

September 27, 2021

Teresa M. Kenny
Town Supervisor
Town of Orangetown
26 West Orangeburg Road
Orangeburg, NY 10962

Dear Supervisor Kenny,

It is with regret that I am writing to inform you of my decision to resign my position as a member on the Town of Orangetown Planning Board, effective October 4th, 2021. I will be selling my home in Orangetown that day and relocating with my wife down to the Jersey shore in the town of Port Monmouth.

It has been a pleasure being a part of and serving on the Orangetown Planning Board for the last sixteen years. I am so proud of all we have accomplished on that board in that time, and I have no doubt the board will continue these successes in the future. It has been a pleasure of being part of such a strong and dedicated team.

I would also take this opportunity to recommend my friend Denise Lenihan as a suitable candidate to fill the vacated position, and I feel it is best for me to make room for someone with the time and energy to devote to the job. She lives in Pearl River with her husband and two children and has been working as a Project Engineer for the Army Corp of Engineers for the last twelve years. She can be reached by email at deherlihy79@yahoo.com or by cell phone at (914) 318-6784. I'd be glad to ask her to forward you her resume if you like.

If I can be of any assistance during the time it will take to fill the position, please don't hesitate to ask.

Best regards,

William P. Young

William P. Young
(973) 222-0470
William.Young@pseg.com

**TOWN OF ORANGETOWN
ALCOHOLIC BEVERAGE PERMIT AGREEMENT**

By requesting and accepting permission from the Town of Orangetown to dispense alcoholic beverages on Town property in accordance with Town Code §10-4(B), in addition to any other obligation undertaken and assumed by the Applicant/Permittee as part of the application, or otherwise under the law, the Applicant further agrees:

INSURANCE:

The Permittee shall procure and maintain throughout the period of the Permit insurance coverage, naming the Town of Orangetown, its officers, employees and agents as additional insured thereon, in the following amounts:

- General Liability Insurance in a minimum amount of One Million Dollars (\$1,000,000.00) per individual and Two Million Dollars (\$2,000,000.00) per occurrence for bodily injury, including death;

INDEMNIFICATION:

The Applicant/Permittee further agrees, to the fullest extent permitted by law, to indemnify and hold harmless the Town of Orangetown, its officers, employees, and agents, against all claims, suits, actions, liabilities, losses, costs, damages or expenses and costs of every description including reasonable attorney's fees and other costs expenses of litigation arising out of, or directly or indirectly due to, wholly or in part, any act or omission of Applicant/Permittee and/or the Applicant/Permittee's invitees, agents and/ except to the extent caused by the negligence and/or willful misconduct of the Town of Orangetown.

The Permittee's obligations under this section shall not be deemed waived, limited or discharged by the procurement or enumeration of any insurance for liability for damages. The termination of this Permit for any reason shall not release Permittee from its obligations under this section.

ENTITY INFORMATION:

If the Applicant/Permittee is not an individual, the Applicant/Permittee is required to provide proof that the entity is an entity organized and operating under the laws of the State of New York, or another state, and shall provide a Certificate of Good Standing or other such proof satisfactory to the Town that the entity is in good standing at the time of application.

COMPLIANCE WITH STATE LIQUOR AUTHORITY:

The applicant agrees that it will abide by any and all regulations of the New York State Liquor Authority (SLA), including requiring any persons or entities dispensing alcoholic beverages pursuant to this request to have appropriate licenses from the SLA for such purpose, and ensuring they shall abide by all rules and conditions of the SLA with respect to said license and dispensing alcoholic beverages outside of regular establishments.

GOVERNING LAW:

The Applicant/Permittee agrees that in the event of any of any claim, cause of action, lawsuit, loss or any legal action arising out of the activities of the Applicant/Permittee regarding activities related to the issuance of this permit in which the Town is a party or which the Town seeks to name the Applicant/Permittee as a party shall be subject to and conclusively resolved in accordance with the laws of the State of New York, and without giving effect to the conflict of laws provisions thereof. Venue for the resolution of any such dispute shall be the Supreme Court of the State of New York, Rockland County and by signing below, the Applicant/Permittee consents to jurisdiction thereof.

By signing below, the undersigned represents that he/she has the authority to bind the Applicant/Permittee to the terms of the Application.

APPLICANT/PERMITTEE:

Organization/Entity/Individual Name: Pearl River Board of Trade

State/Date of Incorporation (If Applicable): NY / Dec. 7, 1954

Proof of Good Standing provided: Yes No

Susan Perzigian
Signature of Responsible Officer

Susan Perzigian, President
(Print Name and Position)

STATE OF NEW YORK)

ss:

COUNTY OF ROCKLAND)

On the 12th day of October, 2021, before me, the undersigned a Notary Public in and for said state, personally appeared Susan Perzigian, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon behalf of which individual acted, executed the instrument.

Carmel Reilly
Notary Public

Carmel Reilly
Notary Public, State of New York
No. 01RE6049859
Qualified in Rockland County
Commission Expires October 23, 2022



Application for Showmobile Use

Showmobile Requirements

Applications must be submitted to the Parks & Recreation Office no later than 8 weeks prior to your event in order to be placed on a Town Board agenda.

There are two pages to this application. Please read and understand all items listed on page 1 (this page) and upload your certificate of insurance.

