

Be it enacted by the Town Board of the Town of Orangetown as follows:

Section 1: The Zoning Map of the Town of Orangetown, which establishes the areas and boundaries of the various Town zoning districts, is hereby amended to change the zoning district of the following property:

21 North William Street and 14-16 North Main Street, Pearl River, New York (Tax Map Designation 68.16-6-67) from the “CS” (Community Shopping) zoning district to the “PAC” (Planned Adult Community) zoning district, which metes and bounds description is as follows:

All that certain plot, piece or parcel of land with the buildings and improvements thereon erected, situate, lying and being in the Hamlet of Pearl River, Town of Orangetown, County of Rockland and State of New York being described as the NORTHERLY 40 feet of Lot 16 and all of Lots 17, 8 and 7 in Block 8 as shown on a map entitled “Commissioner’s Map of the Estate of Julius E. Braunsdorf, deceased, at Pearl River, New York, resurveyed by L. Wilson, as assistant to James S. Haring, C.E. dated August 1983” and filed in the Office of the Clerk of the County of Rockland on March 26, 1894.

BEGINNING at a point on the Westerly side of William Street distant 150 feet Southerly from the corner formed by the intersection of the Westerly side of William Street and the Southerly side of Washington Avenue; running thence Southerly along the Westerly side of William Street South 03 degrees 4 minutes 33 seconds West 90 feet to the Northerly side of a 10 feet right of way; running thence Westerly along the Northerly side of said 10 feet right of way, parallel with the Southerly side of Washington Avenue, North 86 degrees 35 minutes 27 seconds West 150 feet; running thence Southerly along the Westerly side of said 10 feet right of way, parallel with the Westerly side of William Street, South 03 degrees 24 minutes 33 seconds West 10 feet to an iron pipe; running thence North 86 degrees 35 minutes 27 seconds West 50 feet to an iron pipe; running thence North 77 degrees 09 minutes 07 seconds West 60 feet to a point on the Easterly side of Main Street; running thence along the Easterly side of Main Street, North 12 degrees 50 minutes 53 seconds East 100 feet to an iron pipe running thence South 77 degrees 09 minutes 07 seconds East 94 feet, running thence North 03 degrees 24 minutes 33 seconds East 6.40 feet; running thence Easterly and parallel with the Southerly side of Washington Avenue, South 86 degrees 35 minutes 27 seconds East 150 feet to the point or place of Beginning.

Section 2: This law shall take effect immediately upon filing with the Secretary of State.

County, Town, Village, School District, Library or Special District Orangetown		Department IT	Position Title (if established) Information Services Specialist
This position requires:		Rate of Pay	
35 Hours work per week	12 Months work per year	§ 46.41 Per hour	
Persons Supervising this position		(Direct, Occasional, General)	
Name	Title	Type of Supervision	
Anthony Bevelacqua	Director of Automated Systems	Direct	
Persons Supervised by Employee in this position			
Name	Title	Type of Supervision	
Walter Ahlf	Student Worker	Direct	
Persons doing substantially the same kind and level of work			
Name	Title	Location of Position	
PERCENT OF WORK TIME	DESCRIPTION OF DUTIES: Describe the work in sufficient detail to give a clear work picture of the job. Use a separate paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.		
25	-Responsible for all Level 1 User Support issues; maintains help desk tracking software for all user issues. Troubleshoots hardware/software issues		
20	-Unpacks desktop computers, monitors, printers and other related desktop equipment; keeps track of warranty and license information; Installs a variety of desktop computers, printers, IP Telephones, and related desktop/networking equipment, Installs, maintains all department specific software and equipment. Maintains Government TV channel		
20	-Liaison with department heads, administrators, and Police Department in order to assess and help develop information needs and resolve problems. Recommends and purchases hardware/software based on these needs-Develops and conducts trainings for users for new software and security. Trains end users in use of software and hardware		
15	-Coordinates with vendors for system and program upgrades. Assists in various department level projects		
10	-Responsible for all Social Media Postings: Facebook, YouTube, Twitter, Police Twitter, Town Website		
5	-Runs cables for network, computers and printers; trouble shoots and repairs cabling issues		
5	-Supervises student worker		

The above statements are accurate and complete

Signature: Matthew Lenihan Date: 08/16/2019

Attach a separate sheet, if more space is needed. *and 9.23.19*

TO BE COMPLETED BY THE APPOINTING OFFICER

Place an (X) mark opposite the item in each group which best describes the work of this position.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Repetitive and routine.
<input type="checkbox"/> Routine, but involves some judgment to perform the duties.
<input checked="" type="checkbox"/> Complex, involving decision of order, of tasks and methods.
<input checked="" type="checkbox"/> Difficult, involving independent decisions as to scope and planning of projects and programs. | <input type="checkbox"/> Is under direct supervision.
<input type="checkbox"/> Works according to prescribed procedure with supervision available as needed.
<input type="checkbox"/> Is under general supervision as exercised through reports, conferences and job inspection.
<input checked="" type="checkbox"/> Is subject only to policies and administrative approval. |
| <input type="checkbox"/> Requires no previous training or special knowledge.
<input type="checkbox"/> Requires some basic abilities or knowledges of the general work.
<input type="checkbox"/> Requires good knowledge of the primary work.
<input type="checkbox"/> Requires thorough knowledge of all phases of the work.
<input checked="" type="checkbox"/> Requires a particular proficiency or skill in a specialized activity. | <input checked="" type="checkbox"/> Exercises direct supervision.
<input type="checkbox"/> Supervises, as required, through review of work.
<input type="checkbox"/> Exercises general supervision by means of reports and conferences.
<input checked="" type="checkbox"/> Regularly supervises 1 to 5 employees.
<input type="checkbox"/> Regularly supervises 6 to 15 employees.
<input type="checkbox"/> Regularly supervises over 15 employees. |

What minimum qualifications do you think should be required for this position?

Education: High school _____ years.
 College _____ years, with specialization in _____
 Other _____ years, with specialization in _____

Experience: (List amount and type)

Essential knowledges, skills and abilities:

Type of license or certificate required:

COMMENTS:

Signature of appointing officer:

Signature: Donna A. Morrison Date: 08/28/2019

CERTIFICATE OF PERSONNEL OFFICE

In accordance with the provisions of Civil Service Law, Section 22, and the Rockland County Rules, the Rockland County Personnel Office certifies that the appropriate civil service title for the position described is

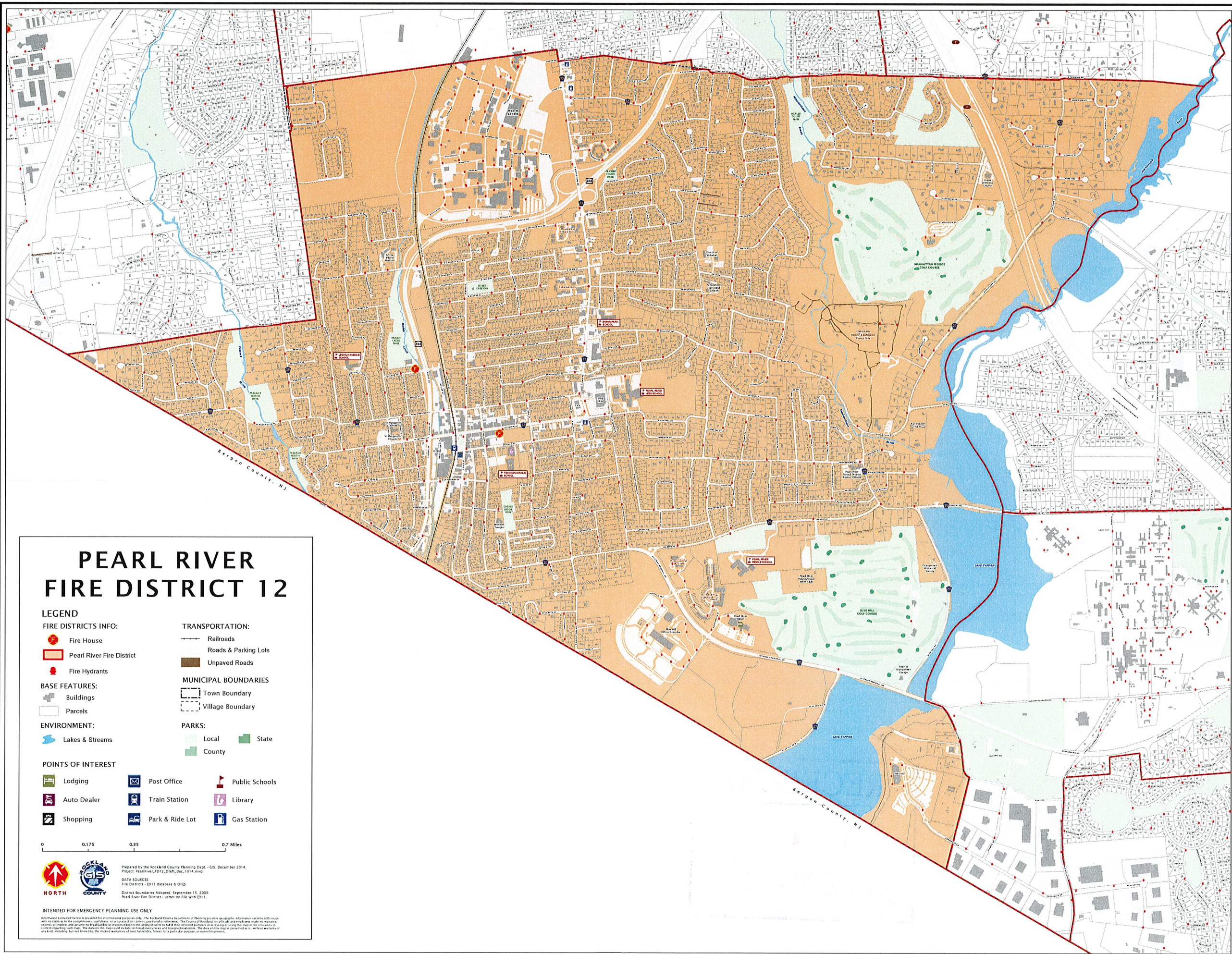
Information Services and Equipment Specialist (Networked System) (Competitive)

