

# TOWN OF WARWICK



132 KINGS HIGHWAY  
WARWICK, NEW YORK 10990

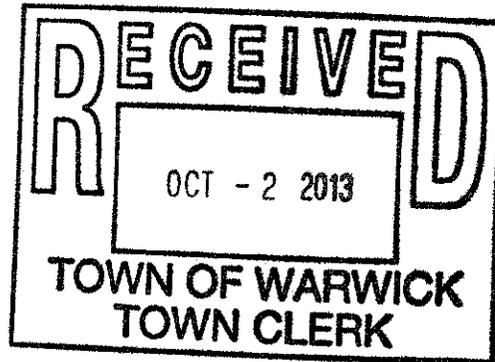
PLANNING DEPT. (845) 986-1127  
EXT 261, 259  
FAX NO. (845) 987-9644  
ENGINEER EXT 275  
ATTORNEY EXT 239

October 2, 2013

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

Re: ZBA Applicant, Black Bear Mountain

SBL# 8-2-27.14



Dear Town Board Members:

Enclosed is a letter from Zoning Board of Appeals applicant, Howard Smith/Black Bear Campground, received October 1, 2013 requesting a refund of his application fee in the amount of \$750.00. As of today's date, the application has been withdrawn. Please refund the application fee of \$750.00 back to the applicant and make check payable to Fabricant, Lipman, & Frishberg, PLLC at One Harriman Square Post Office Box# 60 Goshen, N.Y. 10924.

Sincerely,

Eileen Astorino  
Asst. Secretary

cc: Joanne Wilcox, Bookkeeper  
Michael Sweeton, Supervisor  
Meg Quackenbush, Town Clerk  
John Bollenbach, Deputy Town Attorney  
Black Bear Campground, Applicant

Encl.

LAW OFFICES  
**FABRICANT LIPMAN & FRISHBERG, PLLC**

ONE HARRIMAN SQUARE  
POST OFFICE BOX 60  
GOSHEN, NEW YORK 10924  
E-Mail: info@lipmanlaw.net

TELEPHONE: (845) 294-7944  
FAX: (845) 294-7889

ALAN S. LIPMAN  
NEAL D. FRISHBERG\*

HERBERT J. FABRICANT (1915 -1987)  
\*Also admitted in NJ and FL

LEGAL ASSISTANTS

BRIAN M. GIBSON  
KAREN TELGHEDER

September 25, 2013

RECEIVED

OCT 01 2013

Town of Warwick

Town Board, Town of Warwick  
132 Kings Highway, Box 489  
Warwick, N.Y. 10990

Attn: Hon. Michael Sweeton, Supervisor

Re: Smith w. Black Bear Campground, Inc. w. The Zoning Board of Appeals  
of the Town of Warwick

Dear Supervisor Sweeton:

On June, 11, 2013, three separate applications were filed with the Zoning Board of Appeals with respect to three corresponding Notices of Violation that had been issued by the Building Inspector for the Town of Warwick.

Those applications to the Zoning Board of Appeals were withdrawn within a week or two following their filing. No action was taken, no hearings were conducted, no determinations were made and accordingly, I would hereby request that the filing fees for those applications be refunded to the applicant. The fees in the case amount to \$250.00 for each of three applications, or \$750.00.

I previously addressed this issue with a handwritten note to Connie Sardo, but nothing evolved from that note.

(Continued)

**FABRICANT LIPMAN & FRISHBERG, PLLC**

Town Board, Town of Warwick  
September 25, 2013  
Page 2

Your prompt consideration of this request will be appreciated.