Click "next" to advance to page 2 and fill out all requested information.

Upload Certificate of Insurance * Insurance with Orangetown named.pdf 19.29KB

Before completing the Showmobile Request Form, please be aware of the following:

- + The total area needed for the Showmobile is a space 50 feet in length, 15 feet in width and 25 feet in height.
- + Showmobile stage measures 28 feet long x 14 feet 7 inches deep x 25 feet high when open. One set of stairs is available with hand railings. (Please note that this measurement does not include the trailer hitch or the tow vehicle).
- + The lights require a 110 volt, 20 amp circuit to plug into within 150 feet of the right front side of the Showmobile. Additional electrical equipment must be plugged into a separate circuit.
- + The Showmobile must be parked in a relatively level space. The placement of the Showmobile is at the discretion of the Orangetown Parks & Recreation staff. Although every effort will be made to meet requests, this equipment does not go off road, over curbing, on uneven ground or over rough terrain.
- + The area must be free of obstructions such as overhanging tree limbs, electrical wires, etc.
- + The tow vehicle must remain with the Showmobile for the duration of the event.
- + In the event of winds in excess of 30 MPH, the stage canopy must be closed.
- + The Town seal is not to be covered and no nails, staples, tacks or tape may be used to attach any items to the Showmobile)
- + The organization will receive an emailed invoice after their event is complete. Payment is expected no later than 14 days after receipt of invoice.
- + A member of the organization renting the unit must be on site at time of arrival for proper set up as well as time of departure to assure all event tasks have been completed (i.e. removal of equipment)
- + Any changes/cancellations (unless otherwise agreed upon) to the event must be made 24 hours in advance by contacting Mark Albert at malbert@orangetown.com.

Additional Requirements:

- + Certificate of insurance required. Must name the Town of Orangetown as additionally insured.
- + Rental Costs: \$500.00 plus labor.

Showmobile Application

Event Information

Event/Festival Name * Pearl River Day Festival

Event Location Name * Pearl River

Event Address *

Street Address
E Central Ave and William Street
Address Line 2

City Pearl River State / Province / Region NY
Postal / Zip Code 10965 Country United States

Setup Date & Time * 10/16/2021
08:00:00 AM

Take-Down Date & Time * 10/16/2021
08:30:00 PM

Stair Arrangement *

Right side of stage
 Left side of stage
 Front of stage
 Not Sure

Set-up Info * Please describe in detail what the stage will be used for and how you intend to set it up. If you have a rain date, please list it here so long as all the information above is the same.
Live bands entertainment

Placement *

Pavement
 Grass/Field
 Other

Applicant Information

Applicant's Name * Susan Perzigian

Organization Name * Pearl River Chamber of Commerce

Organization Address * PO Box 829

Organization City * Pearl River

Organization State * NY

Phone (w) * 845-642-1525

Phone (c) * 845-642-1525

Email * president@pearlriverny.org

Signature*

Susan Perzigian

By checking this box and submitting this form, I acknowledge I have read, understand, accept, and agree to the above terms and conditions.

*

I accept the terms and conditions



Application for Showmobile Use

Showmobile Requirements

Applications must be submitted to the Parks & Recreation Office no later than 8 weeks prior to your event in order to be placed on a Town Board agenda.

There are two pages to this application. Please read and understand all items listed on page 1 (this page) and upload your certificate of insurance.

Click "next" to advance to page 2 and fill out all requested information.

Upload Certificate of Insurance * OctoberFest Cert of Liab Insurance 2021.pdf 164.5KB

Before completing the Showmobile Request Form, please be aware of the following:

- + The total area needed for the Showmobile is a space 50 feet in length, 15 feet in width and 25 feet in height.
- + Showmobile stage measures 28 feet long x 14 feet 7 inches deep x 25 feet high when open. One set of stairs is available with hand railings. (Please note that this measurement does not include the trailer hitch or the tow vehicle).
- + The lights require a 110 volt, 20 amp circuit to plug into within 150 feet of the right front side of the Showmobile. Additional electrical equipment must be plugged into a separate circuit.
- + The Showmobile must be parked in a relatively level space. The placement of the Showmobile is at the discretion of the Orangetown Parks & Recreation staff. Although every effort will be made to meet requests, this equipment does not go off road, over curbing, on uneven ground or over rough terrain.
- + The area must be free of obstructions such as overhanging tree limbs, electrical wires, etc.
- + The tow vehicle must remain with the Showmobile for the duration of the event.
- + In the event of winds in excess of 30 MPH, the stage canopy must be closed.
- + The Town seal is not to be covered and no nails, staples, tacks or tape may be used to attach any items to the Showmobile)
- + The organization will receive an emailed invoice after their event is complete. Payment is expected no later than 14 days after receipt of invoice.
- + A member of the organization renting the unit must be on site at time of arrival for proper set up as well as time of departure to assure all event tasks have been completed (i.e. removal of equipment)
- + Any changes/cancellations (unless otherwise agreed upon) to the event must be made 24 hours in advance by contacting Mark Albert at malbert@orangetown.com.

Additional Requirements:

- + Certificate of insurance required. Must name the Town of Orangetown as additionally insured.
- + Rental Costs: \$500.00 plus labor.

