work commencing. The remaining trees have become increasingly dangerous and the parks crew chief is requesting that these trees be removed due to deteriorating conditions since that time.

Bob Nix is requesting approval to have Bill Henry Tree Service, the lowest bidder approved for the original work, to remove the remaining trees that had been deleted from the list. Bill Henry Tree Service has confirmed the price for removal the trees at \$4,400.00.

Attached please find some original photos from 2016 and a recent email from a resident with photos regarding the trees. As you can see the leader, which fell a few weeks ago, crosses the walking path. The trees remain a danger and with fall and winter approaching the condition would surely worsen.

If you have any questions regarding the trees, please feel free to contact Bob Nix.



**Heidi Link**

**Town of Kent, NY**

Lake Carmel Park District Clerk

25 Sybil's Crossing

Kent Lakes, NY 10512

Telephone: (845) 306-5602

Fax: (845) 225-5130

[lcpdclerk@townofkentny.gov](mailto:lcpdclerk@townofkentny.gov)

[www.townofkentny.gov/lcpd\\_home.htm](http://www.townofkentny.gov/lcpd_home.htm)



**Subject:** FW: The tree next to the path you wouldn't take down

**Date:** Thursday, September 7, 2017 at 10:49:48 AM Eastern Daylight Time

**From:** Maureen Fleming

**To:** Bill Huestis, Paul Denbaum, Scott Chin, Jaime McGlasson

**CC:** Nancy Tagliafierro, Lcpd Clerk, jasmine ramos

I received this email from a resident about the tree referenced by in my previous email. I believe we should follow the Crew Chief's recommendation and take it down.

*Maureen Fleming*

Maureen Fleming  
Supervisor  
Town of Kent  
25 Sybil's Crossing  
Kent Lakes, New York 10512  
(845) 225-3943  
[www.townofkentny.gov](http://www.townofkentny.gov)



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**From:** "Peter C. Welch" <[petercwelch@gmail.com](mailto:petercwelch@gmail.com)>

**Date:** Tuesday, September 5, 2017 at 5:58 PM

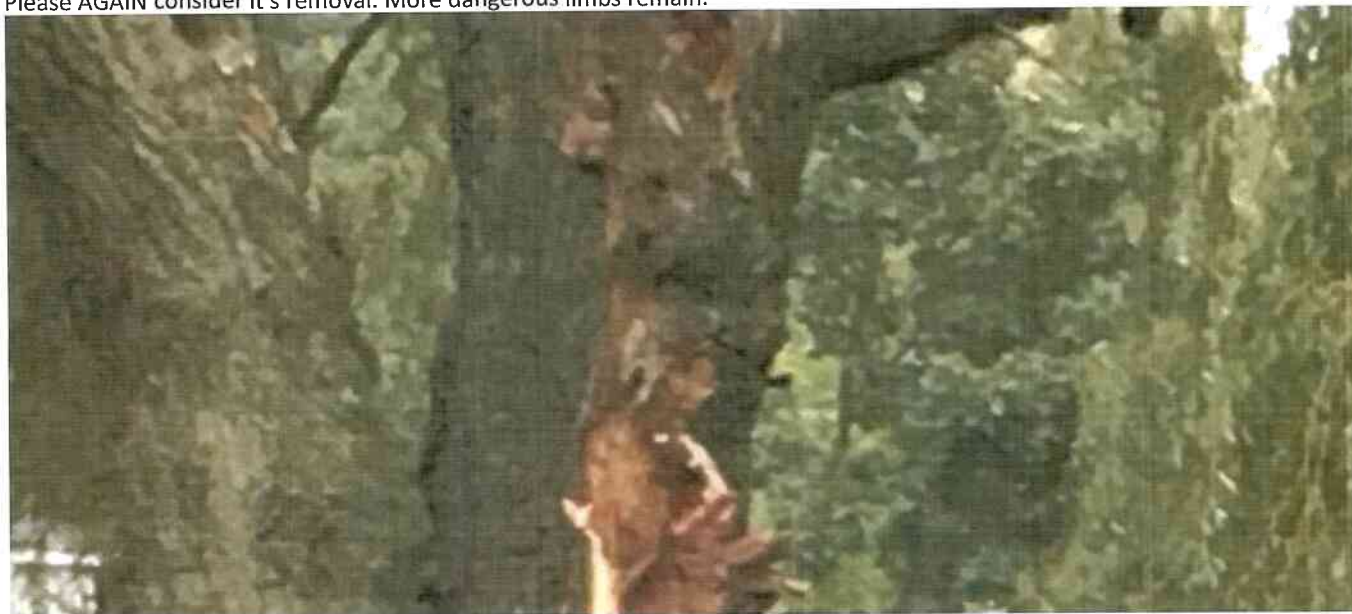
**To:** Maureen Fleming <[mfleming@townofkentny.gov](mailto:mfleming@townofkentny.gov)>