Signature: Lori Grubbs Date: 9/23/19
 Lori Grubbs, Commissioner of Personnel

ACTION BY LEGISLATIVE BODY OR OTHER APPROVING AUTHORITY IF A NEW POSITION

The new position described by the title indicated in 8 above was established on _____ at a salary of \$ _____ or at salary grade No. _____

Signature: _____ Date: _____



PEARL RIVER FIRE DISTRICT 12

LEGEND

- | | | | |
|-----------------------------|---------------------------|-----------------------------|----------------------|
| FIRE DISTRICTS INFO: | | TRANSPORTATION: | |
| Fire House | Pearl River Fire District | Railroads | Roads & Parking Lots |
| Fire Hydrants | | Unpaved Roads | |
| BASE FEATURES: | | MUNICIPAL BOUNDARIES | |
| Buildings | Town Boundary | Village Boundary | |
| Parcels | | | |
| ENVIRONMENT: | | PARKS: | |
| Lakes & Streams | Local | State | |
| | County | | |
| POINTS OF INTEREST | | | |
| Lodging | Post Office | Public Schools | |
| Auto Dealer | Train Station | Library | |
| Shopping | Park & Ride Lot | Gas Station | |

0 0.175 0.35 0.7 Miles

NORTH ROCKLAND COUNTY

Prepared by the Rockland County Planning Dept. - GIS December 2014.
Project: PearlRiver_FD12_Draft_Dec_1014.mxd

DATA SOURCES:
Fire Districts - 911 database & OFB
District Boundaries Adopted September 15, 2009
Pearl River Fire District - Letter on File with D011.

INTENDED FOR EMERGENCY PLANNING USE ONLY

Information contained herein is provided for informational purposes only. The Rockland County Department of Planning provides geographic information systems (GIS) maps with no claim as to the completeness, accuracy, or assurance of its content, geographical information. The County of Rockland, its officials, and employees make no warranties, express or implied, and assume no liability for the data or errors in the data or any third party's use of the data for any purpose, including, but not limited to, emergency planning. The data on this map is provided as an informational tool only and should not be used for any other purpose. The data on this map is provided as an informational tool only and should not be used for any other purpose. The data on this map is provided as an informational tool only and should not be used for any other purpose.

BOARD OF FIRE COMMISSIONERS



Cory Clarkston
Chairman &
Commissioner

Michael Colodner
Deputy Chairman &
Commissioner

Donald Orfini
Commissioner

William Boera
Commissioner

Arthur Albanese
Commissioner

PEARL RIVER FIRE DISTRICT

POST OFFICE BOX 156
1 MICHAEL KERNAN DRIVE
PEARL RIVER, N.Y. 10965-0156
(845) 735-2800 Office
(845) 735-6002 Fax

October 17, 2019

Town Clerk Rosanna Sfraga
Town of Orangetown
26 Orangeburg Road
Orangeburg, NY 10965

Dear Madam:

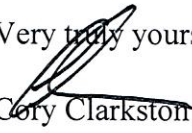
We are enclosing a copy of our finalized fire district map IAW NYS Town Law 176(5).

In accordance with the provisions of the Laws of NYS Town Law 176(5), no objections have been filed.

Therefore, we are filing this request with you to be presented at the next Town Board meeting for approval.

If you have any questions in connection with this matter, kindly contact Cory Clarkston at 845-323-2011 or email: cclarkston@prfd12.org.

Very truly yours,


Cory Clarkston
Secretary
Pearl River Fire District

TOWN CLERK'S OFFICE
2019 OCT 17 A 11:36
TOWN OF ORANGETOWN

BOARD OF FIRE COMMISSIONERS



Cory Clarkston
Chairman &
Commissioner

Michael Colodner
Deputy Chairman &
Commissioner

Donald Orfini
Commissioner

William Boera
Commissioner

Arthur Albanese
Commissioner

June 17, 2019

Blauvelt Fire District
Attn: Fire District Secretary
548 Western Highway
Blauvelt, NY 10913-1344

PEARL RIVER FIRE DISTRICT

POST OFFICE BOX 156
1 MICHAEL KERNAN DRIVE
PEARL RIVER, N.Y. 10965-0156
(845) 735-2800 Office
(845) 735-6002 Fax

Dear Commissioners,

Enclosed is a map of the boundary lines of the Pearl River Fire District. Please take notice that it is our intention to file this map with the County of Rockland and the Town of Orangetown.

Pursuant to Town Law 176, Subdivision 5, you have 45 days from receipt of this notification and map in which to file any objections.

The Board of Fire Commissioners, by resolution this date, has accepted the boundaries "AS" the Pearl River Fire District (see attached), being proposed by the Rockland County Geographic Information Systems, pending your approval.

Please review and advise of your acceptance/dissent at your earliest convenience.

Sincerely,

Cory Clarkston
Secretary & Commissioner

TOWN OF ORANGETOWN
2019 OCT 17 A 11:36
TOWN CLERK'S OFFICE

BOARD OF FIRE COMMISSIONERS



PEARL RIVER FIRE DISTRICT

POST OFFICE BOX 156
1 MICHAEL KERNAN DRIVE
PEARL RIVER, N.Y. 10965-0156
(845) 735-2800 Office
(845) 735-6002 Fax

Cory Clarkston
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Commissioner

Michael Colodner
Deputy Chairman &
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Donald Orfini
Commissioner

William Boera
Commissioner

Arthur Albanese
Commissioner

June 17, 2019

West Nyack Fire District
Attn: John Tobin, Secretary
42 Strawtown Road
P.O. Box 176
West Nyack, NY 10994-0176

Dear Commissioners,

Enclosed is a map of the boundary lines of the Pearl River Fire District. Please take notice that it is our intention to file this map with the County of Rockland and the Town of Orangetown.

Pursuant to Town Law 176, Subdivision 5, you have 45 days from receipt of this notification and map in which to file any objections.

The Board of Fire Commissioners, by resolution this date, has accepted the boundaries "AS" the Pearl River Fire District (see attached), being proposed by the Rockland County Geographic Information Systems, pending your approval.

Please review and advise of your acceptance/dissent at your earliest convenience.