Showmobile Application

Event Information

Event/Festival Name * Piermont Oktoberfest

Event Location Name * Piermont NY

Event Address *

Street Address
468 Piermont ave
Address Line 2
City
piermont State / Province / Region
ny
Postal / Zip Code
10968 Country
usa

Setup Date & Time * 10/23/2021
08:00:00 AM

Take-Down Date & Time * 10/23/2021
09:00:00 AM

Stair Arrangement *

Right side of stage
 Left side of stage
 Front of stage
 Not Sure

Set-up Info *

Please describe in detail what the stage will be used for and how you intend to set it up. If you have a rain date, please list it here so long as all the information above is the same.

The stage will be used for various bands, We do not have a rain date and are flexible with timing dates to save on Labor

Placement *

Pavement
 Grass/Field
 Other

Applicant Information

Applicant's Name * peter helou

Organization Name * piermont chamber of commerce

Organization Address * 510 piermont ave

Organization City * piermont

Organization State * new york

Phone (w) * 8457291688

Phone (c) * 8457291688

Email * phelou@piermontchamber.org

Signature*

peter helou

By checking this box and submitting this form, I acknowledge I have read, understand, accept, and agree to the above terms and conditions.

*

I accept the terms and conditions



Portable Toilet Request Form

The Town of Orangetown accepts requests for portable toilets from not-for-profit groups for their events and programs. Applications must be submitted 8 weeks prior to the event. In case of any changes, the organization must contact Mark Albert at malbert@orangetown.com no later than 48 hours prior to the event.

Event Information

Event Name * Piermont Oktoberfest

Event Location Name * Piermont NY

Event Address *

Street Address
piermont ave
Address Line 2
City State / Province / Region
piermont ny
Postal / Zip Code Country
10968 usa

Event Start Date * 10/23/2021
08:00:00 AM

Event End Date * 10/23/2021
09:00:00 PM

Set-up Info * Please describe the exact location the units should be placed on the event site
is flexible

Number of regular units required * 4

Number of ADA units required * 4

Total Number of units required * 8

Applicant Information

Applicant First Name * peter

Applicant Last Name * helou

Organization Name * Piermont Chamber of Commerce

Organization Not For Profit? * Yes
 No

**Organization
Address ***

Street Address

510 Piermont ave

Address Line 2

front c

City

piermont

Postal / Zip Code

10968

State / Province / Region

ny

Country

usa

Phone (w) *

8457291688

Phone (c) *

8457291688

Email *

phelou@piermontchamber.org

**Certificate of
Insurance ***

Cert to follow.docx

9.68KB

Certificate must list the Town of Orangetown as additional Insured

Signature *



peter helou

TOWN OF ORANGETOWN
SPECIAL USE PERMIT FOR USE OF TOWN PROPERTY/ITEMS

PERMIT # 21-SP-042

EVENT NAME: Pearl River High School Pep Rally + Bonfire
APPLICANT NAME: Arthur McCormack - Athletic Director
ADDRESS: 275 E. Central Ave., Pearl River, NY 10965
PHONE #: (845) 620-3944 CELL # 201-788-1262 FAX # 845-620-3868
CHECK ONE: PARADE _____ RACE/RUN/WALK _____ OTHER

The above event will be held on 10/15/21 from 7:00pm to 10:00pm RAIN DATE: N/A

Location of event: Pearl River High School

Sponsored by: Pearl River Athletics Telephone #: 845-620-3944 or 845-620-3925

Address: 275 E. Central Ave., Pearl River, NY 10965

Estimated # of persons participating in event: 850 vehicles 300

Person (s) responsible for restoring property to its original condition: Name-Address-Phone #:

Pearl River School District - Facilities Dept

Signature of Applicant: Arthur McCormack Date: 9/17/21

GENERAL INFORMATION REQUIRED: (HIGHWAY/PARKS/POLICE)

Letter of Request to Town Board requesting aid for event - Received On: 9/20/21

Certificate of Insurance - Received On: 9/20/21

FOR HIGHWAY DEPARTMENT USE ONLY:

Road Closure Permit: Y/N Received On: X

Rockland County Highway Dept. Permit: Y/N Received On: X

NYS DOT Permit: Y/N Received On: X

Route/Map/Parking Plan: Y/N Received On: X

RFS #: 51344 BARRICADES: Y/N CONES: Y/N TRASH BARRELS: Y/N OTHER: 2yds of sand

APPROVED: [Signature] DATE: 9-21-21
Superintendent of Highways

FOR PARKS & RECREATION DEPARTMENT USE ONLY:

Show Mobile: Y/N Application Required: _____ Fee Paid - Amount/Check # _____

Port-o-Sans: Y/N Other: _____

APPROVED: [Signature] DATE: 9/22/2021
Superintendent of Parks & Recreation

FOR POLICE DEPARTMENT USE ONLY:

Police Detail: Y/N: Approximate / sep Items: _____

APPROVED: [Signature] DATE: 09/23/2021
Chief of Police

** Please return to the Highway Department to be placed on the Town Board Workshop **

Workshop Agenda Date: _____ Approved On: _____ TBR #: _____

RECEIVED

SEP 20 2021

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

RECEIVED

SEP 24 2021

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

SM 12/16/21
9-21-21

(PO BURNETT - PRHS SEO)

RECEIVED

Pearl River School District



SEP 20 2021

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

ATHLETIC DEPARTMENT
275 East Central Avenue
Pearl River, New York 10965
www.pearlriver.org

Phone: 845-620-3925 - Fax: 845-620-3868

Arthur McCormack
Director of Physical Education & Athletics

21-SP-042

To: Orangetown Town Board
From: Arthur McCormack
Date: September 17, 2021
Re: Athletic Pep Rally/Bonfire at Pearl River High School

As in the past, the Pearl River School District is requesting assistance from the following departments in the Town of Orangetown to host their annual athletic pep rally and bonfire. The event is being held at Pearl River High School on Friday, October 15, 2021 at 7:00pm.