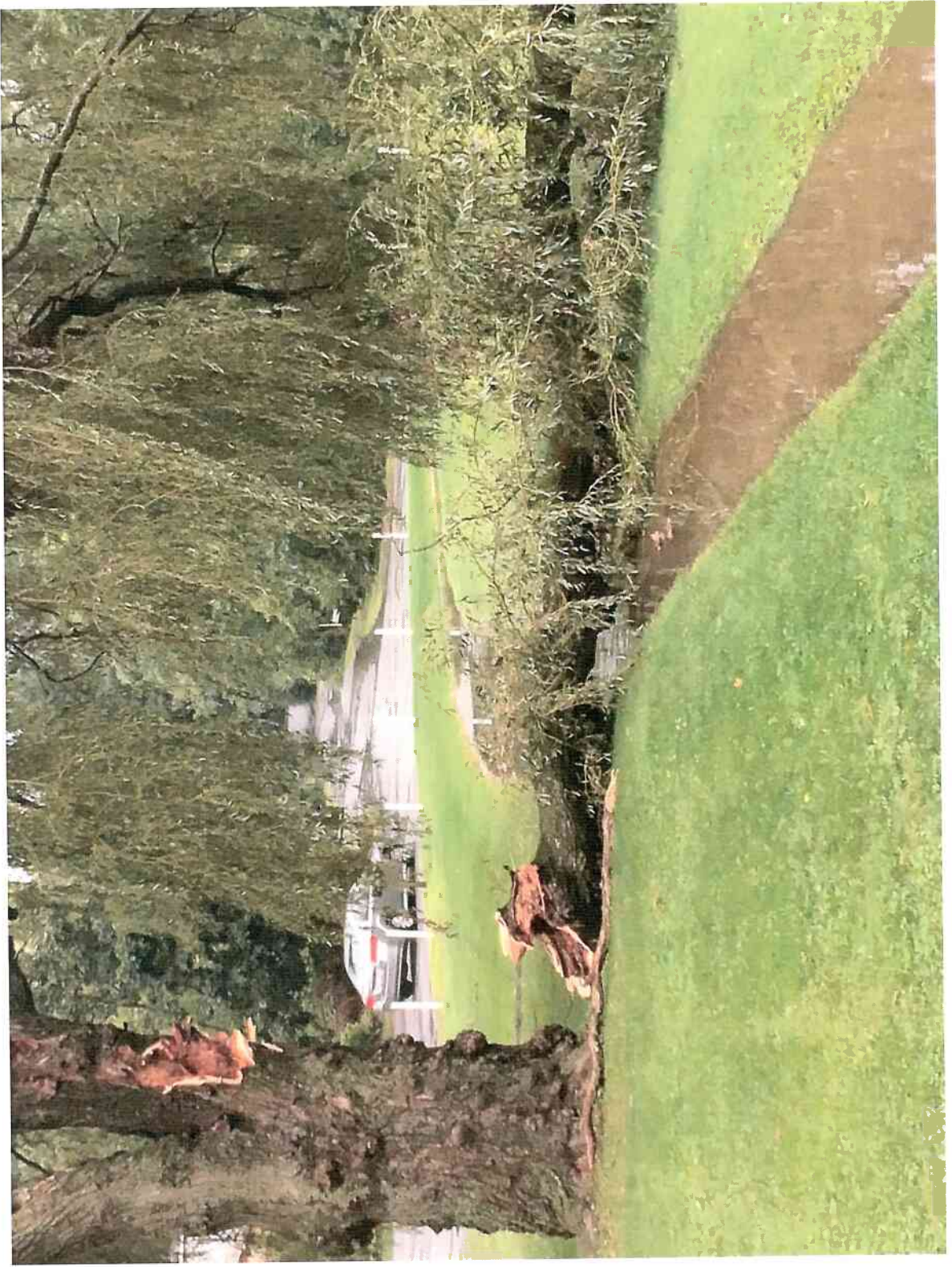
**Subject:** The tree next to the path you wouldn't take down

