TOWN OF WARWICK

132 KINGS HIGHWAY
WARWICK, NEW YORK 10990

PLANNING DEPT. (845) 986-1127 EXT 261, 259
ATTORNEY EXT 239
ENGINEER EXT 275
FAX NO. (845) 987-9644

July 15, 2015

Town of Warwick
Town Board
132 Kings Highway
Warwick, New York 10990

Re: Planning Board Applicant, Anahita Kopet -Escrow Refund Request

SBL# 72-3-15.2

Dear Town Board Members:

Enclosed is a letter from Planning Board applicant, Anahita Kopet, received July 7, 2015 requesting a refund on the remaining balance of her escrow in the amount of $925.75. Final maps were signed on June 5, 2008. As of today's date, review of the applicant's project has been completed and there are no outstanding invoices from the Town Professionals.

Town Planner BY: JBB 7-16-15
Ted Fink/Greenplan Date

Planning Board Engineer 07/15/15.
Laura Barca/HDR Date

Planning Board Attorney JBB 7-16-15
John Bollenbach, Esq. Date

Please release and mail the balance of the escrow back to Mrs. Kopet at 499 Jersey Ave., Greenwood Lake, N.Y. 10925.

Sincerely,

Connie Sardo

Connie Sardo
Planning Board Secretary

cc: Joanne Wilcox, Bookkeeper
Michael Sweeton, Supervisor
Meg Quackenbush, Town Clerk
Jay Myrow, Town Attorney
Anahita Kopet, Applicant

Encl.

ANAHITA S. KOPET
499 JERSEY AVE
GREENWOOD LAKE
NY 10925

RECEIVED
JUL 07 2015
Town of Warwick

TO,

TOWN OF WARWICK
132 KINGS HIGHWAY
WARWICK, NY 10990

RE: ESCROW MONIES TO BE RETURNED
APPLICATION # 2007-38
KOPET SITE PLAN

TO WHOM IT MAY CONCERN:

WE ARE REQUESTING THE RETURN OF THE BALANCE OF ESCROW MONEY, FROM THE PLANNING PROCESS OF OUR SITE.

AS PER THE ATTACHED ESCROW LEDGER REPORT, $925.75 IS DUE TO BE RETURNED. PLEASE REFUND THE AMOUNT TO THE ABOVE GREENWOOD LAKE ADDRESS.

KIND REGARDS

Anahita Siddiqa Kopet

ANAHITA KOPET

JUNE 30, 2015

Town of Warwick

132 Kings Highway
Warwick, NY 10990
845-986-1127

ESCROW LEDGER REPORT

Application #: 2007-38 **Application Date:** 9/12/2007
Master Parcel: 72-3-15.2 **Type of Project:** SITE PLAN
Project: Kopet Site Plan
Location: E. Route 210 & Rocky Trail, Greenwood Lake
Applicant: Roger & Anahita Kopet

Kopet Site Plan Roger & Anahita Kopet TAO# 899

--DATE--	--DESCRIPTION--	TRANS	AMT CHG	AMT PAID	BALANCE
9/12/2007	New "SM'. Escrow.TAO-899.ck9	PAID		3300.00	
10/1/2007	JDB ATTY INV# 1013	CHG	45.00		
10/5/2007	Tectonic Inv# 0180373	CHG	346.60		
10/15/2007	Greenplan Inv# 4388	CHG	292.50		
11/4/2007	JDB ATTY INV# 1061	CHG	135.00		
11/11/2007	Tectonic Inv# 0181210	CHG	402.80		
11/18/2007	Greenplan Inv# 4436	CHG	227.50		
11/29/2007	JDB ATTY INV# 1104	CHG	90.00		
12/11/2007	Tectonic Inv# 182456	CHG	1267.10		
12/21/2007	XXXXXXXXXXXXX	CHG	0.00		
12/21/2007	XXXXXXXXXXXXX	CHG	0.00		
1/11/2008	Tectonic Inv# 183387	CHG	45.00		
2/4/2008	Escrow ck#100. TAO-899	PAID		1600.00	
2/5/2008	JDB ATTY INV# 1188	CHG	315.00		
3/31/2008	JDB ATTY INV# 1258	CHG	180.00		
5/23/2008	Tectonic Inv# 0188072	CHG	53.50		
6/9/2008	JDB ATTY INV# 1345	CHG	46.25		
6/17/2008	Tectonic Inv# 0188825	CHG	481.50		
7/10/2008	Tectonic Inv# 189330	CHG	46.50		
		TOTAL:	$3,974.25	$4,900.00	$925.75

TOWN OF WARWICK

ASSESSMENT DEPARTMENT
Deborah A. Eurich, IAO, Assessor

132 Kings Highway
Warwick, New York 10990
845.986.1123

Memorandum

DATE: August 7, 2015

TO: Warwick Town Board

FROM: Deborah Eurich, IAO, Assessor

RE: Training Request

I respectfully request the Board's permission to attend the New York State Assessors' Association (NYSAA) Fall Training Session on Assessment Administration at the Honor's Haven Resort in Ellenville, October 4th through October 7th. I will have the opportunity to select from concurrent sessions related to assessment administration, valuation and current legislation. Additionally, it is the 75th anniversary of the NYSAA, and an Orange County Assessor will be installed as its President.