The following resources are being requested from the respective departments.

- **Highway Department** – Use of barricades and barrels to be placed around the bonfire and two yards of sand to be utilized for the base of the bonfire.
- **Police Department** – The presence of two Orangetown Auxiliary Police Officers to assist with crowd control and traffic control throughout the course of the evening.

If you have any further questions or concerns, you may call the Pearl River Athletic Department at (845) 620-3925. Thank you for your continued support.

Sincerely,

A handwritten signature in cursive script that reads "Arthur McCormack".

Arthur McCormack
Director of Physical Education & Athletics

Enc: Special Use Permit & Certificate of Insurance

Cc: Jim Dean, Superintendent of Highways
Donald Butterworth, Chief of Police



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2021

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 NEW YORK SCHOOLS INSURANCE RECIPROCAL 333 Earle Ovington Blvd. Uniondale NY, 11553 | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Pearl River UFSD 135 West Crooked Hill Road Pearl River, NY 10965 TOWN OF ORANGETOWN HIGHWAY DEPARTMENT | INSURER A: New York Schools Insurance Reciprocal | NAIC # 34843 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

21-8-042 RECEIVED

SEP 20 2021

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X | | SSP PR 001 | 07/01/2021 | 07/01/2022 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE UNLIMITED PRODUCTS - COMP/OP AGG \$1,000,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | ECL PR 001 | 07/01/2021 | 07/01/2022 | EACH OCCURRENCE \$20,000,000 AGGREGATE UNLIMITED \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is named as Additional Insured only as respects to the use of premises/facilities during the policy period.

| | |
|---|---|
| CERTIFICATE HOLDER Town of Orangetown 26 Orangeburg Road Orangeburg, NY 10962 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Deborah Heppes</i> |
|---|---|



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/10/2021

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

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

| | | |
|---|--|-------------------------------------|
| PRODUCER Hubbinette Cowell Associates Inc. 1003 Park Blvd, Ste 3 Massapequa Park, NY 11762 | CONTACT NAME: Loretta Salerno PHONE (A/C, No, Ext): (516)795-1330 E-MAIL ADDRESS: loretta@hubbinette-cowell.com | FAX (A/C, No): (516)795-5101 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Tappan Fire District PO Box 525 Tappan, NY 10983 | INSURER A: National Union Fire Ins. Co. of Pittsburgh, PA 19445 | |
| | INSURER B: National Union Fire Inc. Co. of Pittsburgh, PA 19445 | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 00001114-0

REVISION NUMBER: 7

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|---|---------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | Y | | VFNU-TR-0014556 | 06/15/2021 | 06/15/2022 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 10,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 10,000,000 |
| | | | | | | | | \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | VFNU-TR-0014556 | 06/15/2021 | 06/15/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | Y | | VFNU-TR-0014556 | 06/15/2021 | 06/15/2022 | EACH OCCURRENCE | \$ 3,000,000 |
| | | | | | | | AGGREGATE | \$ 6,000,000 |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE | OTH-ER |
| | | | | | | | E L EACH ACCIDENT | \$ |
| | | | | | | | E L DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E L DISEASE - POLICY LIMIT | \$ |

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

PROOF OF INSURANCE FOR TAPPAN FIRE 5K RUN TO BE HELD ON NOVEMBER 14, 2021. THE TOWN OF ORGANGETOWN AND "NOBLE NINTH"(THE START AND FINISH LINE) ARE NAMED AS ADDITIONAL INSURED AS PER FORM # VG101.

CERTIFICATE HOLDER**CANCELLATION**

TOWN OF ORANGETOWN
26 ORANGEBURG ROAD
ORANGEBURG, , NY

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

Paul A. Coull Jr.

(LGS)

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Portable Toilet Request Form

The Town of Orangetown accepts requests for portable toilets from not-for-profit groups for their events and programs. Applications must be submitted 8 weeks prior to the event. In case of any changes, the organization must contact Mark Albert at malbert@orangetown.com no later than 48 hours prior to the event.

Event Information

Event Name * Tappan Fire 5K Run/Walk

Event Location Name * German Masonic Grounds

Event Address *

Street Address
89 Western Highway
Address Line 2

City Tappan State / Province / Region NY

Postal / Zip Code 10983 Country US

Event Start Date * 11/14/2021
08:00:00 AM

Event End Date * 11/14/2021
01:00:00 PM

Set-up Info * Please describe the exact location the units should be placed on the event site
As of today, location on the Masonic Grounds are TBD, but will be placed close to the existing restrooms that are on site that will not be available during this race.