Ms. Flemming,

Had someone been on that path, Lake Carmel would be our more than a few dollars.

Please AGAIN consider it's removal. More dangerous limbs remain.





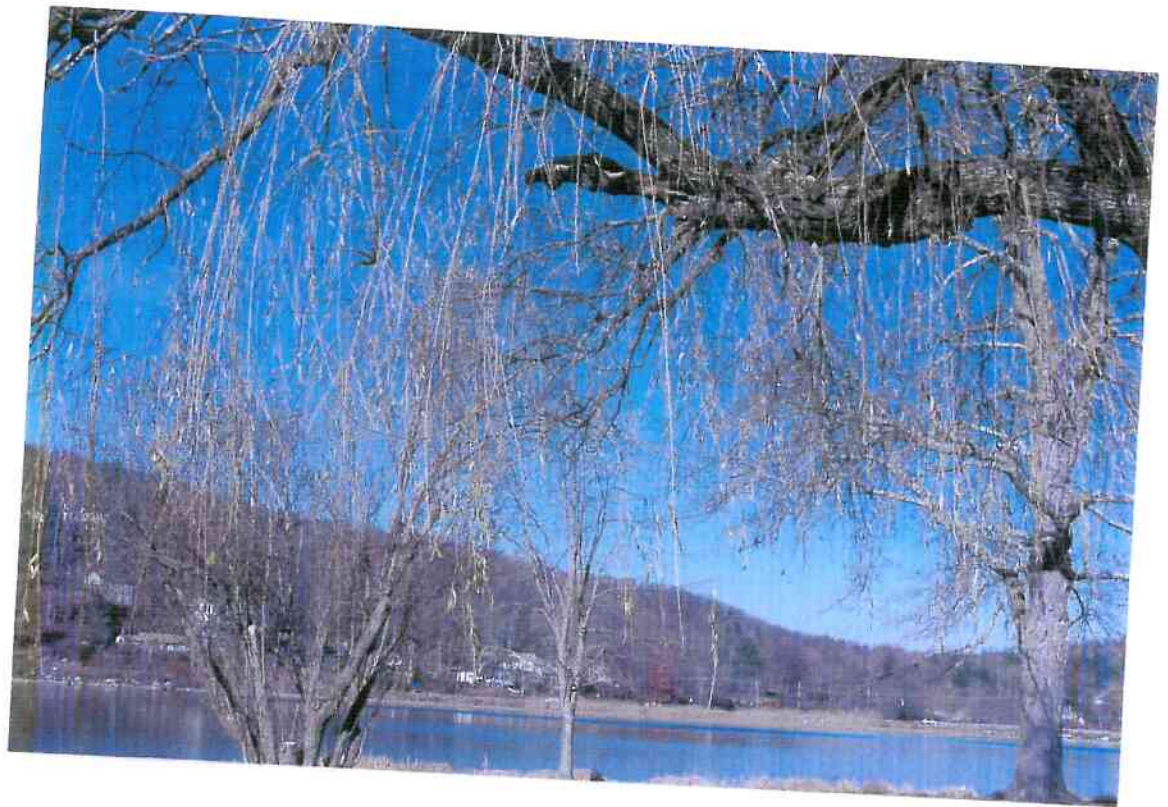














**TOWN OF KENT MUNICIPAL REPAIRS**

62 Ludington Court  
Kent Lakes, New York 10512  
(845) 225-6612

Fax (845) 225-9464

E-mail: [municipalrepairs@townofkentny.gov](mailto:municipalrepairs@townofkentny.gov)