The Board approved the necessary funds for these training sessions in the current budget.

Please contact me with any questions that you may have.

Thank you.

TOWN OF WARWICK

132 KINGS HIGHWAY
WARWICK, NEW YORK 10990

BUILDING & PLANNING DEPT (845) 986-1127
FAX NO. (845) 987-9644
BUILDING DEPT EXT. 258/260
PLANNING DEPT EXT. 261
ENGINEER EXT. 259

TO: Supervisor Sweeton & Town Board
DATE: July 23, 2015
RE: 69 West Ridge Rd (41-1-87.44)
FROM: James Obrotka

The Town of Warwick building department has attached pictures for the above mentioned property which show the overgrown grass and weeds, bushes and tree branches in the yard. Included also please find attached pictures of an unsecured home where miscellaneous items have been left behind and graffiti written on walls. Please note that a prior order to remedy was sent November 7, 2013 to secure the dwelling.

This home has been abandoned for several years and I am asking that a company be hired to address these issues and have the fees attached to the taxes.

Sincerely,

James Obrotka
Building Inspector

JO/jh

NOTICE OF VIOLATION

Town of Warwick
132 Kings Highway
Warwick, NY 10990
845-986-1127

6/11/2015

Date of Complaint: 6/11/2015

Tax Map ID #: 31-1-7

Complaint No.: 20150064

Location: 69 WEST RIDGE RD

Owner: Di Maria, Nicholas & Di Maria, Theresa
69 West Ridge Rd

Warwick, NY 10990

Date of Inspection: 6/11/2015

Violation: UNSAFE STRUCTURE

DOORS NOT SECURED, BROKEN WINDOWS TREES DOWN & GRASS 3' HIGH.

Ordinance Code:

CHAPTER 67 - UNSAFE BUILDINGS OR STRUCTURES

NEXT INSPECTION DATE: 6/26/2015

To Resolve:

SECURE DWELLING (DOORS & BROKEN WINDOWS) & CLEAN UP DOWNED TREES. MOW GRASS.

YOU ARE THEREFORE ORDERED TO CORRECT THIS VIOLATION AND SUBMIT PROOF OF CORRECTION ALONG WITH A MANDATORY $25.00 ADMINISTRATIVE FEE TO THE BUILDING DEPARTMENT IMMEDIATELY

If you have any questions, please contact this department between 8:30 AM and 4:00 PM at (845) 986-1127 ext. 258.

Failure to respond and/or remedy the conditions aforesaid and to comply with the applicable provisions of law may constitute an offense punishable by fine or imprisonment, or both.

That on the day 6/12/15 at 10:00AM Deponent served this notice by mail, or by certified mail with return receipt requested.

Building Inspector

NOTICE OF VIOLATION

Town of Warwick
132 Kings Highway
Warwick, NY 10990
845-986-1127

11/7/2013

Date of Complaint: 11/7/2013

Tax Map ID #: 31-1-7

Complaint No.: 20130210

Location: 69 WEST RIDGE RD

Owner: DI MARIA NICHOLAS
69 WEST RIDGE RD

WARWICK, NY 10990

Date of Inspection: 11/7/2013

Violation: UNSAFE STRUCTURE

DOORS OPEN & WINDOWS MISSING.

Ordinance Code:

CHAPTER 67 - UNSAFE BUILDINGS OR STRUCTURES

NEXT INSPECTION DATE: 11/22/2013

To Resolve:

SECURE DWELLING.

YOU ARE THEREFORE ORDERED TO CORRECT THIS VIOLATION AND SUBMIT PROOF OF CORRECTION ALONG WITH A MANDATORY $25.00 ADMINISTRATIVE FEE TO THE BUILDING DEPARTMENT IMMEDIATELY.

If you have any questions, please contact this department between 8:30 AM and 4:00 PM at (845) 986-1127 ext. 258.

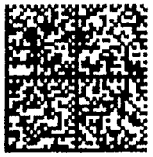
Failure to respond and/or remedy the conditions aforesaid and to comply with the applicable provisions of law may constitute an offense punishable by fine or imprisonment, or both.

That on the day 11/8/13 at 10:00AM Deponent served this notice by mail, or by certified mail with return receipt requested.