Number of regular units required * 5

Number of ADA units required * 1

Total Number of units required * 6

Applicant Information

Applicant First Name * Dan

Applicant Last Name * Fuller

Organization Name * Tappan Fire Department

Organization Not For Profit? * Yes
 No

Organization Address *

Street Address

123 Washington St

Address Line 2

City

Tappan

Postal / Zip Code

10983

State / Province / Region

NY

Country

United States

Phone (w) *

845 359 1897

Phone (c) *

845 893 6088

Email *

ddf Fuller@optonline.net

Certificate of Insurance *

COI Race 2021.pdf

654.71KB

Certificate must list the Town of Orangetown as additional Insured

Signature *



Daniel Fuller

TOWN OF ORANGETOWN
SPECIAL USE PERMIT FOR USE OF TOWN PROPERTY/ITEMS

RECEIVED

PERMIT # 21-SP-040

SEP 13 2021

EVENT NAME: Tappan Fire 5K

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

APPLICANT NAME: Volunteer Fire Assoc of Tappan

RECEIVED

ADDRESS: 123 Washington St

PHONE #: 845 359 1897 CELL # 845 893 6088 FAX # _____

SEP 04 2021

CHECK ONE: PARADE _____ RACE/RUN/WALK OTHER _____

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

The above event will be held on 11/14/21 from 9:00 AM to 1:00 PM RAIN DATE: _____

Location of event: German Masonic Grounds - Western Highway

Sponsored by: Volunteer Fire Assoc Tappan Telephone #: 359 1897

Address: _____

Estimated # of persons participating in event: 300 vehicles 100

Person (s) responsible for restoring property to its original condition: Name-Address-Phone #:

Volunteer Fire Assoc Tappan - 123 Washington 359 1897

Signature of Applicant: Daniel Fuller Date: 9/10/21

GENERAL INFORMATION REQUIRED: (HIGHWAY/PARKS/POLICE)

Letter of Request to Town Board requesting aid for event - Received On: 9/13/21

Certificate of Insurance - Received On: 9/13/21

FOR HIGHWAY DEPARTMENT USE ONLY:

Road Closure Permit: N - Received On: 9/13/21
+use

Rockland County Highway Dept. Permit: Y / Received On: X as per S. Wheatley, nothing req'd.

NYS DOT Permit: Y / Received On: X

Route/Map/Parking Plan: N - Received On: 9/13/21

RFS #: 51071 BARRICADES: Y/N CONES: Y/N TRASH BARRELS: Y/N OTHER: Message Board

APPROVED: [Signature] 9.14.21 29-14-21 DATE: _____
Superintendent of Highways

FOR PARKS & RECREATION DEPARTMENT USE ONLY:

Show Mobile: Y / N - Application Required: _____ Fee Paid - Amount/Check # _____

Port-o-Sans: Y/N: _____ Other: _____

APPROVED: [Signature] DATE: 9/29/21
Superintendent of Parks & Recreation

FOR POLICE DEPARTMENT USE ONLY:

Police Detail: Y / N: Auxiliary Police Items: _____

APPROVED: [Signature] DATE: 10/01/21
Chief of Police

** Please return to the Highway Department to be placed on the Town Board Workshop **

Workshop Agenda Date: _____ Approved On: _____ TBR #: _____

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SEP 13 2021

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT



Volunteer Fire Association of Tappan

INCORPORATED MARCH 28TH, 1907

TAPPAN, NY 10983

Volunteer Fire Association of Tappan
5K Committee
123 Washington St
Tappan, NY 10983

September 10, 2021

Town of Orangetown – Town Board
26 Orangeburg Rd
Orangeburg, NY 10962

Dear Town of Orangetown Board Members,

The Volunteer Fire Association of Tappan (Tappan Fire) is working to schedule a fundraiser 5K Run/Walk on November 14, 2021. This event will start and end at the German Masonic Grounds on Western Highway in Tappan, NY. We are looking for assistance from the Town on the following:

- Police Auxiliary members and equipment to assist with traffic control
- Porta-Potties to be used at start/finish on Masonic Grounds as site facilities are not available
- Barriers and Cones to assist with route traffic control
- Electronic Sign to assist with advertising the event

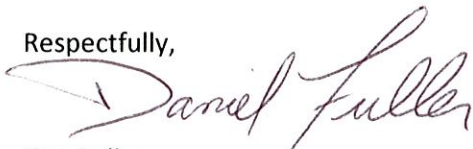
Please note, this event is a fund raiser for the Volunteer Fire Association of Tappan with a portion of the proceeds being donated to the family of fallen Spring Valley firefighter Jared Lloyd.

Any questions can be addressed to 5K committee members:

- Dan Fuller – ddf Fuller@optonline.net – 845-893-6088
- George Garrecht - peckman118@gmail.com – 845-494-2467

Thank you in advance for your consideration.