Very truly yours,

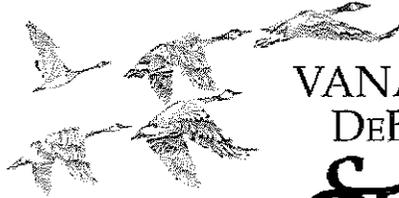
A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

ALAN S. LIPMAN

ASL/tp

cc: Howard Smith

RECEIVED  
SEP 16 2013  
TOWN OF WARWICK  
SUPERVISOR'S OFFICE



VANACORE  
DeBENEDICTUS  
& DiGOVANNI  
WEDDELL

LIMITED LIABILITY PARTNERSHIP  
BUSINESS DEVELOPMENT CONSULTANTS CERTIFIED PUBLIC ACCOUNTANTS  
11 RACQUET ROAD, P.O. BOX 10009 • NEWBURGH, NY 12552-0009

*Full page  
Submission  
to  
sign*

September 10, 2013

Town Board  
Town of Warwick  
132 Kings Highway  
Warwick, NY 10990

Attention: Mr. Michael Sweeton

Attached you will find two copies of our arrangement letter for the services we are to perform for Town of Warwick for the years ended December 31, 2014 and 2015. Please review the letters and let me know if you have any questions or comments. When you are done reviewing the letters, please sign and forward one copy and retain the other copy for your records.

Attached is also a copy of the planning and scope letter which provides you an overview of the planned scope and timing of the audit. At the conclusion of the audit, we will communicate any findings from the audit. Please let me know if you have any questions regarding this letter. This letter is for you and the members of the Town Board.

We look forward to serving you and hope to have a mutually beneficial business relationship as your accountant.

Very truly yours,

VANACORE, DeBENEDICTUS, DiGOVANNI & WEDDELL  
Limited Liability Partnership

Tonia A. Crown, CPA.CITP  
Partner



MS  
TB

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**ORANGE COUNTY  
DEPARTMENT OF PUBLIC WORKS**

Charles W. Lee, P.E.  
*Commissioner*

P.O. Box 509, 2455-2459 Route 17M  
Goshen, New York 10924-0509

[www.orangecountygov.com](http://www.orangecountygov.com)

TEL (845) 291-2750

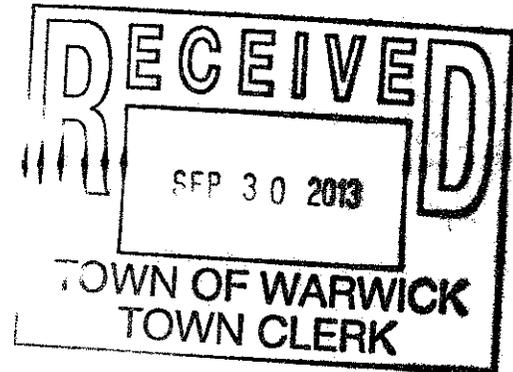
FAX (845) 291-2778

*Edward A. Diana*  
*County Executive*

September 27, 2013

Mr. Chijioke Onyeche  
NYSDOT  
4 Burnett Boulevard  
Poughkeepsie, NY 12603

Re: Speed Limit Reduction Request  
Jessup Road  
Town of Warwick

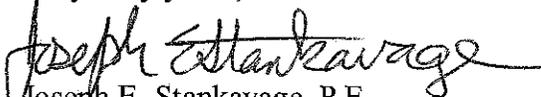


Dear Mr. Onyeche:

Enclosed herewith please find a map, a TE-9 Application and a certified copy of a Town Resolution requesting a speed limit reduction for Jessup Road in the Town of Warwick. These items are being submitted on behalf of the Town for your review and consideration.

If you should have any questions, please feel free to call me at (845) 291-2764.

Very truly yours,

  
Joseph E. Stankavage, P.E.  
Principal Engineer

Enclosures

cc: Charles W. Lee, P.E., Commissioner  
Christopher Viebrock, P.E., Deputy Commissioner  
Marjorie Quackenbush, Town Clerk, Town of Warwick