Building Inspector

7012 1010 0000 9597 5585

Town of Warwick
132 Kings Highway
Warwick, N.Y. 10990



UNITED STATES POSTAGE
PITNEY
02 1M $ 0
0004263448 NOV
MAILED FROM ZIP COD

CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1st NOTICE
2nd NOTICE
RETURNED

UTF

Di Maria Nicholas J
Di Maria Theresa
69 West R
Warwick, N

NIXIE 100 DE 1009 0011/13/1

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 10990311532 *0358-03185-08-

10990311532 RC

7012 1010 0000 9597 6585

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

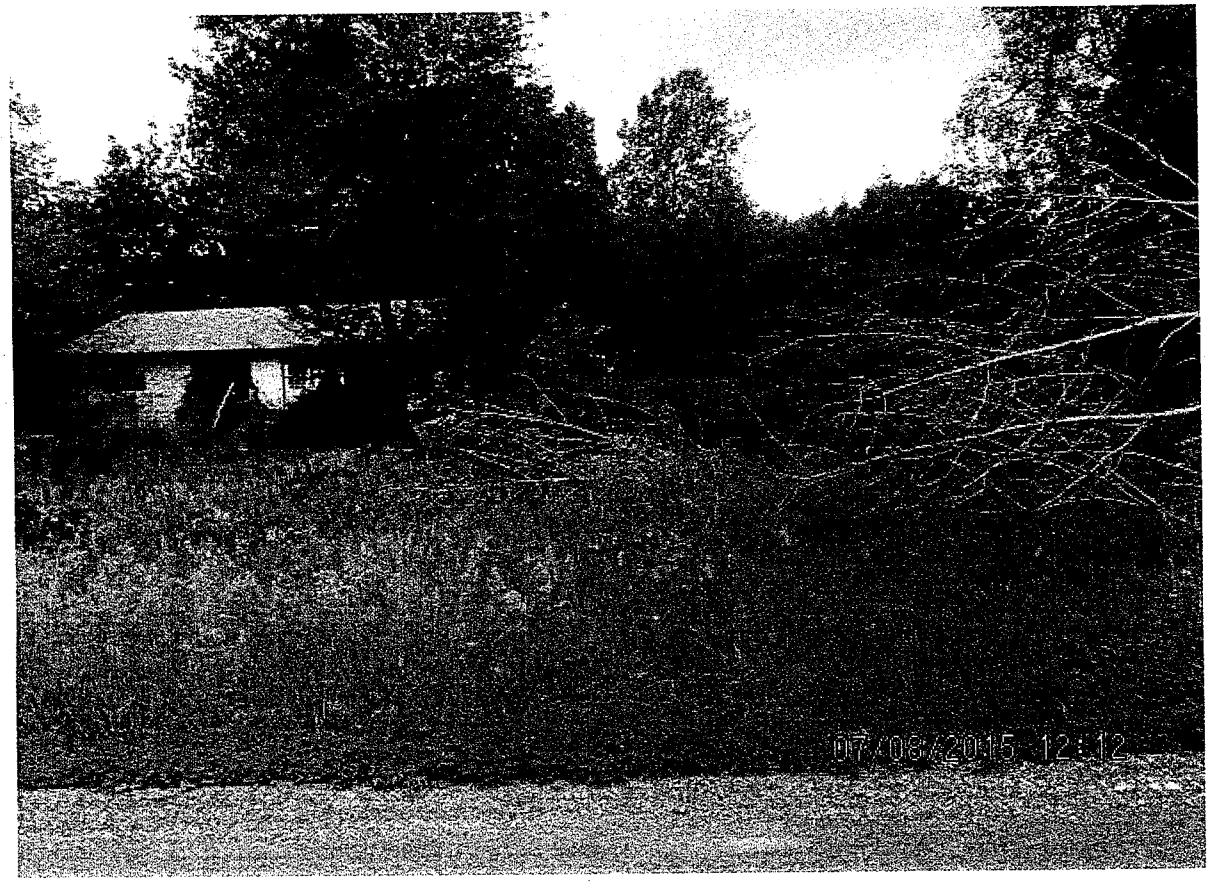
USPS
OCT 2013
WARWICK NY 10990
Postmark Here

31-1-7

Sent To
Nicholas DiMaria
Street, Apt. No.; or PO Box No. 69 West Ridge Rd
City, State, ZIP+4
Warwick NY 10990

PS Form 3800, August 2006 See Reverse for Instructions

From Complaint: UNSAFE STRUCTURE, 20150064



From Complaint: UNSAFE STRUCTURE, 20150064

From Complaint: UNSAFE STRUCTURE, 20150064

From Complaint: UNSAFE STRUCTURE, 20150064

From Complaint: UNSAFE STRUCTURE, 20150064

✓CC TB

NORTHEAST ELECTRICAL INSPECTIONS, LLC

TO: Town of Warwick
132 Kings Highway
Warwick, NY 10990

FROM: Dave Near
Northeast Electrical Inspections, LLC
65 Albermarle Rd
Scotia, NY 12302

Northeast Electrical Inspections, LLC, is a new 3rd party electrical inspection agency that specializes in solar PV. I am seeking approval from the Town to be able to provide inspections for our solar customers, as we do in the Capital District area. Customers include Solar City, NRG, Vivint and Apex Solar. Our main service is solar inspections, but we will also provide all requested residential and commercial electrical inspections. Please see attached information and let me know if I can help with anything else.