Respectfully,



Dan Fuller



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/10/2021

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

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

| | | | |
|---|--|--|--|
| PRODUCER Hubbinette Cowell Associates Inc. 1003 Park Blvd, Ste 3 Massapequa Park, NY 11762 | | CONTACT NAME: Loretta Salerno PHONE (A/C, No, Ext): (516)795-1330 FAX (A/C, No): (516)795-5101 E-MAIL ADDRESS: loretta@hubbinette-cowell.com | |
| INSURED Tappan Fire District PO Box 525 Tappan, NY 10983 | | INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Ins. Co. of Pittsburgh, PA INSURER B: National Union Fire Inc. Co. of Pittsburgh, PA INSURER C: INSURER D: INSURER E: INSURER F: | |

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SEP 13 2021

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

COVERAGES **CERTIFICATE NUMBER:** 00001114-0 **REVISION NUMBER:** 7

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|---|---------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | Y | | VFNU-TR-0014556 | 06/15/2021 | 06/15/2022 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 10,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 10,000,000 |
| | | | | | | | | \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | VFNU-TR-0014556 | 06/15/2021 | 06/15/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | Y | | VFNU-TR-0014556 | 06/15/2021 | 06/15/2022 | EACH OCCURRENCE | \$ 3,000,000 |
| | | | | | | | AGGREGATE | \$ 6,000,000 |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE | OTH-ER |
| | | | | | | | E L EACH ACCIDENT | \$ |
| | | | | | | | E L DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E L DISEASE - POLICY LIMIT | \$ |

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

PROOF OF INSURANCE FOR TAPPAN FIRE 5K RUN TO BE HELD ON NOVEMBER 14, 2021. THE TOWN OF ORANGETOWN AND "NOBLE NINTH"(THE START AND FINISH LINE) ARE NAMED AS ADDITIONAL INSURED AS PER FORM # VG101.

CERTIFICATE HOLDER**CANCELLATION**

TOWN OF ORANGETOWN
26 ORANGEBURG ROAD
ORANGEBURG, NY

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

Paul A. Cowell Jr.

(LGS)

JAMES J. DEAN
Superintendent of Highways
Roadmaster IV

Orangetown Representative:
R.C. Soil and Water Conservation Dist.-Chairman
Stormwater Consortium of Rockland County
Rockland County Water Quality Committee



HIGHWAY DEPARTMENT
TOWN OF ORANGETOWN
119 Route 303 · Orangeburg, NY 10962
(845) 359-6500 · Fax (845) 359-6062
E-Mail – highwaydept@orangetown.com

Affiliations:
American Public Works Association NY Metro Chapter
NYS Association of Town Superintendents of Highways
Hwy. Superintendents' Association of Rockland County

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SEP 13 2021

ROAD CLOSING PERMIT APPLICATION
Section 139 Highway Law

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

NAME George Garrecht DATE 9/13/21
COMPANY Volunteer Fire Association of Tappan
ADDRESS 123 Washington St. Tappan
TELEPHONE 845 494 2467

(INCLUDE 24 HOUR EMERGENCY NUMBERS)

ABOVE MENTIONED PARTY REQUESTS PERMISSION TO CLOSE:

Greenbush Rd (one way section) Tappan
(Address number and name of road)

West of CSX tracks by Lafayette St.
(Intersecting streets and/or description of exact location)

REASON FOR CLOSING 5K Race (start area)

DATE OF CLOSING 11/14/21 RAIN DATE —

TIME ROAD WILL BE CLOSED 9:00 AM - 9:45 AM

WILL ROAD BE OPEN TO LOCAL TRAFFIC? yes

WILL ROAD BE OPEN TO EMERGENCY VEHICLES? yes

PLEASE PROVIDE A DETAILED MAP AND DESCRIPTION OF DETOUR IF TRAVEL WILL BE RESTRICTED.

PRELIMINARY APPROVAL [Signature] 9.14.21 29.14.21 DATE

JAMES J. DEAN
SUPERINTENDENT OF HIGHWAYS

This permit application will be forwarded to the Rockland County Superintendent of Highways, County of Rockland, 23 New Hempstead Road, New City, NY, 10956. You will receive written confirmation from that office.

8-13-02bjd

HAMLETS: PEARL RIVER · BLAUVELT · ORANGEBURG · TAPPAN · SPARKILL · PALISADES · UPPER GRANDVIEW



CLEAN STREETS = CLEAN STREAMS

JAMES J. DEAN
Superintendent of Highways
Roadmaster IV

Orangetown Representative:
R.C. Soil and Water Conservation Dist.-Chairman
Stormwater Consortium of Rockland County
Rockland County Water Quality Committee



HIGHWAY DEPARTMENT
TOWN OF ORANGETOWN
119 Route 303 · Orangeburg, NY 10962
(845) 359-6500 · Fax (845) 359-6062
E-Mail – highwaydept@orangetown.com

Affiliations:
American Public Works Association NY Metro Chapter
NYS Association of Town Superintendents of Highways
Hwy. Superintendents' Association of Rockland County

RECEIVED

SEP 13 2021

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

ROAD USE PERMIT APPLICATION
Section 139 Highway Law

NAME George Garrecht DATE 9/13/21
COMPANY Volunteer Fire Association of Tappan
ADDRESS 123 Washington St. Tappan
TELEPHONE 845 494 2467
(INCLUDE 24 HOUR EMERGENCY NUMBERS)

ABOVE MENTIONED PARTY REQUESTS PERMISSION TO USE:

Various Locations in Tappan- see attached route
(Address number and name of road)
Start @ Greenbush Rd
(Intersecting streets and/or description of exact location)

REASON FOR USE 5K Race

DATE OF USE 11/14/21 RAIN DATE —
TIME ROAD WILL BE USED 9:00 AM - 1:00 PM
WILL ROAD BE OPEN TO LOCAL TRAFFIC? yes
WILL ROAD BE OPEN TO EMERGENCY VEHICLES? yes

PLEASE PROVIDE A DETAILED MAP AND DESCRIPTION OF DETOUR IF TRAVEL WILL BE RESTRICTED.

