



DEPARTMENT OF HEALTH

X cc MQ
TBD

Eli N. Avila, MD, JD, MPH, FCLM
Commissioner of Health
124 Main Street
Goshen, New York 10924-2199

Edward A. Diana
County Executive

Environmental Health (845) 291-2331
Fax: (845) 291-4078

December 16, 2013

RECEIVED

SUPERVISOR & TOWN BD WARWICK
TOWN OF WARWICK
132 KINGS HWY
WARWICK, NY 10990

DEC 18 2013

TOWN OF WARWICK
SUPERVISOR'S OFFICE

Re: RESCINDING OF VIOLATION
Violation ID: 2014 3
WARWICK TOWN COMPLEX
Federal ID: NY3530224

Dear Water Supplier:

Upon review of our files and/or receipt of your results, the above captioned violation for COLIFORM (TCR) for the period 7/1/2013 to 9/30/2013 has been deleted, please disregard the violation letter dated December 4, 2013. We apologize for any inconvenience this may have caused. The violation being deleted is also being reported to the NYSDOH and USEPA.

If there are any questions, please contact Mr. Steven Gagnon, P.E. or the undersigned at (845) 291-2331.

Very truly yours,

Edwin L. Sims, P.E.

Edwin L. Sims, P.E.
Acting Dir. of Environmental Health/
Principal Public Health Engineer

cc: File

TOWN OF WARWICK

DEPARTMENT OF POLICE

132 Kings Highway
Warwick N.Y. 10990
(845) 986-5000 Fax (845) 986-5020

Thomas F. McGovern, Jr. - N.A. 199
Chief of Police
wpdchief@warwick.net

19 December 2013

ORIGINAL

MEMO

To: Supervisor Sweeton, Town Board, Joanne Wilcox
From: Chief T. McGovern
Re: Fill vacant p/t dispatch position 

Please accept this memo as my recommendation to fill the vacant part-time dispatch position created by the resignation of Gia Adamis, with Samantha Manley.

Ms. Manley has experience at another large agency in Orange County and is familiar with all the records management systems in use here. She has excellent availability and her training period should be minimal. Her effective start date should be Saturday, 04 January 2014.

Please contact me if there are any questions or concerns.

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

December 4, 2013

Town Supervisor/Town Board

RE: 32 Regent Rd
95-1-26

Dear Supervisor/Town Board:

Attached is a letter the Building Department received from Salvatore Leale asking for a full refund of \$300 for an in ground pool and fence permit application which they are no longer considering. No permit has been issued because an application was before the ZBA for side setback. The building department would request for a refund the amount of \$200 minus the \$100 application fee.

Sincerely,

Wayne Stevens
Building Inspector

WS/jh

11/27/2013

To Whom IT MAY CONCERN,
I AM REQUESTING A
FULL RETURN (\$300)
FOR PERMIT, FOR POOL
FENCE
WHICH WE ARE
NO LONGER CONSIDERING.

\$200
return only
rec 12/2/13

THANK YOU.

Melissa A. Stevens
Notary Public, State of New York
No. 01ST6062297
Qualified In Orange County
Commission Expires August 6, 2017

Sworn before me this 27 day
of November, 2013

Melissa Stevens

SAL LEVINE

32 REGENT RD.
WARWICK, N.Y. 10990

32 Regent Rd
95-1-26

MS/TB

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) 12/11/13

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

New Application Renewal Alteration Corporate Change

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board WARWICK NEW YORK

Applicant/Licensee Information

4. License Serial Number, if not New Application: _____ Expiration Date, if not New Application: _____

5. Applicant or Licensee Name: THE GRANGE AT NEW MILFORD, LLC

6. Trade Name (if any): THE GRANGE

7. Street Address of Establishment: 1 RYERSON RD

8. City, Town or Village: WARWICK, NY Zip Code: 10990

9. Business Telephone Number of Applicant/Licensee: 845.986.1170

10. Business Fax Number of Applicant/Licensee: _____

11. Buisness E-mail of Applicant/Licensee: THEGRANGENEWMILFORD@GMAIL.COM

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.

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. 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)

14. Type of Establishment: ("X" all that apply)

Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows

Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility

Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel

Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast

Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)

None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

Sidewalk Cafe Other (specify): _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board

(Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on: FIRST

17. List the room number(s) the establishment is located in within the building, if appropriate: _____

18. Is the premises located with 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manger be physically present within the establishment during all hours of operation? Yes No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name: STJA, LLC

22. Building Owner's Street Address: 1 RYERSON RD

23. City, Town or Village: WARWICK State: NY Zip Code: 10990

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name: _____

26. Attorney's Street Address: _____

27. City, Town or Village: _____ State: _____ Zip Code: _____

28. Business Telephone Number of Attorney: _____

29. Business Email Address of Attorney: _____

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.

30. Printed Name: JAMES HAUREY Title: CHOP/OWNER

Signature: X 