THANK YOU,

Dave Near, Owner
8/10/15

NORTHEAST Electrical Inspections LLC

65 Albermarle Road
Scotia, NY 12302

PHONE 518-852-0826
FAX 518-370-1927
EMAIL dave@neillc.com
WEB SITE www.neillc.com

ACORD

NORTH-4 OP ID: MMA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/20/2015

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
D.V. Greco & Sons Inc
2621 Guilderland Ave
Schenectady, NY 12306
Daniel V Greco

CONTACT NAME: Daniel V Greco
PHONE (A/C, No, Ext): 518-370-4016 FAX (A/C, No): 518-372-6612
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Merchants Mutual Insurance Co.	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Northeast Electrical Inspections LLC
65 Albermarle Road
Scotia, NY 12302

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			BOPI085193	05/08/2015	05/08/2016	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ Included
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS			BOPI085193	05/08/2015	05/08/2016	COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CUP9147574	05/08/2015	05/08/2016	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCAI034865	05/08/2015	05/08/2016	PER STATUTE X OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER

Warwick Town
132 Kings Highway
Warwick, NY 10990

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
Daniel V Greco

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/20/2015

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
LoVullo Associates, Inc.
6450 Transit Road
Depew, NY 14043

CONTACT NAME: Angers & Litz Associates Inc
PHONE (A/C, No, Ext): (518) 355-8030 FAX (A/C, No): (518) 355-0054
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: IRONSHORE SPECIALTY INSURANCE CO	25445
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Northeast Electrical Inspections LLC
65 Albermarle Road
Scotia, NY 12302

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	
	GENERAL LIABILITY							
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	E&O Liability			002388000	05/08/2015	05/08/2016		
	Each Claim/Aggregate							$1,000,000/$1,000,000
	Deductible							$2,500

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

CERTIFICATE HOLDER

Warwick Town
132 Kings Highway
WARWICK, NY 10990

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

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NORTHEAST ELECTRICAL INSPECTIONS, LLC
65 Albermarie Rd
Scotia N.Y. 12302
PHONE: (518) 852-0826 ELECTRICAL PERMITS FAX: (518)370-1927

- **Letter Of Intent To Do Business As Licensed Electrical Inspector**

To Whom It May Concern: Re: Electrical Inspections

This is a letter of intent to do business with the Authority Having Jurisdiction that our documentation is presented to, as a fully licensed and insured electrical inspection agency. We are a third party electrical inspection agency that performs electrical inspections in upstate New York. Enclosed are our insurance documents with your AHJ listed as additionally insured on the liability form. Also enclosed is our Master Electrical Inspectors License and inspection request form.

Best Regards,
Dave Near

NORTHEAST ELECTRICAL INSPECTIONS, LLC

LIST OF INSPECTORS AND CERTIFICATIONS:

Dave Near	**ICC Residential Electrical Inspector**
Steve Reynolds	**ICC Residential Electrical Inspector**

NORTHEAST Electrical Inspections LLC

65 Albermarle Road
Scotia, NY 12302

PHONE 518-852-0826
FAX 518-370-1927
EMAIL dave@neillc.com
WEB SITE www.neillc.com

INTERNATIONAL CODE COUNCIL

DAVID NEAR

The International Code Council attests that the individual named on this certificate has satisfactorily demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as:

Residential Electrical Inspector

Given this day of May 29, 2015

Certificate No. 8358376

Guy Tomberlin, CBO
President, Board of Directors

INTERNATIONAL CODE COUNCIL, INC.
CERTIFIED

Dominic Sims
Chief Executive Officer

ICC INTERNATIONAL CODE COUNCIL

This certificate is the property of ICC and must be returned to ICC in the event of suspension or revocation of the certificate.

INTERNATIONAL CODE COUNCIL

Residential Electrical Inspector

Candidate ID: ICC00240480

Name: Steven Reynolds Date: 7/11/2015

Address: 26 westchester dr

Clifton Park NY 12065

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. Your wallet card will be forwarded to you by ICC within six weeks from the last day of the month in which you tested. This certification is current for three years.

You may request a wall certificate from ICC as well. This certificate will be provided at no cost to you, if you request it within 90 days of your exam. Only one wall certificate per exam passed will be provided to you at no charge. For more information on requesting a wall certificate, go to www.iccsafe.org/inspector.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of your wallet card and/or certificate not being received. There may be an additional fee if a certification is re-issued due to a misspelled name or incorrect address. Please note that name changes may require additional information.

For exams taken in the U.S: Please contact Pearson VUE at 800-275-8301 and ICC at certexam@iccsafe.org.