PRELIMINARY APPROVAL [Signature] DATE 9-14-21
JAMES J. DEAN
SUPERINTENDENT OF HIGHWAYS

This permit application will be forwarded to the Rockland County Superintendent of Highways, County of Rockland, 23 New Hempstead Road, New City, NY, 10956. You will receive written confirmation from that office.

8-13-02bjd

HAMLETS: PEARL RIVER · BLAUVELT · ORANGETOWN · TAPPAN · SPARKILL · PALISADES · UPPER GRANDVIEW



CLEAN STREETS = CLEAN STREAMS

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SEP 13 2021

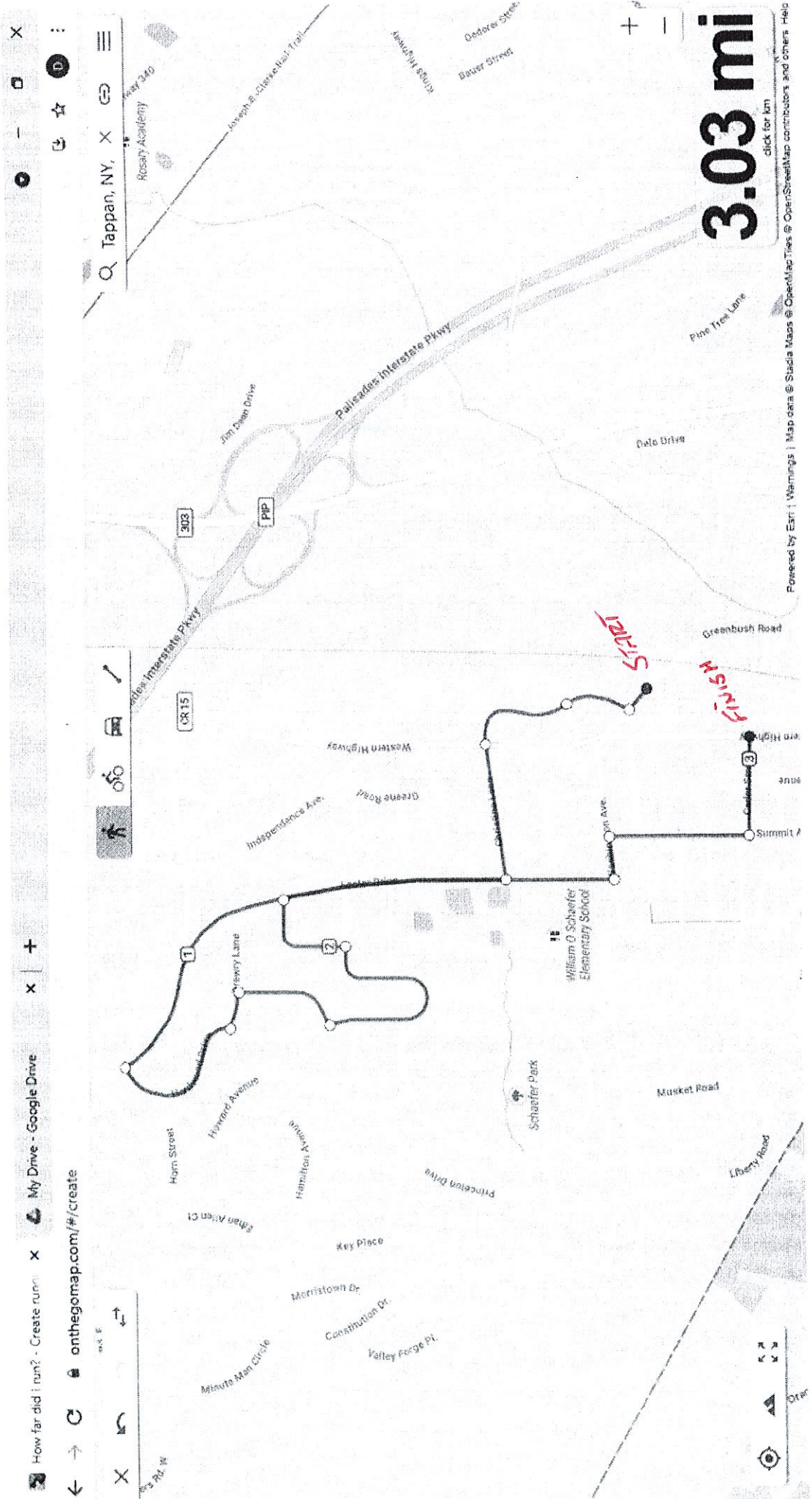
TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

Volunteer Fire Association of Tappan

5K Road Race

November 14, 2021

- Start on Greenbush Road (By Masonic Grounds)
- Right on Lafayette to Western Highway
- Cross Western Highway, up Christine Lane
- Right on Lester Drive
- Left on Hardwood Drive
- Left on Drewery
- Right on Wayne Lane
- Left on Hardwood Drive
- Hardwood to Brianbeth
- Left on Skyview Oval
- Right on Lester Drive to end by Schaefer School
- Left on Washington Ave
- Right on Summit to One Way
- Left on Cedar
- Cross Western Highway to parking lot finish