Nicholas Mancuso, Service Manager

October 4<sup>th</sup>, 2017

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

Subject: Replacement Chase Truck

Supervisor Fleming ,

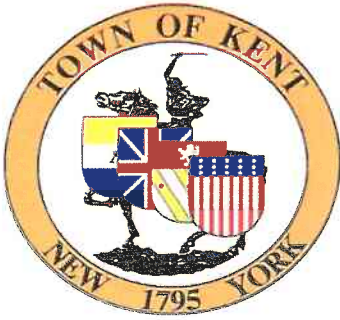
I have spoken with Eugene Livulpi regarding the removal of the 2002 Chevrolet Chase Truck VIN# 1GBJK34G32F220731 from the current Sanitation fleet. Based on this discussion I have attained an estimated cost to replace the vehicle. Please see the following itemized quote from Robert Green, with whom we work with on a consistent basis.

I was able to Piggy Back off the NY Thruway CT-16017 contract for Trucks and Trailers Equipment. The truck fitted with all the necessities amounts to approximately \$46,537.00.

Upon your approval I will proceed with the order.

Sincerely,

Nicholas Mancuso,  
Municipal Repairs Service Manager



**LAKE CARMEL SANITATION**

62 Ludington Court  
Kent Lakes, New York 10512  
(845) 225-7030

Fax (845) 225-9464

E-mail: [sanitation@townofkentny.gov](mailto:sanitation@townofkentny.gov)

Eugene Livulpi, Supervising Crew Chief

October 2<sup>nd</sup>, 2017

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

Subject: Replacement Chase Truck

Dear Supervisor Fleming,

I am requesting that the 2002 Chevrolet Chase Truck VIN# 1GBJK34G32F220731 be removed from our current fleet. The vehicle is beyond repair capability. Once removed, we will place the truck on Auctions International for sale.

The replacement estimate is under \$50,000. There are funds in the new truck line allocated for this new vehicle.

Sincerely,

Eugene Livulpi  
Lake Carmel Supervising Crew Chief



rey-04/01/08

PHONE 845-794-0300 FAX 845-794-0295

NY THRUWAY CT-16017 PIGGY BACK CONTRACT TRUCKS TRUCK EQUIPMENT

10/3/2017

KENT, TOWN OF  
62 LUDINGTON COURT  
CARMEL, NY 10512  
NICK MANCUSO

3500 CHEVROLET PARKAN BODY

PH 845 225-6612

FX

VN

[illegible]

Town of Kent  
Emblem Health HMO Plus 2018

Comments:	
Effective Month:	January
Effective Quarter:	1
Tier:	4 Tier

Estimated 2018 Rates January 2018 - December 2018

ALL TIERS	FOUR TIER		
Individual	Employee & Child(ren)	Employee & Spouse	Family
Adjustment (over (under))	\$0.00	\$0.00	
2018 Rate	\$777.84	\$1,446.67	
ALL TIERS	FOUR TIER		
Individual	Employee & Child(ren)	Employee & Spouse	Family

\$0.00 \$0.00  
\$1,606.90 \$2,457.76

Benefit

LG HMO Plus  
Primary Care Office Visits (or Home Visits)  
Urgent Care Center  
Specialist Office Visits (or Home Visits)  
Inpatient Hospital (non-maternity)  
Inpatient Hospital (Maternity)  
Ambulatory Surgical Center Facility Fee  
Outpatient Hospital Surgery Facility Charge  
Emergency Room Skilled Nursing Facility Home Health Care  
Inpatient Rehabilitation Services  
Outpatient Rehabilitation Services

\$20  
\$75  
\$40  
\$1,000  
\$1,000  
\$200  
\$400  
\$100  
90 days/\$0 copayment  
40 visits/\$40 copay  
30 days/\$1000 copay  
90 visits/\$40 copay