For international exams: Please go to www.pearsonvue.com/icc/cert/contact/.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at: www.PearsonVUE.com/authenticate
Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: ***285391464*** *Validation Number:* ***800083613***

NORTHEAST ELECTRICAL INSPECTIONS, LLC
65 Albermarle Rd
Scotia N.Y. 12302
PHONE: (518)852-0826, ELECTRICAL PERMITS FAX: (518)370-1927

- **ELECTRICAL INSPECTION REQUEST FORM**

PROJECT OWNER/TENANT/BUSINESS _____
PROJECT ADDRESS _____
TOWN/CITY _____ **COUNTY** _____
CONTACT # _____ **BUILDING OCCUPANCY** _____
Licensed Electrician Signature _____
Contractor Business Name _____
License #/ City or County _____
Contractor Printed Name _____
Project Contact Person: _____ **Phone Number:** _____
NOTE: Project drawings approved with the Building Permit are required to be available on site for the inspector. Inspection will not be conducted if Approved Plans are not made available to the Inspector.
Electrical Permit No. _____ **Requested Inspection Date:** _____
Inspection Results to be Returned By:
Mailing Address: _____ Fax Number _____
Comments _____

REQUESTED INSPECTION TYPE (Check all applicable types) ____Residential ____Commercial
ROUGH-IN PARTLY (Inspection of Electrical Wiring or Raceways to be Concealed)
___Conduits in Trench ___Conduits in Slab or Foundation ___Wiring or Raceways in Walls, Ceilings or Roof ___Low Voltage Alarm or Security System Wiring
___Swimming Pool/Spa Bonding/Wiring/Disconnects ___ Irrigation System or Landscape Lighting Wiring
___A/C Control Wiring
ROUGH-IN COMPLETE (Inspection to Confirm Installation Is Complete and Ready to Be Energized)
___Rough in complete
SERVICE (Inspection of Service Equipment, Including Coordinated Inspections for Service Equipment Replacements)
___Service Equipment ___**Coordinated Service Inspection**
Utility to Disconnect Power at _____ (Time) Utility ESR or J# _____
Ready for Inspection to re-energize _____ (Time)
PHOTOVOLTAIC SOLAR SYSTEM
___Photovoltaic Solar System
FINAL (Inspection to confirm installation is energized, working and structure is ready to be Occupied)
___Final
REINSPECTION (Inspection to Confirm Previous Deficiencies Have Been Corrected)
___Reinspection (indicate type of Inspection to be rechecked) _____
___$50.00 Reinspection fee submitted to Northeast Electrical Inspections, LLC
OTHER TYPE OF INSPECTION
_____

INSPECTION RESULTS (To be completed by Inspector)
___Approved ___Failed, due to the following _____
AHJ has been notified that service inspection is approved and Installation is ready to be energized.
___2nd Consecutive Failed Inspection.
Inspection Fees Paid to Northeast Electrical Inspections, LLC. Mastercard, Visa, Discover, Check, Cash
InspectorsNotes/NECViolations _____

Fax

☒ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply

TO: TOWN OF WARWICK BOARD

From: Dave Near

Re: Approval request for 3rd party electrical inspections

Fax

Pages 9

Comments:

Approval requested for 3rd party electrical inspections

Any questions please call Dave @ 518-852-0826

Includes: Letter of Intent

Insurance – Liability, WC, and professional

ICC certificate

NEI inspection request form

I look forward to working with you

Dave Near, Owner, NEI

******** We are opening a new office in the Kingston or New Windsor area**

NORTHEAST ELECTRICAL INSPECTIONS, LLC

Tel: 518-852-0826
Fax 518-370-1927

65 Albermarle Rd
Scotia, NY 12302

www.neillc.com
dave@neillc.com

NORTHEAST Electrical Inspections LLC

Fax

☒ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply

TO: TOWN OF WARWICK BOARD

From: Dave Near

Re: Approval request for 3rd party electrical inspections

Fax

Pages 7

Comments:

Approval requested for 3rd party electrical inspections

Any questions please call Dave @ 518-852-0826

Includes: Letter of Intent

Insurance – Liability, WC, and professional

ICC certificate

NEI inspection request form

I look forward to working with you

Dave Near, Owner, NEI

******** We are opening a new office in the Kingston or New Windsor area**

NORTHEAST ELECTRICAL INSPECTIONS, LLC

Tel: **518-852-0826**
Fax 518-370-1927

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Scotia, NY 12302

www.neillc.com
dave@neillc.com

NORTHEAST Electrical Inspections LLC

Polish Legion of American Veterans
Post 16
P.O. Box 16
16 Legion Road
Pine Island, NY 10969

July 17, 2015

Mr. Michael Sweeton, Supervisor
Town of Warwick
132 Kings Highway
Warwick, NY 10990

Dear Mr. Sweeton:

Please be advised that the Polish Legion of American Veterans, Post #16 is in the process of renewing its New York State liquor license #2008930.

The NYS Liquor Authority mandates that a copy of the application form be provided to the Town of Warwick for their records.

In satisfaction of this requirement, a copy of our application form is enclosed.

Thank you,

Roland Paffenroth
Adjutant
Post #16, P.L.A.V.