Sincerely,

Cory Clarkston
Secretary & Commissioner

TOWN OF ORANGETOWN
2019 OCT 17 A 11:36
TOWN CLERK'S OFFICE

BOARD OF FIRE COMMISSIONERS



Cory Clarkston
Chairman &
Commissioner

Michael Colodner
Deputy Chairman &
Commissioner

Donald Orfini
Commissioner

William Boera
Commissioner

Arthur Albanese
Commissioner

June 17, 2019

South Spring Valley Fire District
Attn: Fire District Secretary
26 Red Schoolhouse Road
Spring Valley, NY 10977

Dear Commissioners,

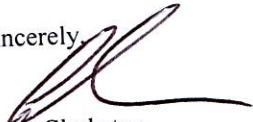
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Please review and advise of your acceptance/dissent at your earliest convenience.

Sincerely,


Cory Clarkston
Secretary & Commissioner

PEARL RIVER FIRE DISTRICT

POST OFFICE BOX 156
1 MICHAEL KERNAN DRIVE
PEARL RIVER, N.Y. 10965-0156
(845) 735-2800 Office
(845) 735-6002 Fax

TOWN OF ORANGETOWN
2019 OCT 17 A 11: 31
TOWN CLERK'S OFFICE

BOARD OF FIRE COMMISSIONERS



Cory Clarkston
Chairman &
Commissioner

Michael Colodner
Deputy Chairman &
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Donald Orfini
Commissioner

William Boera
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Arthur Albanese
Commissioner

PEARL RIVER FIRE DISTRICT

POST OFFICE BOX 156
1 MICHAEL KERNAN DRIVE
PEARL RIVER, N.Y. 10965-0156
(845) 735-2800 Office
(845) 735-6002 Fax

June 17, 2019

Orangeburg Fire District
Attn – District Secretary Peter Byrne
61 Dutch Hollow Drive
Orangeburg, NY 10962

Dear Commissioners,

Enclosed is a map of the boundary lines of the Pearl River Fire District. Please take notice that it is our intention to file this map with the County of Rockland and the Town of Orangetown.

Pursuant to Town Law 176, Subdivision 5, you have 45 days from receipt of this notification and map in which to file any objections.

The Board of Fire Commissioners, by resolution this date, has accepted the boundaries "AS" the Pearl River Fire District (see attached), being proposed by the Rockland County Geographic Information Systems, pending your approval.

Please review and advise of your acceptance/dissent at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cory Clarkston'.

Cory Clarkston
Secretary & Commissioner

TOWN OF ORANGETOWN
2019 OCT 17 A 11:37
TOWN CLERK'S OFFICE

BOARD OF FIRE COMMISSIONERS



Cory Clarkston
Chairman &
Commissioner

Michael Colodner
Deputy Chairman &
Commissioner

Donald Orfini
Commissioner

William Boera
Commissioner

Arthur Albanese
Commissioner

June 17, 2019

Nanuet Fire District
Attn: Fire District Secretary
P.O. Box 119
Nanuet, NY 10954

Dear Commissioners,

Enclosed is a map of the boundary lines of the Pearl River Fire District. Please take notice that it is our intention to file this map with the County of Rockland and the Town of Orangetown.

Pursuant to Town Law 176, Subdivision 5, you have 45 days from receipt of this notification and map in which to file any objections.

The Board of Fire Commissioners, by resolution this date, has accepted the boundaries "AS" the Pearl River Fire District (see attached), being proposed by the Rockland County Geographic Information Systems, pending your approval.

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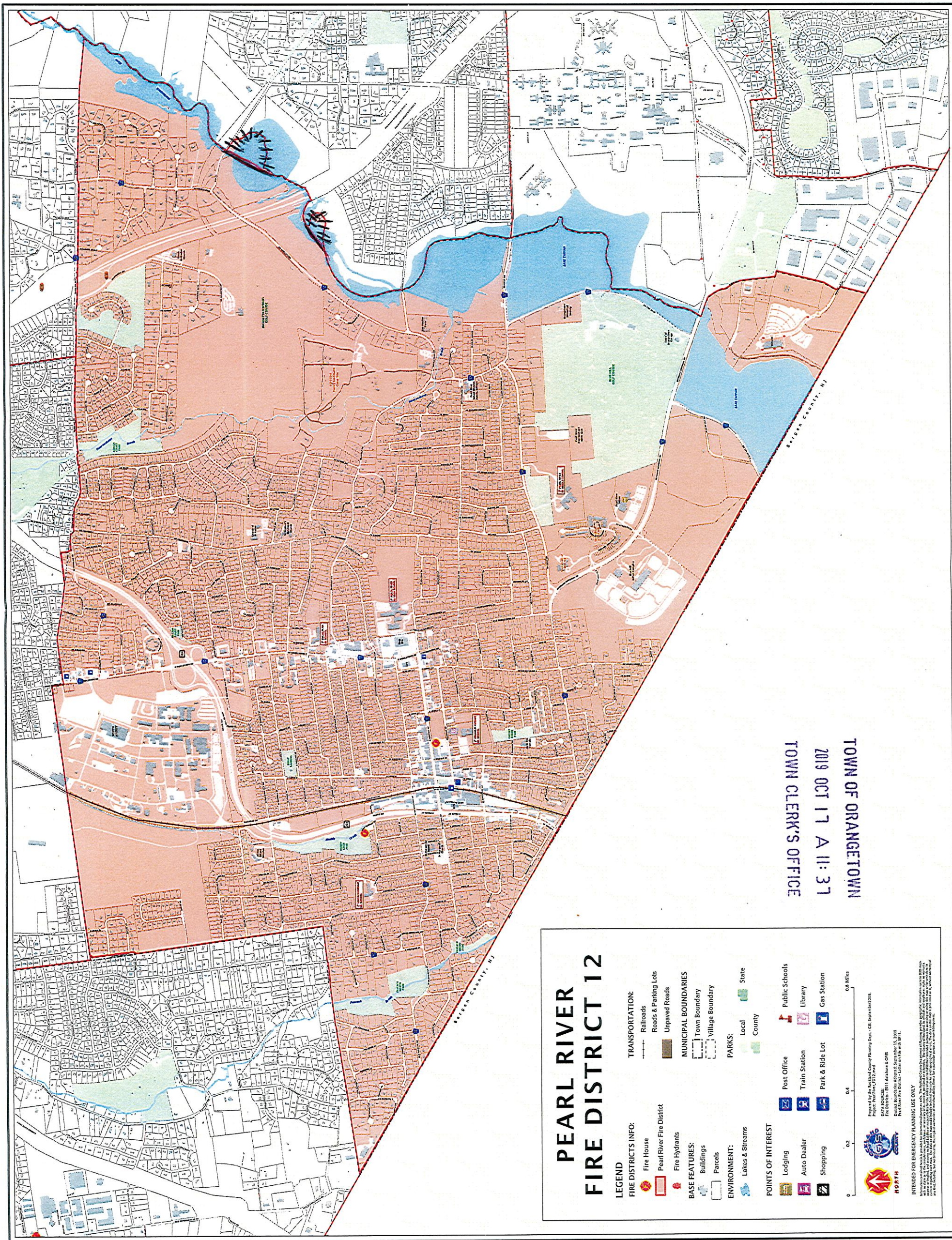
Sincerely,

Cory Clarkston
Secretary & Commissioner

PEARL RIVER FIRE DISTRICT

POST OFFICE BOX 156
1 MICHAEL KERNAN DRIVE
PEARL RIVER, N.Y. 10965-0156
(845) 735-2800 Office
(845) 735-6002 Fax

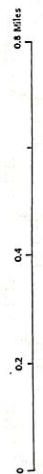
TOWN OF ORANGETOWN
2019 OCT 17 A 11: 37
TOWN CLERK'S OFFICE



TOWN OF ORANGETOWN
 2019 OCT 17 A 11: 37
 TOWN CLERK'S OFFICE

PEARL RIVER FIRE DISTRICT 12


- LEGEND**
- FIRE DISTRICTS INFO:**
 - Fire House
 - Pearl River Fire District
 - Fire Hydrants
 - BASE FEATURES:**
 - Buildings
 - Parcels
 - ENVIRONMENT:**
 - Lakes & Streams
 - POINTS OF INTEREST:**
 - Lodging
 - Auto Dealer
 - Shopping
 - Post Office
 - Train Station
 - Park & Ride Lot
 - Public Schools
 - Library
 - Gas Station
 - TRANSPORTATION:**
 - Railroads
 - Roads & Parking Lots
 - Unpaved Roads
 - MUNICIPAL BOUNDARIES:**
 - Town Boundary
 - Village Boundary
 - PARKS:**
 - Local
 - County
 - State





Prepared by the Rockland County Planning Dept. - GIS September 2008.
 DATA SOURCES:
 Project: PearlRiver_D12.mxd
 Parcel: Rockland County GIS
 Pearl River Fire District - Letter on file with BPL.