Inpatient Alcohol/Substance Abuse Services for Detoxification  
Inpatient Alcohol/Substance Abuse Services for Rehabilitation  
Outpatient Alcohol/Substance Use Services for Rehabilitation  
Dialysis Performed in a Freestanding Center or Specialist Office Setting  
Dialysis Performed as Outpatient Hospital Services  
Refractive Eye Exam  
Diabetic Equipment, Supplies, Insulin, and Education  
Chemotherapy Performed in a Specialist Office  
Infusion Therapy Performed in a PCP Office  
Infusion Therapy Performed in a Specialist Office or Home  
Infusion Therapy Performed as Outpatient Hospital Services  
Ambulance Services  
Inpatient Hospital Surgery and Surgeon Services  
Outpatient Hospital Surgery and Surgeon Services  
Diagnostic Radiology Services Performed in a PCP Office  
Diagnostic Radiology Services Performed in a Freestanding Radiology Facility or Specialist Office  
Advanced Imaging Services Performed in a Freestanding Radiology Facility or Office Setting  
Advanced Imaging Services Performed as Outpatient Hospital Services  
Diagnostic Testing Performed as Outpatient Hospital Services  
Diagnostic Testing Performed in a PCP Office  
Diagnostic Testing Performed in a Specialist Office  
MOOP  
Durable Medical Equipment, Prosthetics, and Orthotics Lenses and Frames  
Inpatient Mental Health Care  
Outpatient Mental Health Care

\$1,000  
\$1,000  
\$20  
\$40  
\$40  
\$20  
\$40  
\$20  
\$40  
\$40  
\$100  
\$0  
\$0  
\$20  
\$40  
\$40  
\$40  
\$40  
\$20  
\$40  
\$7,150/\$14,300  
\$0  
\$1,000  
\$20

Medical Subtotal

Deductible Factor  
Medical Subtotal with Deductible

Network Factor  
Regional Factor  
Total Medical Rate

\$15/\$35/\$75 Non-Formulary  
\$100 ded

\$1,000

Town of Kent  
Emblem Health HMO Plus 2018

Comments:	
Effective Month:	January
Effective Quarter:	1
Tier:	4 Tier

Estimated 2018 Rates January 2018 - December 2018

ALL TIERS	FOUR TIER				
Individual	Employee & Child(ren)	Employee & Spouse	Family		
Adjustment (over (under))	\$0.00	\$0.00		\$0.00	\$0.00
2018 Rate	\$727.84	\$1,353.70		\$1,503.62	\$2,299.81

ALL TIERS	FOUR TIER		
Individual	Employee & Child(ren)	Employee & Spouse	Family

Benefit

LG HMO Plus

Primary Care Office Visits (or Home Visits)

Urgent Care Center

Specialist Office Visits (or Home Visits)

Inpatient Hospital (non-maternity)

Inpatient Hospital (Maternity)

Ambulatory Surgical Center Facility Fee

Outpatient Hospital Surgery Facility Charge

Emergency Room Skilled Nursing Facility Home Health Care

Inpatient Rehabilitation Services

Outpatient Rehabilitation Services

\$25

\$75

\$50

\$750

\$1,000

\$200

\$400

\$100

90 days/\$0 copayment

40 visits/\$50 copay

30 days/\$750 copay

\$750

\$750

\$25

\$50

\$50

\$50

\$25

\$50

\$25

\$50

\$50

\$100

\$0

\$0

Covered in Full

\$50

\$25

\$50

\$50

\$50

\$50

\$25

\$50

\$7,150/\$14,300

\$0

Not Selected Not Selected Not

Selected Not Selected Not

Selected Not Selected

\$25

Up to \$200 Reimbursement 20

Visits / \$20 Copay

\$750

\$25

Inpatient Mental Health Care

Outpatient Mental Health Care

Medical Subtotal

\$2,000

Deductible Factor

Medical Subtotal with Deductible

Network Factor

Regional Factor

Total Medical Rate

\$15/\$35/\$75 Non-Formulary

\$100 ded

Town of Kent  
Emblem Health HMO Plus 2018

Comments:	
Effective Month:	January
Effective Quarter:	1
Tier:	4 Tier

Estimated 2018 Rates January 2018 - December 2018

ALL TIERS	FOUR TIER		
Individual	Employee & Child(ren)	Employee & Spouse	Family
Adjustment (over (under))	\$0.00	\$0.00	\$0.00
2018 Rate	\$658.04	\$1,223.87	\$1,359.40
			\$2,079.24