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

MS TB

X

1. Date the original copy of this Notice was mailed to the Local Municipality or Community Board:		09		23		20		13	
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							
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:		Michael Kelly							
4. Address of Applicant:		336 Waverly Road							
5. City, Town or Village:		Scarsdale		State:		NY		Zip Code: 10583	
6. Business Telephone Number of Applicant:		(347) 256-7256							
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)		<input type="checkbox"/> Beer Only		<input type="checkbox"/> Wine and Beer Only		<input checked="" type="checkbox"/> Liquor, Wine and Beer			
8. Extent of Food Service: (*X* One)		<input type="checkbox"/> Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)		<input checked="" type="checkbox"/> Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily-meets legal minimum food availability requirements)					
9. Type of establishment: (*X* all that apply)		<input checked="" type="checkbox"/> Recorded Music		<input type="checkbox"/> Live Music		<input type="checkbox"/> Disc Jockey		<input type="checkbox"/> Juke Box	
		<input type="checkbox"/> Cabaret, Night Club, (Large Scale Dance Club)		<input type="checkbox"/> Capacity of 600 or more patrons		<input type="checkbox"/> Hotel		<input type="checkbox"/> Bed & Breakfast	
		<input type="checkbox"/> Restaurant		<input type="checkbox"/> Club (e.g. Golf/Fraternal Org.)		<input type="checkbox"/> Catering Facility		<input type="checkbox"/> Stage Shows	
		<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)		<input type="checkbox"/> Seasonal Establishment					
10. Licensed outdoor area: (*X* all that apply)		<input checked="" type="checkbox"/> None		<input type="checkbox"/> Rooftop		<input type="checkbox"/> Patio or Deck		<input type="checkbox"/> Freestanding Covered Structure	
		<input type="checkbox"/> Sidewalk Café		<input type="checkbox"/> Other (Specify): None					
11. Is the premises located within 500' of three or more on-premises liquor establishments?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No					
12. Will the license holder or a manager be physically present within the establishment during all hours of operation? (*X* one)		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No					
13. License serial number:		Expiration Date:							
14. The applicant's or license holder's full name, as it appears or will appear on the license:		High Point Warwick Inc							
15. The Trade name, if any, under which the establishment conducts or will conduct business:		Village Billiards							
16. The establishment is located within the building which has the following street address:		17 Main St							
17. City, Town, or Village:		Warwick		NY		Zip Code: 10990			
18. The establishment is located on the following floor(s) of the building at the above address:		3rd Floor							
19. Within the building at the above address, the establishment is located within the room(s) numbered as follows:									
20. Business telephone number of applicant/licensee:		(917) 701 5197		Business fax number of applicant/licensee:					
21. Business e-mail address of applicant/licensee:									
22. Does the applicant or license holder own the building in which the establishment is located? (*X* one)		<input type="checkbox"/> Yes (If "Yes", SKIP items 22-25)		<input checked="" type="checkbox"/> No					
OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED									
23. Building owner's full name is:		Warwick Valley 17 main LLC							
24. Building owner's street address:		P.O. Box 469							
25. City, Town, or Village:		Warwick		NY		Zip Code: 10990			
26. Business telephone number of building owner:		973		896		6015			
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.									
27. Printed Name		Adam Powers		Title		Officer		Signature	

# TOWN OF WARWICK

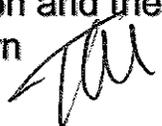
## DEPARTMENT OF POLICE

132 Kings Highway  
Warwick N.Y. 10990  
(845) 986-5000

Thomas F. McGovern, Jr. N.A.  
Chief of Police

2<sup>nd</sup> October 2013

### MEMO

To: Supervisor Michael Sweeton and the Town Board  
From: Chief Thomas McGovern   
Re: Request

*002.00.3120.182* Please accept this memo as my request to transfer \$6,000.00 from Police Uniform Allowance budget line #182 for the purchase of the Police Motorcycle from the village of Suffern.

Should you have any questions, do not hesitate to contact me.

Thank you.

*(002.00.3120.200)*  
*To equipment purch. sale of*  
*Surplus police vehicles .B*

cc: Joanne Wilcox

TM/km

MCR  
TSD  
JW

RECEIVED

SEP 27 2013

TOWN OF WARWICK  
SUPERVISOR'S OFFICE

John P Degnan  
P.O. Box 66  
WARWICK, NY 10990  
Sept. 27, 2013

Town of WARWICK  
Town Board  
132 Kings Highway  
WARWICK NY 10990

To whom it may Be on the Town Board

That I John Degnan have submitted my  
retirement papers on Thursday Sept. 12, 2013,

My official Day of retirement will Be on  
my Birthday on Saturday December 7, 2013 in  
which I will Be 55 years old.

Sincerely

John P Degnan

cc, Warwick Town Board  
Michael Sweeton ✓