INTENDED FOR EMERGENCY PLANNING USE ONLY


This map was prepared for emergency planning purposes only. It is not intended for use in any other context. The user of this map is advised that the accuracy of the information shown on this map is not guaranteed. The user of this map is advised that the information shown on this map is not intended for use in any other context. The user of this map is advised that the information shown on this map is not intended for use in any other context.


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>B.W.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <input checked="" type="checkbox"/></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: ORANBURG FIRE DISTRICT ATTN: SECRETARY 61 DUTCH HOLLOW DRIVE ORANBURG, NY 10962</p>  <p>9590 9402 4900 9032 3898 90</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7019 0700 0000 2558 2703</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <input checked="" type="checkbox"/></p> <p>B. Received by (Printed Name) <i>J. Rice</i> C. Date of Delivery <i>6/21/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: WEST NYACK FIRE DISTRICT 42 STRAWTOWN RD. ATTN: SECRETARY P.O. Box 176 WEST NYACK, NY 10994</p>  <p>9590 9402 4900 9032 3898 83</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7019 0700 0000 2558 3038</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <input checked="" type="checkbox"/></p> <p>B. Received by (Printed Name) <i>Socky TROJAN</i> C. Date of Delivery <i>6/19/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: NAHLET FIRE DISTRICT ATTN SECRETARY P.O. Box 119 NAHLET, NY 10954</p>  <p>9590 9402 4900 9032 3898 69</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7019 0700 0000 2558 3014</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

TOWN OF ORANGETOWN
 2019 OCT 17 A 11: 39
 TOWN CLERK'S OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 6/20/19
1. Article Addressed to: BLAUVELT FIRE DISTRICT ATTN: SECRETARY 548 WESTERN HWY. BLAUVELT, N.Y 10913	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 4900 9032 3898 52	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7019 0700 0000 2558 3021	<input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 6-20
1. Article Addressed to: S. SPRING VALLEY FIRE DISTRICT ATTN: SECRETARY 26 RED SCHOOLHOUSE RD. SPRING VALLEY, N.Y 10977	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 4900 9032 3899 06	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7019 0700 0000 2558 2710	<input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

TOWN OF ORANGETOWN
 2019 OCT 17 A 11: 39
 TOWN CLERK'S OFFICE

PEARL RIVER
35 S MAIN ST
PEARL RIVER, NY
10965-9998
3564250085

06/17/2019 (800)275-8777 1:23 PM

Product Description	Sale Qty	Final Price
First-Class Mail	1	\$1.15
Large Envelope (Domestic) (NANUET, NY 10954) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified	1	\$3.50
(@@USPS Certified Mail #) (70190700000025583014)		
Return Receipt	1	\$2.80
(@@USPS Return Receipt #) (9590940249009032389869)		
First-Class Mail	1	\$1.15
Large Envelope (Domestic) (WEST NYACK, NY 10994) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified	1	\$3.50
(@@USPS Certified Mail #) (70190700000025583038)		
Return Receipt	1	\$2.80
(@@USPS Return Receipt #) (9590940249009032389883)		
First-Class Mail	1	\$1.15
Large Envelope (Domestic) (ORANGEBURG, NY 10962) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified	1	\$3.50
(@@USPS Certified Mail #) (70190700000025582703)		
Return Receipt	1	\$2.80
(@@USPS Return Receipt #) (9590940249009032389890)		
First-Class Mail	1	\$1.15
Large Envelope (Domestic) (SPRING VALLEY, NY 10977) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified	1	\$3.50
(@@USPS Certified Mail #) (70190700000025582710)		
Return Receipt	1	\$2.80
(@@USPS Return Receipt #) (9590940249009032389906)		
First-Class Mail	1	\$1.15
Large Envelope (Domestic) (BLAUVELT, NY 10913) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified	1	\$3.50
(@@USPS Certified Mail #) (70190700000025583021)		
Return Receipt	1	\$2.80
(@@USPS Return Receipt #) (9590940249009032389852)		
Total		\$37.25
Credit Card Remitd (Card Name:MasterCard) (Account #:XXXXXXXXXX3942) (Approval #:037044) (Transaction #:043) (AID:A000000041010) (AL:MASTERCARD) (PIN:Verified) Chip)		\$37.25

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

SPRING VALLEY, NY 10977

OFFICIAL USE

Certified Mail Fee	\$3.50	0085
Extra Services & Fees (check box, add fee as appropriate)	\$2.80	04
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$1.15	
Total Postage and Fees	\$7.45	

Sent To: SPRING VALLEY F.D.
Street and Apt. No., or PO Box No.: 26 Red Schoolhouse Rd.
City, State, ZIP+4®: SPRING VALLEY, N.Y 10977

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here: 06/17/2019

Services & Fees (check box, add fee as appropriate):
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage: \$1.15
Total Postage and Fees: \$7.45

06/17/2019

7019 0700 0000 2558 2710

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

ORANGEBURG, NY 10962

OFFICIAL USE

Certified Mail Fee	\$3.50	0085
Extra Services & Fees (check box, add fee as appropriate)	\$2.80	04
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$1.15	
Total Postage and Fees	\$7.45	

Sent To: ORANGEBURG P.D.
Street and Apt. No., or PO Box No.: 61 Dutch Hollow Drive
City, State, ZIP+4®: ORANGEBURG, NY 10962

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here: 06/17/2019

Services & Fees (check box, add fee as appropriate):
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage: \$1.15
Total Postage and Fees: \$7.45

06/17/2019

7019 0700 0000 2558 2703

TOWN CLERK'S OFFICE
2019 OCT 17 AM 11:37
TOWN OF ORANGEBURG

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

NANUET, NY 10954

OFFICIAL USE

Certified Mail Fee	\$3.50	0085
Extra Services & Fees (check box, add fee as appropriate)	\$2.80	04
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$1.15	
Total Postage and Fees	\$7.45	

Sent To: NANUET FD
Street and Apt. No., or PO Box No.: P.O. Box 119
City, State, ZIP+4®: NANUET, NY 10965

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here: 06/17/2019

Services & Fees (check box, add fee as appropriate):
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage: \$1.15
Total Postage and Fees: \$7.45

06/17/2019

7019 0700 0000 2558 3014

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®

BLAUVELT, NY 10913

OFFICIAL USE

Certified Mail Fee	\$3.50	0085
Extra Services & Fees (check box, add fee as appropriate)	\$2.80	04
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$1.15	
Total Postage and Fees	\$7.45	

Sent To: BLAUVELT FD
Street and Apt. No., or PO Box No.: 548 WESTERN HWY
City, State, ZIP+4®: BLAUVELT, NY 10913

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here: 06/17/2019

Services & Fees (check box, add fee as appropriate):
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage: \$1.15
Total Postage and Fees: \$7.45

06/17/2019

7019 0700 0000 2558 3021

PEARL RIVER
35 S MAIN ST
PEARL RIVER, NY
10965-9998
3564250085

06/17/2019 (800)275-8777 1:23 PM

Product Description Sale Qty Final Price

First-Class Mail	1	\$1.15
Large Envelope (Domestic) (NANUET, NY 10954) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified (USPS Certified Mail #) (70190700000025583014)	1	\$3.50
Return Receipt (USPS Return Receipt #) (9590940249009032389869)	1	\$2.80
First-Class Mail	1	\$1.15
Large Envelope (Domestic) (WEST NYACK, NY 10994) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified (USPS Certified Mail #) (70190700000025583038)	1	\$3.50
Return Receipt (USPS Return Receipt #) (9590940249009032389883)	1	\$2.80
First-Class Mail	1	\$1.15
Large Envelope (Domestic) (ORANGEBURG, NY 10962) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified (USPS Certified Mail #) (70190700000025582703)	1	\$3.50
Return Receipt (USPS Return Receipt #) (9590940249009032389890)	1	\$2.80
First-Class Mail	1	\$1.15
Large Envelope (Domestic) (SPRING VALLEY, NY 10977) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified (USPS Certified Mail #) (70190700000025582710)	1	\$3.50
Return Receipt (USPS Return Receipt #) (9590940249009032389906)	1	\$2.80
First-Class Mail	1	\$1.15
Large Envelope (Domestic) (BLAUVELT, NY 10913) (Weight:0 Lb 1.30 Oz) (Estimated Delivery Date) (Wednesday 06/19/2019)		
Certified (USPS Certified Mail #) (70190700000025583021)	1	\$3.50
Return Receipt (USPS Return Receipt #) (9590940249009032389852)	1	\$2.80