ALL TIERS	FOUR TIER
Individual	Employee & Child(ren)
Benefit	
LG HMO Plus	
Primary Care Office Visits (or Home Visits)	\$30
Urgent Care Center	\$75
Specialist Office Visits (or Home Visits)	\$60
Inpatient Hospital (non-maternity)	\$500
Inpatient Hospital (Maternity)	\$1,000
Ambulatory Surgical Center Facility Fee	\$200
Outpatient Hospital Surgery Facility Charge	\$500
Emergency Room	\$150
Skilled Nursing Facility	90 days/\$0 copayment
Home Health Care	40 visits/\$60 copay
Inpatient Rehabilitation Services	30 days/\$500 copay
Outpatient Rehabilitation Services	90 visits/\$60 copay
Inpatient Alcohol/Substance Abuse Services for Detoxification	\$500
Inpatient Alcohol/Substance Abuse Services for Rehabilitation	\$500
Outpatient Alcohol/Substance Use Services for Rehabilitation	\$30
Dialysis Performed in a Freestanding Center or Specialist Office Setting	\$60
Dialysis Performed as Outpatient Hospital Services	\$60
Refractive Eye Exam	\$60
Diabetic Equipment, Supplies, Insulin, and Education	\$30
Cochlear Implants	\$0 deductible
Chemotherapy Performed in a Specialist Office	\$60
Infusion Therapy Performed in a PCP Office	\$30
Infusion Therapy Performed in a Specialist Office or Home	\$60
Infusion Therapy Performed as Outpatient Hospital Services	\$60
Ambulance Services	\$150
Inpatient Hospital Surgery and Surgeon Services	\$0
Outpatient Hospital Surgery and Surgeon Services	\$0
Maternity and Newborn Care Physician and Midwife Services for Delivery	Covered in Full
Diagnostic Radiology Services Performed as Outpatient Hospital Services	\$60
Diagnostic Radiology Services Performed in a PCP Office	\$30
Diagnostic Radiology Services Performed in a Freestanding Radiology Facility or Specialist Office	\$60
Advanced Imaging Services Performed in a Freestanding Radiology Facility or Office Setting	\$60
Advanced Imaging Services Performed as Outpatient Hospital Services	\$60
Diagnostic Testing Performed as Outpatient Hospital Services	\$60
Diagnostic Testing Performed in a PCP Office	\$30
Diagnostic Testing Performed in a Specialist Office	\$60
MOOP	\$7,150/\$14,300
Durable Medical Equipment, Prosthetics, and Orthotics	\$0
Lenses and Frames	not selected
Lenses, Frames and Contacts	not selected
Private Duty Nursing Rider	not selected
Dental Care	not selected
In Vitro Fertility Rider	not selected
External Hearing Aids	not selected
Telemedicine Provided by a PCP or Dietitian/Nutritionist	\$30
Gym Reimbursement	Up to \$200 Reimbursement
Acupuncture	20 Visits / \$20 Copay
Inpatient Mental Health Care	\$500
Outpatient Mental Health Care	\$30
Medical Subtotal	
Deductible Factor	\$3,000
Family Deductible Factor	2.0x Individual Deductible
Medical Subtotal with Deductible	
Network Factor	
Regional Factor	
Total Medical Rate	
Total Rx Rate	\$20/\$40/\$100/\$100 Ded
Medical and Rx Subtotal 1	
Class Two Dependents	Not Selected
Dependent Child	DC26M
Student Dependent	Not Selected
Grandchildren	Not Selected
Domestic Partners	Not Selected
Medical and Rx Subtotal 2	
Total Rate	