RECEIVED
JUL 17 2015
TOWN OF WARWICK
TOWN CLERK

STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
STATE LIQUOR AUTHORITY

Standardized **NOTICE FORM** *for Providing a* **30-Day Advance Notice** *to a* **Local Municipality or Community Board** *in connection with the submission to the State Liquor Authority of a* (*check one*)

☐ **New Application** ☑ **Renewal Application** ☐ **Alteration Application**
☐ **Corporate Change** for an On-Premises Alcoholic Beverage License

1.	Date the original copy of this Notice was mailed to the Local Municipality or Community Board:	Month 07 Day 20 Year 2015

THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD

2.	Name of the Local Municipality or Community Board:	Town of Warwick, 132 Kings Hwy

ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S LICENSE APPLICATION NOTED AS ABOVE FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE

3.	Attorney's Full Name is:	John E Ziobro		
4.	Attorney's Street Address:	23 West St		
5.	City, Town or Village:	Warwick	State: NY	Zip Code: 10990
6.	Business Telephone Number of Attorney:	(845) - 986-1136		

FOR NEW APPLICANTS, PROVIDE DESCRIPTION BELOW USING ALL INFORMATION KNOWN TO DATE
FOR ALTERATION APPLICANTS, ATTACH COMPLETE DESCRIPTION AND DIAGRAM OF PROPOSED ALTERATION(S)
FOR CURRENT LICENSEES, SET FORTH APPROVED METHOD OF OPERATION ONLY
DO NOT USE THIS FORM TO CHANGE YOUR METHOD OF OPERATION

7.	Type(s) of alcohol sold or to be sold under the license: ("X" One)	☐ Beer Only ☐ Wine and Beer Only ☒ Liquor, Wine and Beer
8.	Extent of Food Service: ("X" One)	☐ Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) ☒ Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily-meets legal minimum food availability requirements)
9.	Type of establishment: ("X" all that apply)	☐ Recorded Music ☐ Live Music ☐ Disc Jockey ☒ Juke Box ☐ Patron Dancing (Small scale) ☐ Karaoke Bar ☐ Cabaret, Night Club,(Large Scale Dance Club) ☐ Capacity of 600 or more patrons ☐ Hotel ☐ Bed & Breakfast ☐ Restaurant ☒ Club (e.g. Golf/Fraternal Org.) ☐ Catering Facility ☐ Stage Shows ☐ Topless Entertainment ☐ Recreational Facility (Sports Facility/Vessel)
10.	Licensed outdoor area: ("X" all that apply)	☐ None ☐ Rooftop ☐ Patio or Deck ☒ Freestanding Covered Structure ☐ Garden/Grounds ☐ Sidewalk Café ☐ Other (Specify):None
11.	Will the license holder or a manager be physically present within the establishment during all hours of operation? ("X" one)	☐ Yes ☒ No
12.	License serial number: 2008930	Expiration Date: 10/1/13
13.	The applicant's or license holder's full name, as it appears or will appear on the license:	Polish Legion American Veterans
14.	The Trade name, if any, under which the establishment conducts or will conduct business:	Same
15.	The establishment is located within the building which has the following street address:	16 Legion Rd
16.	City, Town, or Village: Pine Island	NY Zip Code: 10969
17.	The establishment is located on the following floor(s) of the building at the above address:	1st (and only)
18.	Within the building at the above address, the establishment is located within the room(s) numbered as follows:	One
19.	Business telephone number of applicant/licensee: 845-258-4168	Business fax number of applicant/licensee:
20.	Business e-mail address of applicant/licensee:	
21.	Does the applicant or license holder own the building in which the establishment is located? ("X" one)	☒ Yes (If "Yes", SKIP items 22-25) ☐ No

OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED

22.	Building owner's full name is:	Polish Legion of American Veterans
23.	Building owner's street address:	16 Legion Rd
24.	City, Town, or Village: Pine Island	State NY Zip Code: 10969
25.	Business telephone number of building owner:	845 - 258 - 4168

26. I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.
By my signature, I affirm – under **Penalty of Perjury** – that the representations made in this form are true.

Printed Name	Title	Signature
Roland R Paffenroth	Post #16 Adjutant	X Roland R Paffenroth

Revised 4/8/2013

MS
TB
PC McGovern

Prepared By:
Town Of Warwick
132 Kings Highway
Warwick, NY 10990

Permit #: _____
Date of Event: 9/26/15
Hours of Event:
From: 8:00 am
To: 12:00

Special Event Permit

To: Town Board
Town of Warwick
Warwick, NY 10990

Application is hereby made for a Special Event Permit for access to road(s) in the Town of Warwick.

A. Applicant:
Katie Rudy-Tomczak (RJR Memorial Fund)

Telephone #: 8459870797

Evening #: 8459870797

Emergency #: same

B. mailing Address: PO BOX 403; Pine Island, NY 10969
event address: Apple Ridge Orchard; 101 Jessup Rd; Warwick, NY 10990

C. Name of Road(s) (Attach map of Route):
Jessup Rd.

D. Nature and Purpose of Permit:
RJR Memorial Go Gold for Pediatric Cancer Awareness
5K Run/walk, ⊗ Road closure x 30-60 minutes if possible

If Permit is granted, I hereby agree to conform to all the conditions and restrictions forming a part of this Permit and to conform to all local ordinances, if any, and to conform to the provisions as set forth in the M.U.T.C.D. (Manual of Uniform Traffic Control Devices).