Total \$37.25

Credit Card Remitd \$37.25
(Card Name:MasterCard)
(Account #:XXXXXXXXXXXX3942)
(Approval #:037044)
(Transaction #:043)
(AID:A0000000041010 Chip)
(AL:MASTERCARD)

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
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SPRING VALLEY, NY 10977 SPECIAL USE

Certified Mail Fee \$3.50 0085 04

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage \$1.15
Total Postage and Fees \$7.45

Sent To: **S.S. SPRING VALLEY F.D.**
Street and Apt. No. or PO Box No.: **26 Red Schoolhouse Rd.**
City, State, ZIP+4®: **SPRING VALLEY, N.Y. 10977**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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For delivery information, visit our website at www.usps.com®

ORANGEBURG, NY 10962 SPECIAL USE

Certified Mail Fee \$3.50 0085 04

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage \$1.15
Total Postage and Fees \$7.45

Sent To: **ORANGEBURG F.D.**
Street and Apt. No. or PO Box No.: **61 Dutch Hollow Drive**
City, State, ZIP+4®: **ORANGEBURG, NY 10962**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

BLAUVELT, NY 10913 SPECIAL USE

Certified Mail Fee \$3.50 0085 04

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage \$1.15
Total Postage and Fees \$7.45

Sent To: **NANUET FD**
Street and Apt. No. or PO Box No.: **P.O. Box 119**
City, State, ZIP+4®: **NANUET, N.Y. 10965**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

TOWN OF ORANGETOWN
2019 OCT 17 A 11:37
TOWN CLERK'S OFFICE

TOWN OF ORANGETOWN
ROCKLAND COUNTY NEW YORK

CONTRACT DOCUMENTS

FOR

REQUEST FOR PROPOSALS
REMOVAL AND CONSTRUCTION OF
NEW CURBS, SIDEWALKS AND ADA COMPLIANT RAMPS

CONVENT ROAD AND THIRD AVENUE, BLAUVELT

AUGUST 2019

TOWN OF ORANGETOWN
JAMES J. DEAN
SUPERINTENDENT OF HIGHWAYS

Request for Proposal

The Town of Orangetown Highway Department is requesting proposals for Removal and Construction of New Curbs, Sidewalks and ADA Compliant Ramps at Convent Road and Third Avenue, Blauvelt, New York.

Please provide prices for the work as outlined below. These measurements are approximate and based on attached plan.

<u>TYPE</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>TOTAL PRICE</u>
Belgium Block Curbs	80 l.f.	\$ <u>45.00</u>	\$ <u>3,600.00</u>
<i>Alternate</i> Conventionally Formed Concrete Curb	80 l.f.	\$ <u>50.00</u>	\$ <u>4,000.00</u>
Concrete Sidewalks	370 s.f.	\$ <u>20.00</u>	\$ <u>7,400.00</u>
ADA Compliant Ramps	2 ea.	\$ <u>3,000.00</u>	\$ <u>6,000.00</u>

A completed proposal shall be addressed to the Orangetown Highway Department Administrative Office, 119 Route 303, Orangeburg, NY 10962. All submissions shall be received **Tuesday, September 3, 2019**. Submissions received after this time will be returned to the sender.

The Town reserves the right to cancel this Request for Proposal for any reason without any liability to any proponent or to waive irregularities at their own discretion.

Proposals may be withdrawn by written notice only provided such notice is received at the administrative office of Orangetown Highway Department prior to the date/time set as the closing time for receiving proposals.

Any interpretation of, additions to, deletions from, or any other corrections to the Proposal document, will be issued as written addenda by the Town of Orangetown.

Except as expressly and specifically permitted in these instructions, no Proponent shall have any claim for any compensation of any kind whatsoever, as a result of participating in the RFP, and by submitting a proposal each proponent shall be deemed to have agreed that it has no claim.

Inquiries

Clarification of terms and conditions of the proposal shall be directed to:

Stephen Munno
Sr. Administrative Assistant
Town of Orangetown
DATED: August 26, 2019

Telephone: 845-359-6500
E-mail: highwaydept@orangetown.com

Working Agreement

The successful proponent will enter into a contract for services with the Town based upon the information contained in this request for proposal and the successful proponent's submission and any modifications thereto.

Prevailing Wage

Contractor warrants and represents that all employees and independent contractors affiliated with or employed by such contractors or any subcontractors shall be compensated at the prevailing wage, including, where applicable wage rates mandated by the New York State Department of Labor for the work performed in connection with any project.

Certified payroll must be submitted with each invoice. Payment will not be made until required information has been submitted.

Worker's Compensation Insurance

Contractor is required and must provide proof of Workers Compensation Insurance in accordance with the provisions of the NYS Workmen's Compensation Law. Employer liability limits of a \$1,000,000.

General Liability (including operations, products, and completed operations)

\$2,000,000 per occurrence for bodily injury, personal injury and property damage. If Commercial Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

Materials

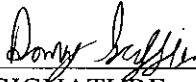
Records must be kept of all materials used during term of contract and must be made available at the request of the Town.

Schedule

This is a time sensitive project. The successful proposer shall begin project within two (2) weeks of Notice to Proceed. Should weather or any other delay occur, the Highway Department shall be contacted as soon as possible and an agreed upon alternative date will be scheduled.

Danny Scaffidi - Vice President
NAME & TITLE

09/11/2019
DATE


SIGNATURE

Scaffidi's Paving And Drainage, Inc.
COMPANY NAME

34 North Route 9W, West Haverstraw, NY 10993
ADDRESS

(845) 429-0081
CONTACT TELEPHONE NUMBER

JAMES J. DEAN
Superintendent of Highways
Roadmaster II

Orangetown Representative
R.C. Soil & Water Conservation Dist.-Chairman
Member:
American Public Works Association NY Metro Chapter
NYS Association of Town Superintendents of Highways
Hwy. Superintendents' Association of Rockland County



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

Notice of Revisions in Request for Proposals

ORANGEBURG ROAD MEDIAL TREE PLANTING PROJECT
Addendum #1

Dated: October 11, 2019

The information in this addendum supersedes any contradictory information set forth in the Request for Proposals. Acknowledge receipt of this addendum by attaching this addendum to the last page of the Proposal. Failure to attach this addendum to the last page of the Proposal may subject the bidder to disqualification. This addendum forms a part of the Proposal

Page 1 - Remove Paragraph #5 and Replace with:

Sealed proposals shall be addressed to the Orangetown Highway Department Administrative Office, 119 Route 303, Orangeburg, NY 10962. All submissions shall be received until 10:00am, Tuesday, October 15, 2019. Submissions received after this time will be returned to the sender.

Page 4 – TREE PIT PREPARATION AND TREE PLANTING:

Remove and replace any reference to river rounds with shot rock.

Page 7 – INFORMATION TRANSMITTAL- Remove and replace with:

Interested vendors shall submit their proposal to the address below no later than 10:00 a.m., Tuesday, October 15, 2019.