3.03 mi

click for km
Powered by Esri | Warnings | Map data © Stadia Maps © OpenMapTiles © OpenStreetMap contributors and others - Help

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SEP 13 2021

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT



Memorandum

To: Joseph Mendicino, PE, Town of Orangetown
From: Charles Prior, PE
Copies To: Gregory Liberman, EDR
Lewis Lolya, EDR
Abby Doyle, PE, EDR
Date: August 27, 2021
Reference: State Environmental Quality Review Act – Type II Classification
Tier IV Pumping Station Improvements
Town of Orangetown, New York
EDR Project No: 21066

EDR understands the Town of Orangetown is proposing to implement needed improvements and upgrades to seven pump stations within their sanitary collection system. These seven pump stations, collectively referred to as the Tier IV Pump Stations, include:

1. Blue Hill (Golf Course) located in Pearl River
2. Diane Drive located in Blauvelt
3. Harmony Hills located in Pearl River
4. Kings Highway located in Tappan
5. Nyack located in Nyack
6. Sparkill located in Sparkill
7. Washington Mews located in Tappan

The proposed improvements to these pump stations vary, but generally consist of replacements to existing mechanical equipment and infrastructure contained within and around the pump stations (the “Project”). Specifically, the proposed Project will include actions such as:

- Pump, fitting, valving, piping, and associated infrastructure replacements
- Electrical equipment replacements
- Mechanical equipment replacements
- Access improvements
- Building component replacements

This work will be completed with minimal land disturbance and the majority of the proposed work will be performed within the existing pump stations site or on existing equipment and infrastructure. Overall, the proposed Project is needed to maintain functionality and operations of the existing sanitary collection system. The proposed Project, as described in this letter and detailed in a July 2021 Preliminary Engineering Report, meets the following Type II classifications under 6 NYCRR 617.5(c) of the State Environmental Quality Review Act (SEQRA):

1. Maintenance or repair involving no substantial changes in an existing structure or facility; and
2. Replacement, rehabilitation or reconstruction of a structure or facility, in kind, on the same site.

Joseph Mendicino, PE

August 27, 2021

Since the proposed action meets the Type II Action classifications listed under Section 617.5 (c) 1 and 2, the proposed rehabilitation work can be formally classified as Type II under the SEQRA and it can be further determined that the proposed action is not anticipated to have a significant impact on the environment.

If you have any questions, please contact me via email at cprior@edrdpc.com or at 315.200.-9473.

WARRANT

| Warrant Reference | Warrant # | | Amount |
|---------------------------------------|------------------|-----------|-------------------|
| Approved for payment in the amount of | | | |
| | 100121 | \$ | 87,029.44 |
| | 101221 | \$ | 761,691.18 |
| | Total | \$ | 848,720.62 |

The above listed claims are approved and ordered paid from the appropriations indicated.

APPROVAL FOR PAYMENT

AUDITING BOARD

Councilman Gerald Bottari

Councilman Paul Valentine

Councilman Thomas Diviny

Councilman Denis Troy

Supervisor Teresa M. Kenny

**TOWN OF ORANGETOWN
FINANCE OFFICE MEMORANDUM**

TO: THE TOWN BOARD
FROM: JEFF BENCIK, *DIRECTOR OF FINANCE*
SUBJECT: AUDIT MEMO
DATE: 10/7/2021
CC: DEPARTMENT HEADS



The audit for the Town Board Meeting of 10/12/2021 consists of 2 warrants for a total of \$848,720.62.

The first warrant had 25 vouchers for \$87,029 and was for utilities.

The second warrant had 152 vouchers for \$761,691 and had the following items of interest.

1. AAA Quality Preparations, Inc. (p1) - \$14,000 for painting Highway equipment.
2. Applied Golf (p7) - \$124,500 for Blue Hill Mgmt contract.
3. Applied Golf (p7) - \$49,583 for Broadacres Mgmt contract.
4. Fleet Pump & Service (p15) - \$6,656 for pump station repairs.
5. Frank Cyrwus Inc. (p18) - \$47,967 for DEME garage roof (bonded).
6. GAC Inc. (p19) - \$17,086 for retainage payable for streetlight project.
7. Global Montello. (p22) - \$17,341 for fuel.
8. Gorman Brothers (p23) - \$170,386 for Highway milling (bonded).
9. Hayden Building Maintenance Corp. (p25) - \$5,766 for roof repairs.
10. Keane & Beane (p30) - \$6,981 for outside counsel.
11. Schultz Ford (p42) - \$29,972 for Parks vehicle (bonded).
12. Slack Chemical Co. (p44) - \$32,229 for sewer chemicals.
13. State Comptroller (p46) - \$40,179 for Justice fines.
14. Tilcon NY (p48) - \$62,160 for Highway materials.
15. Verde Electric (p52) - \$10,150 for traffic light maintenance.
16. WW Grainger (p56) \$11,108 for Park's Department lighting.

Please feel free to contact me with any questions or comments.

Jeffrey W. Bencik, CFA

845-359-5100 x2204