Katie Rudy Tomczak — President (RJR Fund) — 7/6/15
Applicant's Signature — Title — Date

5 Dickinson Drive; Warwick, NY 10990
Address

I Herewith agree to the "Conditions and Restrictions".

Kate Red Temple 7/6/15

Applicant's Signature Date

Witness's Signature Date

Permission is hereby granted to applicant.

A Certificate of General Liability (bodily injury/property damage) Insurance must be on file at the Office of the Town Clerk, Town of Warwick.

Town Clerk (Signature) Date

Approved by Town Board on _____
Date

*****Note*****As per following the Town Board Resolution. If additional police personal are required for this Special Event, Police Chief will bill you for services provided.

#R96-69 POLICE CHARGE FOR SPECIAL EVENTS

Motion Councilwoman Gamache, seconded Councilman Lust to adopt a resolution charging the sponsor of special events in the Town of Warwick for police services provided by the Town of Warwick Police. The amount of the charge is to be determined by the Town of Warwick Police Chief, and is to be equal to the additional personal services (payroll/labor) cost resulting from the police services provided for the special event. Motion Carried (5 ayes)

Following information to be completed by the Police Chief

Number of additional police personnel required at this event: _____

Amount of Charge as prepared by Police Chief: $_____

Date Billed: _____

Date Paid: _____

cc: Fire Department, Ambulance Department

Hold Harmless Agreement

1. In consideration for receiving permission to utilize town property, I hereby release, wave, discharge and covenant not to sue the Town of Warwick, their officers, agents, servants, or employees (here after referred to as releases) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or any of the property belonging to me, whether caused by the negligence of the releases, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

2. I am fully aware of the risks involved and hazards connected with private activities included in public venues, and hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the releases or otherwise.

3. I further hereby agree to indemnify and hold harmless the releases for any loss, liability, damage or cost, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by the negligence of the releases or otherwise.

4. I understand that the Town of Warwick does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that event. As such, I am aware that I should review my personal insurance portfolio.

5. It is my express intent that this waiver of liability and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above named releases. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the State of New York.

6. In signing this release, I acknowledge and represent that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed, no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