Page 8 – Remove and Replace with:

ORANGEBURG ROAD MEDIAN TREE PLANTING PROJECT

1. Prepare the planting site for twenty-four (24) multi-stem balled and burlap *Lagstromia indica* 'Natchez' or 'Muskogee' trees;

\$ 3,548.00



2. Plant the trees on the median of Orangeburg Road at the intersection of Dutch Hill Road in Orangeburg, NY, **WITH TRAFFIC CONTROL**, as specified by the Orangetown Highway Department;

\$ 12,004.00

3. Plant the trees on the median of Orangeburg Road at the intersection of Dutch Hill Road in Orangeburg, NY, **WITHOUT TRAFFIC CONTROL**, as specified by the Orangetown Highway Department;

\$ 12,004.00

4. Maintain the planting site for three (3) years. Include cost for water truck and operator;

\$ 3,600.00

5. Maintain the planting site for three (3) years. Do not include cost for water truck and operator

\$ 1,000.00

6. Guarantee the health and vibrancy of the trees for one year. \$ Incl. In Price

John Buonabonna
NAME

Custom Garden Landscaping Inc.
COMPANY NAME

283 N. Middletown Rd. PO Box 1607
ADDRESS Pearl River NY 10965

845-735-6165
PHONE NUMBER

Kj

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

PERMIT # 19-SP-36

RECEIVED
AUG 29 2019
Orangetown Police Department

EVENT NAME: ORANGEBURG FIRE DEPT HOLIDAY PARADE

APPLICANT NAME: ORANGEBURG FIRE DEPT / PETE BYRNE

ADDRESS: 61 DUTCH HILL ROAD ORANGEBURG

PHONE #: 845 359 5921 CELL # 845 721 4267 FAX # _____

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

The above event will be held on SATURDAY 12/14/19 from 6PM to 10PM RAIN DATE: 12/15/19

Location of event: SEE ATTACHED MAP

Sponsored by: ORANGEBURG FIRE DEPT Telephone #: 845 359 5921

Address: 61 DUTCH HILL ROAD ORANGEBURG

Estimated # of persons participating in event: 500+ vehicles 50+

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

PETE BYRNE ORANGEBURG FIRE DEPT pbyrne@orangeburgfd.org

Signature of Applicant: [Signature] Date: 8/5/2019

GENERAL INFORMATION REQUIRED: (HIGHWAY/PARKS/POLICE)

Letter of Request to Town Board requesting aid for event - Received On: 8-6-19

Certificate of Insurance - Received On: 8-6-19

FOR HIGHWAY DEPARTMENT USE ONLY:

Road Closure Permit: N - Received On: 8-9-19

Rockland County Highway Dept. Permit: N - Received On: sent road closing permit on 8-12-19

NYS DOT Permit: N - Received On: X

Route/Map/Parking Plan: N - Received On: 8-6-19

RFS #: 45674 BARRICADES: N CONES: N TRASH BARRELS: N OTHER: _____

APPROVED: [Signature] DATE: 8-12-19

Superintendent of Highways

RECEIVED
AUG 30 2019
TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

FOR PARKS & RECREATION DEPARTMENT USE ONLY:

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

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

APPROVED: [Signature] DATE: 8/16/19

Superintendent of Parks & Recreation

FOR POLICE DEPARTMENT USE ONLY:

Police Detail: N: Auxiliary Police Items: _____

APPROVED: [Signature] #228 DATE: 8/29/19

Chief of Police

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

Workshop Agenda Date: 11-12-19 Approved On: _____ TBR #: _____

RECEIVED
AUG 06 2019
TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

RECEIVED

Sent to RCL 8-12-19

JAMES J. DEAN
Superintendent of Highways
Roadmaster II

AUG 09 2019

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT



HIGHWAY DEPARTMENT
TOWN OF ORANGETOWN

119 Route 303 • Orangeburg, NY 10962
(845) 359-6500 • Fax (845) 359-6062
E-mail - highwaydept@orangetown.com

Orangetown Representative
R.C. Soil & Water Conservation Dist.-Chairman
Member:
American Public Works Association NY Metro Chapter
NYS Association of Town Superintendents of Highways
Hwy. Superintendents' Association of Rockland County

ROAD CLOSING PERMIT APPLICATION
Section 139 Highway Law

NAME PETER BYRNE DATE 8/8/2019

COMPANY ORANGEBURG FIRE DEPARTMENT

ADDRESS 61 DUTCH HILL ROAD ORANGEBURG NY

TELEPHONE 845-359-5921 845-721-4267 CELL
(INCLUDE 24 HOUR EMERGENCY NUMBERS)

ABOVE MENTIONED PARTY REQUESTS PERMISSION TO CLOSE:

LESTER DRIVE TO CONVENT ROAD - SEE ATTACHED MAP
(Address number and name of road)

(Intersecting streets and/or description of exact location)

REASON FOR CLOSING PARADE - HOLIDAY PARADE

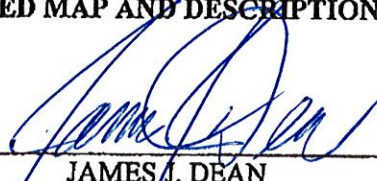
DATE OF CLOSING 12/14/2019 RAIN DATE 12/15/2019

TIME ROAD WILL BE CLOSED 6 PM

WILL ROAD BE OPEN TO LOCAL TRAFFIC? NO - BUT IT IS A ROLLING CLOSURE

WILL ROAD BE OPEN TO EMERGENCY VEHICLES? YES

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

PRELIMINARY APPROVAL  DATE 8-12-19
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

RECEIVED

AUG 06 2019

Peter W Byrne
1st Assistant Chief

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

Orangeburg Volunteer Fire Department
61 Dutch Hill road
Orangeburg, New York 10962
845-359-5921 Office
845-721-4267 Cellular
Pbyrne@orangeburgfd.org

August 5, 2019

HWY OPD

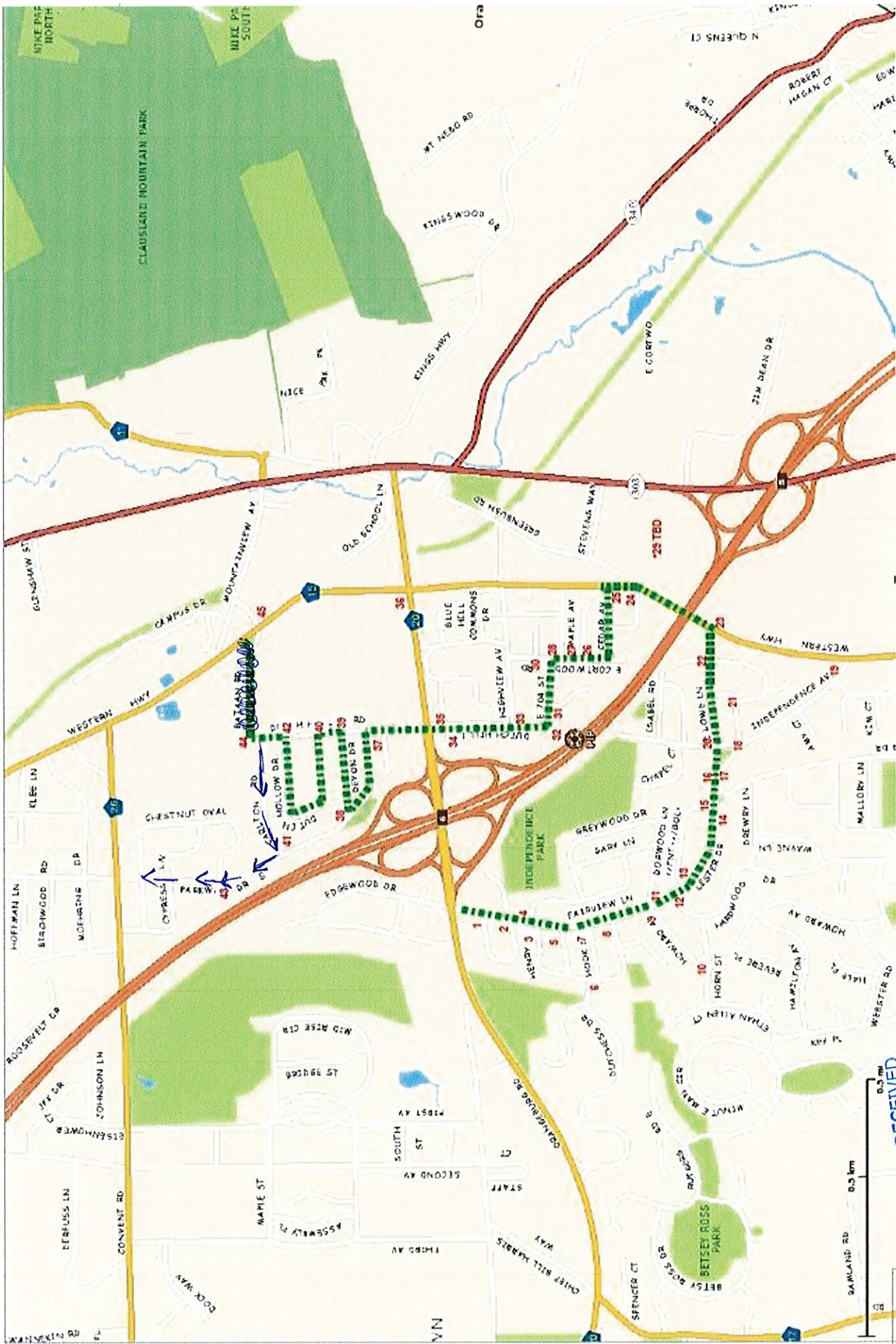
On behalf of the Orangeburg Fire District I am requesting barricades, trash bins, auxiliary police, the Show Mobile and port-a-sans for use on Saturday, December 14, 2019 for the **Annual OFD Holiday Parade**. The parade starts at 6PM and will conclude by 10 PM. I appreciate your assistance with this matter.

dark S

Sincerely



Peter W Byrne
Parade Chair
Orangeburg Fire Department



RECEIVED

AUG 06 2019

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

RECEIVED

OCT 28 2019

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

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

PERMIT # 19-SP-53

RECEIVED
NOV - 1 2019
Orangetown Police Department

EVENT NAME: South Orangetown Day Holiday WALK + Tree Lighting

RECEIVED

APPLICANT NAME: Marisa Marrone

NOV 6 2019

ADDRESS: 22 Greenbush Road Tappan NY 10983

PHONE #: (914) 629-7508 CELL #: (914) 629-7508 FAX #: -

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

CHECK ONE: PARADE RACE/RUN/WALK OTHER Holiday Walk / Tree Lighting

The above event will be held on 12/7/19 from 3pm to 7pm RAIN DATE: 12/8/19

Location of event: The Greens at the Mance Barn

Sponsored by: South Orangetown Day Telephone #: (914) 629-7508

Address: 22 Greenbush Road Tappan, NY 10983

Estimated # of persons participating in event: 200+ vehicles 50+

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

Marisa Marrone 22 Greenbush Road Tappan
(914) 629-7508

Signature of Applicant: Marisa Marrone Date: 10/25/2019

GENERAL INFORMATION REQUIRED: (HIGHWAY/PARKS/POLICE)

Letter of Request to Town Board requesting aid for event - Received On: 10-28-19

Certificate of Insurance - Received On: 10-28-19

FOR HIGHWAY DEPARTMENT USE ONLY:

Road Closure Permit: (X) N - Received On: 10-28-19

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

NYS DOT Permit: Y / (X) - Received On: _____

Route/Map/Parking Plan: Y / N - Received On: 10-28-19

RFS #: 45937 BARRICADES: (X) CONES: (X) TRASH BARRELS: (X) OTHER: message board

APPROVED: [Signature] DATE: 10-30-19
Superintendent of Highways

FOR PARKS & RECREATION DEPARTMENT USE ONLY:

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

Port-o-Sans: (1) + (1) Y / N: _____ Other: _____

APPROVED: [Signature] DATE: 10/31/19
Superintendent of Parks & Recreation

FOR POLICE DEPARTMENT USE ONLY:

Police Detail: (X) Y / N: Auxiliary Items: light tower

APPROVED: [Signature] DATE: 11/5/19
Chief of Police

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

Workshop Agenda Date: 11-12-19 Approved On: _____ TBR #: _____

RECEIVED

19-SP-53

OCT 28 2019

JAMES J. DEAN
Superintendent of Highways
Roadmaster II

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT



HIGHWAY DEPARTMENT
TOWN OF ORANGETOWN

119 Route 303 • Orangeburg, NY 10962
(845) 359-6500 • Fax (845) 359-6062
E-mail - highwaydept@orangetown.com

Orangetown Representative
R.C. Soil & Water Conservation Dist.-Chairman
Member:
American Public Works Association NY Metro Chapter
NYS Association of Town Superintendents of Highways
Hwy. Superintendents' Association of Rockland County

ROAD CLOSING PERMIT APPLICATION
Section 139 Highway Law

NAME Marisa Marrone DATE 10/25/2019
COMPANY South Orangeburg Day
ADDRESS 22 Greenbush Road Tappan Rd. NY 10983
TELEPHONE (914) 629-7508
(INCLUDE 24 HOUR EMERGENCY NUMBERS)

ABOVE MENTIONED PARTY REQUESTS PERMISSION TO CLOSE:

Greenbush Road / Main Street (one way Rd)
(Address number and name of road)

Old Tappan Road + Kings Highway
(Intersecting streets and/or description of exact location)

REASON FOR CLOSING Holiday Walk + Tree Lighting

DATE OF CLOSING December 7, 2019 RAIN DATE 12/8/19

TIME ROAD WILL BE CLOSED 2-8 pm

WILL ROAD BE OPEN TO LOCAL TRAFFIC? NO

WILL ROAD BE OPEN TO EMERGENCY VEHICLES? NO

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

PRELIMINARY APPROVAL James J. Dean DATE 10-30-19
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

RECEIVED

OCT 28 2019

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

19-SP-53



October 28, 2019

Good Afternoon,

This letter is a request to the town board requesting aid for the 2nd Annual South Orangetown Day Holiday Walk and Tree Lighting taking place on the Greens at the Manse Barn in Tappan on Saturday, December 7th. We would like to request some items from the town to help make the event successful.

From Highway Department:

- six trash barrels
 - six barricades
 - seven cones
 - Electric message board on 303 and Kings Hwy. with details of the event
- HWY* - {

From Orangetown Police Department:

- Auxiliary Police to assist in deterring traffic from the one way road from 2pm-8pm
 - The use of the light tower stationed at OPD
- Both requested have been brought to Sgt. Palazolo's attention
- OPD* - {

A request has been made to Parks & Recreation for use of two ports sans, one with handicap access.

Parks - {

The message board can read:

2nd Annual Holiday Walk & Tree Lighting
Saturday, December 7th
3-8pm
The Manse Barn Tappan

Please let me know if there is anything further you need.

Thank you for your support in making the 2nd Annual Holiday Walk and Tree Lighting a huge success.