In witness thereof, I have hereunto set my hand and seal on this day of

Witness

_____

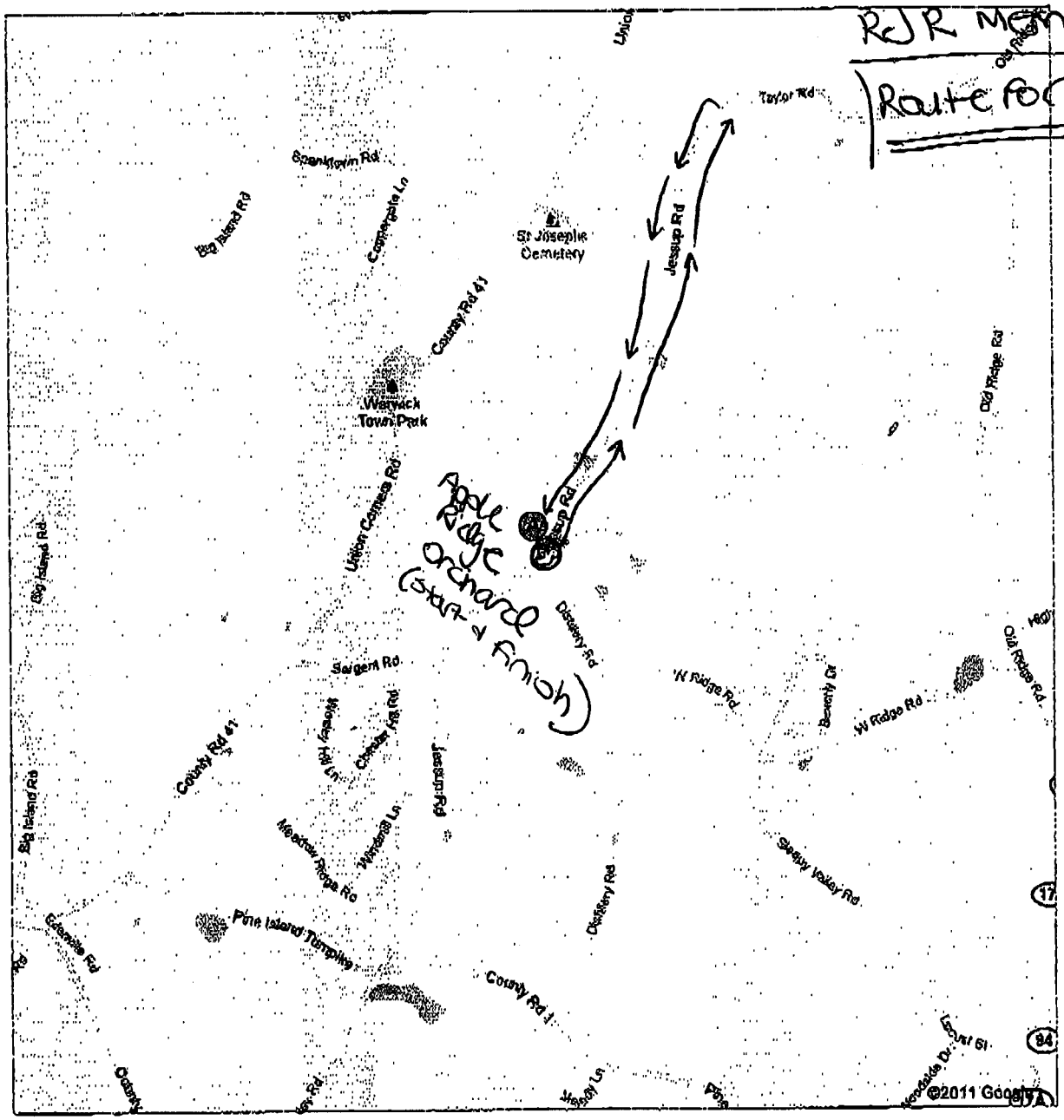
_____

Kathleen Tomek
Applicant

Google maps Address 101 Jessup Rd
Warwick, NY 10990

Get Google Maps on your phone
Text the word "GMAPS" to 466453

RJR Memorial Fund
Route for 5K



RJR MEMORIAL *GO GOLD* FOR PEDIATRIC CANCER AWARENESS 5K

DATE:	Saturday September 26th, 2015
LOCATION:	Apple Ridge Orchard 101 Jessup Rd in Warwick, NY 10990
TIME:	Registration starts 8:00am Race starts 10:00am
FEE:	$25 per racer day of the race or Discounted Pre-registration $20 available until 9/23/15 @ www.active.com Or By mail: See Entry Form below
ORGANIZER:	Katie Rudy-Tomczak (845-987-0797) RJRmemorialcarshow@hotmail.com www.RJRmemorialfund.org

*ALL proceeds benefit the **Richard Jacob Rudy Memorial Fund**, a local non-profit organization donating to local children & families in need!*
See www.RJRmemorialfund.org for more info.

Timing by Catskills TimingBreakfast/Lunch***Awards presented***
USATF Certified (Guaranteed Accurate) Course # NY13110JG measured by Brian Cavanagh

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ENTRY FORM
(Please make checks payable to "RJR Memorial Fund" and mail to:
RJR Memorial Fund, PO Box 403; Pine Island NY 10969)
Name:
Address:
City, State, Zip Code:
Phone:
Sex: M___ F___
Age on 10/4/14:
Runner ___ or Walker ____
Tshirt size:

In consideration of my participation in the 2014 RJR Memorial Charity 5K, on behalf of myself, consent to hereby discharge the Richard Jacob Rudy Memorial Fund, Apple Ridge Orchard, & the town of Warwick, and other parties associated with this race from any and all liability arising from illness, personal injuries, claims, damages or property loss incurred to me during my participation in the race. I hereby attest that I am physically fit and sufficiently trained for this event. I am of legal age and understand the consent and release. If I am a minor, my parent or legal guardian's signature is required. All officials' decisions are final.
Signature_____ Date _____

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/21/2015

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			
K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME:	Mass Merchandising Underwriting	
	PHONE: (A/C, No. Ext):	1-800-426-2889	FAX: (A/C, No): 1-260-459-5105
	E-MAIL ADDRESS:	info@sportsinsurance-kk.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Nationwide Mutual Insurance Company	23787
INSURED	INSURER B:		
RICHARD JACOB RUDY MEMORIAL FUND, INC 5 DICKINSON DR WARWICK, NY 10990 A Member of the Sports, Leisure & Entertainment RPG	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** W00670583 **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/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'; AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER	X		6BRPG0000005725800	09/26/2015 12:01 AM EDT	09/27/2015 12:01 AM	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$5,000,000
							PRODUCTS-COMP/OP AGG	$1,000,000
							PROFESSIONAL LIABILITY	
							LEGAL LIAB TO PARTICIPANTS	$1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS Not provided while in Hawaii						COMBINED SINGLE LIMIT (Ea Accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETORSHIP/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE – EA EMPLOYEE	
							E.L. DISEASE – POLICY LIMIT	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000005725800	09/26/2015 12:01 AM EDT	09/27/2015 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	$25,000

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

Legal Liability to Participants (LLP) limit is a per occurrence limit.
Event Name: RJR MEMORIAL CHARITY 5K RUN & WALK Event Date: 09/26/2015 to 09/26/2015
Event Location: 101 JESSUP RD, WARWICK, New York 10990
The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER	CANCELLATION
TOWN OF WARWICK 132 KINGS HIGHWAY WARWICK, NY 10990 (Owner/Lessor of Premises)	**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 Scott Rudnick

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

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