Marisa Marrone and the South Orangetown Committee
(914)629-7508

19-SP-53

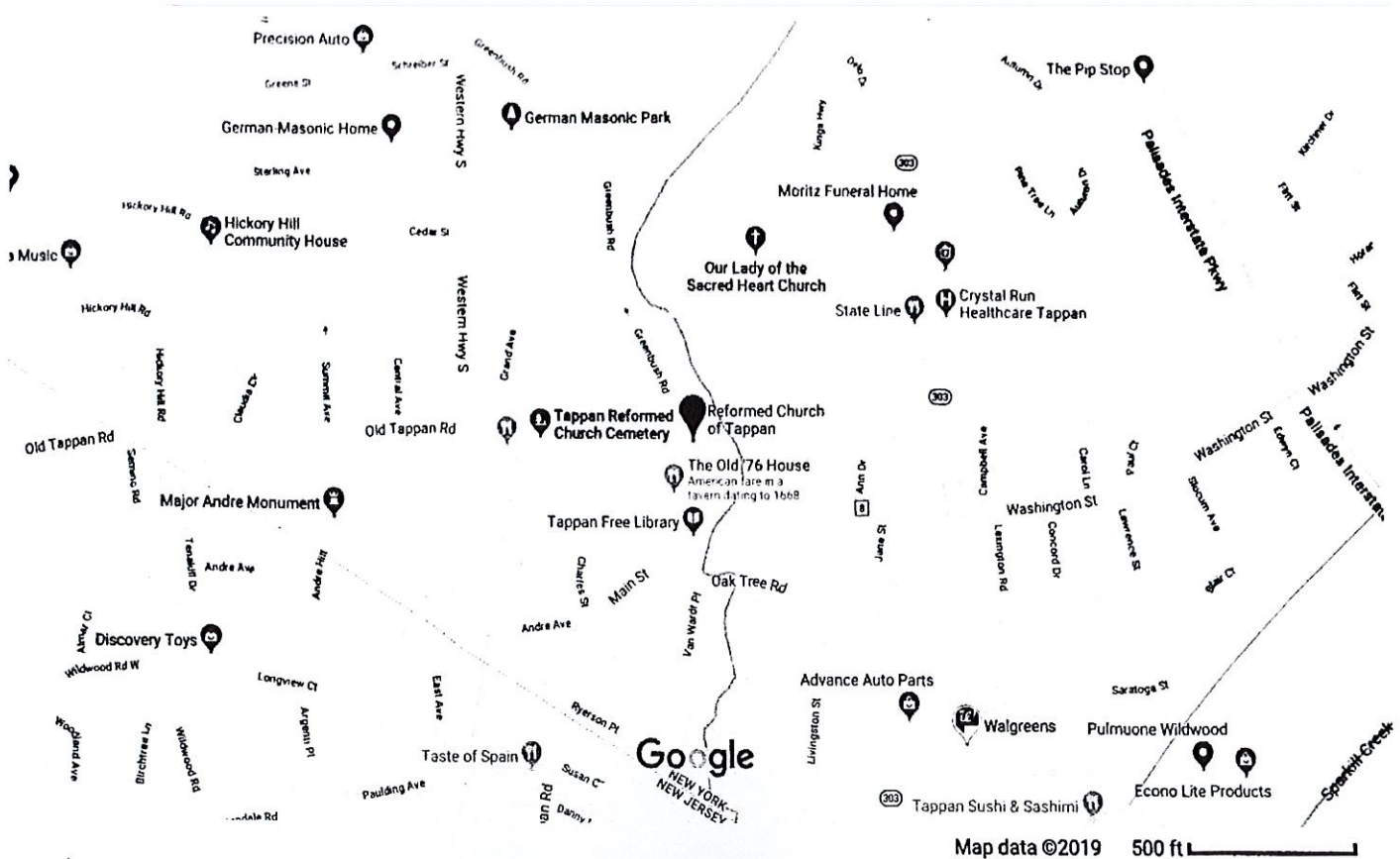
Helen Wilson

From: Marisa Marrone <marisamarrone@gmail.com>
Sent: Monday, October 28, 2019 4:09 PM
To: Helen Wilson
Subject: Traffic plan for tree lighting
Attachments: IMG_0042.jpg; ATT00001.txt

Traffic can take old Tappan road to the light on Main Street and then make a left turn onto Main Street and continue onto Greenbush road.

19-SP-53

Google Maps Reformed Church of Tappan



Reformed Church of Tappan

5.0 ★★★★★ (3)

Church

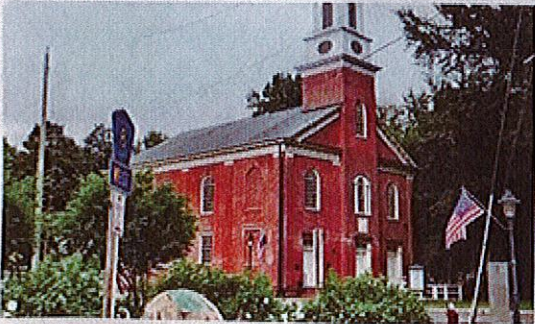
19-SP-53

Reformed Church of Tappan - Google Maps 10/28/19, 3:42 PM

Google Maps Reformed Church of Tappan



Map data ©2019 500 ft



Reformed Church of Tappan
5.0 ★★★★★ (3)
Church

<https://www.google.com/maps/place/Reformed+Church+of+Tappan/@41.5134115,-89.0251443,8m2/13541.02250981ad-33.9476674> Page 1 of 3



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/09/2019

19SP-53

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 NORTHEAST AGENCIES INC/PHS 01210619 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78265		CONTACT NAME: PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): (888) 443-6112 E-MAIL ADDRESS:	
INSURED Northern Comfort Hospitality Group LLC 22 GREENBUSH RD TAPPAN NY 10983-2007		INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Insurance Company Ltd. NAIC# 11000 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

RECEIVED
 SEP 10 2019
 TOWN OF ORANGETOWN
 HIGHWAY DEPARTMENT

RECEIVED
 OCT 28 2019
 TOWN OF ORANGETOWN
 HIGHWAY DEPARTMENT

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/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		01 SBM AT3842	09/06/2019	09/06/2020	EACH OCCURRENCE	\$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			01 SBM AT3842	09/06/2019	09/06/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	
A	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	OTHER
A	LIQUOR LIABILITY			01 SBM AT3842	09/06/2019	09/06/2020	Common Cause	\$1,000,000
							Aggregate	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

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>Susan S. Castaneda</i>
--	---



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 * South Orangetown Day Holiday Walk and Tree Lighting

Event Location Name * The Greens at the Manse Barn

Event Address *

Street Address
32 Old Tappan Road
Address Line 2

City Tappan State / Province / Region NY

Postal / Zip Code 10962 Country United State

Event Date * 12/7/2019
03:00:00 PM

Set-up Info * Please describe the exact location the units should be placed on the event site
At the bottom of the parking lot close to the one way street

Number of regular units required * 1

Number of ADA units required * 1

Total Number of units required * 2

Applicant Information

Applicant First Name * Marisa

Applicant Last Name * Marrone

Organization Name * South Orangetown Day Inc.

Organization Not For Profit? * Yes
 No

**Organization
Address ***

Street Address

22 Greenbush Road

Address Line 2

City

Tappan

Postal / Zip Code

10962

State / Province / Region

Ny

Country

United States

Phone (w) *

(914)629-7508

Phone (c) *

(914)629-7508

Email *

sotownday@gmail.com

Signature *

Marisa Marrone



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 * Town-of-Orangetown_Sunrise-Day-Cam_18-19-GL- (Agenc_10-18-2019_1060141604.pdf 97.63KB

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: \$400.00 plus labor.

Showmobile Application

Event Information

Event/Festival Name * SunriseWALKS 2019

Event Location Name * Henry Kaufmann Campgrounds

Event Address *

Street Address	
44 Henry Kaufmann Road	
Address Line 2	
City	State / Province / Region
Oceanside	New York
Postal / Zip Code	Country
11572	US

Setup Date & Time * 10/20/2019
07:00:00 AM

Take-Down Date & Time * 10/20/2019
02:00:00 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.
Our event is Rain or shine. We will use the stage for presentations and a band.

Placement *

- Pavement
- Grass/Field
- Other

Applicant Information

Applicant's Name * Michelle Warsoff

Organization Name * Sunrise Day Camp- Pearl River

Organization Address * Headquarters 15 Neil Court

Organization City * Oceanside

Organization State * NY

Phone (w) * 845-288-3796

Phone (c) * 8452883706

Email * michelle@sunrisepearlriver.org

Signature *

Michelle Warsoff

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2019

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 Crystal IBC, LLC 32 Old Slip Fl 17 New York NY 10005	CONTACT NAME: William Snyder PHONE (A/C, No, Ext): 646-810-3477 E-MAIL ADDRESS: William.snyder@crystalco.com		FAX (A/C, No): 212-504-5989	
	INSURER(S) AFFORDING COVERAGE			
INSURED Sunrise Day Camps Association, Inc 15 Neil Court Oceanside, NY 11572	FOJPSE	INSURER A :	Philadelphia Indemnity Insurance Compan	NAIC # 18058
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1060141604

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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK1748489	1/1/2018	1/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

Town of Orangetown is included as an additional insured as their interests may appear with respects to the Sunrise WALKS Event at HKC Pearl River on October 20, 2019.

CERTIFICATE HOLDER**CANCELLATION**

Town of Orangetown
 26 W Orangeburg Rd.
 Orangeburg, NY 10962

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

Crystal & Company

48

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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 Certificate-Share Christmas 2019.pdf 925.15KB
Insurance *

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: \$400.00 plus labor.

Showmobile Application

Event Information

Event/Festival Name * Share Christmas & The Holidays

Event Location Name * Braunsdorf Park-Pearl River

Event Address *

Street Address
Main Street between Central and Franklin Avenues
Address Line 2

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

Setup Date & Time * 12/6/2019
04:00:00 PM

Take-Down Date & Time * 12/6/2019
10:00:00 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.

The stage will be used for carolers and Santa.
We need stairs on both the right and left side of the stage.
Setup required is the same as in prior years
Rain/snow date: December 13.

Placement *

- Pavement
- Grass/Field
- Other

Applicant Information

Applicant's Name * Raymond Pucci

Organization Name * Rotary Club of Pearl River, NY

Organization Address * PO Box 824

Organization City * Pearl River

Organization State * NY

Phone (w) * 8457357047

Phone (c) * 8455703370

Email *

puccir1@gmail.com

Signature *

A rectangular box containing a handwritten signature in black ink that reads "Raymond Pucci".

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

