VILLAGE OF WAPPINGERS FALLS

Offices of Planning/Zoning 2582 South Avenue Wappingers Falls, NY 12590 (845) 297-5277 Fax: (845) 296-0379

AGENDA OF THE PLANNING BOARD

December 1, 2022

The Planning Board of the Village of Wappingers Falls will hold a meeting at the American Legion Hall, 7 Spring Street, Wappingers Falls, on December 1, 2022, beginning at 7 p.m. There are two public hearings scheduled for this meeting.

The agenda is as follows:

ROLL CALL

APPROVAL OF NOVEMBER 10, 2022 MINUTES

CONTINUED PUBLIC HEARING

CENTER FOR PHYSICAL THERAPY

2 Delavergne Avenue, Grid #6158-10-268607 - Campilii-Snyder Fmly Farm LLC (Owner and Applicant) – Christian Paggi, PE (Engineer) - Site Plan.

This property is located in the Village Mixed (VM) zoning district. The applicant is proposing constructing an addition to the existing structure.

PUBLIC HEARING

KENNEDY FRIED CHICKEN

2667 E Main Street (Grid #6158-14-302265) - Greenacre Holdings LLC (Owner) – Joe Potocki, Rayex Design Group (Applicant) – Roy A. Fredriksen, Rayex Design Group (Architect) - Site Plan.

This property is located in the Village Commercial (VC) zoning district. The applicant is proposing operating a take-out restaurant. The applicant is also proposing one wall sign and one projecting sign.

CONTINUED APPLICATION

SARA'S MEDITERRANEAN GRILL

1572 Route 9 (Grid #6158-19-575182) – Imperial Improvements (Owner) – Murat Gunes (Applicant) – Michael Gillespie (Engineer) – Site Plan.

This property is located in the Commercial Mixed Use (CMU) zoning district. The applicant is proposing operating a restaurant. The applicant is also proposing one wall sign and one window sign.

NEW APPLICATIONS

M&T BANK

1572 Route 9 (Grid #6158-19-575182) – Imperial Improvements (Owner) – Vallesigns & Awnings Inc. (Applicant) – New Signs.

This property is located in the Commercial Mixed Use (CMU) zoning district. The applicant is proposing to change the face of one freestanding sign and two wall signs.

2674 W MAIN STREET

2674 W Main Street (Grid #6158-14-287307) – Orsi Property Holdings LLC (Owner and Applicant) – Architectural Review.

This property is located in the Village Commercial (VC) zoning district. The applicant is appearing before the board for architectural review.

LAWRENCE J. PAGGI, PE, PC

Consulting Engineering

43 Broad Street Fishkill, New York 12524 Phone 845 897 2375 Fax 845 897 2239

November 1, 2022

Tom Morris, Chairperson Village of Wappingers Falls 2582 South Avenue Wappingers Falls, NY 12590

Re: 2 Delavergne Avenue

Amended Site Plan Application

Tax Grid No.: 134601-6158-10-268607

Dear Chairman Morris and Members of the Board:

Please find enclosed seven (7) copies of the following information relative to the above referenced Site Plan Application:

- 1. Amended Site Plan, Sheet C100, dated 6/8/22, last revised 11/1/22
- 2. Stormwater Management Plan, Sheet C200, dated 8/16/22, last revised 11/1/22
- 3. Utility and Grading Plan, Sheet L300, dated 6/6/22, last revised 10/27/22
- 4. Planting Plan, Sheet L400, dated 6/6/22, last revised 10/27/22
- 5. Planting Plan with Plant Descriptions, Sheet L401, dated 6/6/22, last revised 10/27/22
- 6. Proposed Building Renderings, 8.5" x11"
- 7. Existing first floor plan, 8.5"x11"
- 8. Digital Copy (CD)

The above information has been revised to address comments received from the Board and its consultants at the July 7th Board Meeting. Responses to each of the comments received is provided below:

Village Engineer, JRFA – August 29, 2022 Comment Letter

1. <u>Comment:</u> Electric and natural gas lines may be affected by the new sunroom. Applicant to coordinate with the utilities to ensure if new infrastructure or movement of infrastructure is required, details, profiles and types of materials proposed are provided.

Response: Comment acknowledged. It is requested that this information be provided as a condition of approval.

2. <u>Comment:</u> The building should be revised to reflect a two-story frame building on sheets L-300 and L-400.

Response: The referenced plans have been corrected.

3. <u>Comment:</u> Soil testing to validate the stormwater design shall be witnessed by the Village Engineer during the building process.

Response: Comment acknowledged.

Comments 1-4 Acknowledged. No response required.

- 5. <u>Comment:</u> Landscaping
 - a. The proposed landscaping has been shown on the Planting Plan and the photosimulations. The Planning Board should discuss the potential for larger plantings to provide more screening on the north side of the proposed sunroom.

Response: A revised planting plan is provided with this submission.

b. A landscape maintenance note should be included on the plan stating, "The owner of record shall maintain all landscaping as shown on the Site Plan throughout the duration of the use."

Response: The requested note shall be added to the plan on subsequent submissions.

6. <u>Comment:</u> Existing Building Height. Sheets L-300 and L-400 should be revised to refer to a two-story frame building.

Response: The referenced plans have been corrected.

7. <u>Comment:</u> Planning Board Signature Block. The Planning Board signature block should be included on all Sheets of the Site Plan.

Response: The Owner Signature Block will be affixed to each plan sheet on the final plans.

Verbal Comments Received from Planning Board and Village Planner on September, 2022

• The grading plan has been revised to indicate existing and proposed grades in the vicinity of the proposed Pergola structure. The renderings have also been revised to reflect the proposed grading and landscaping revisions.

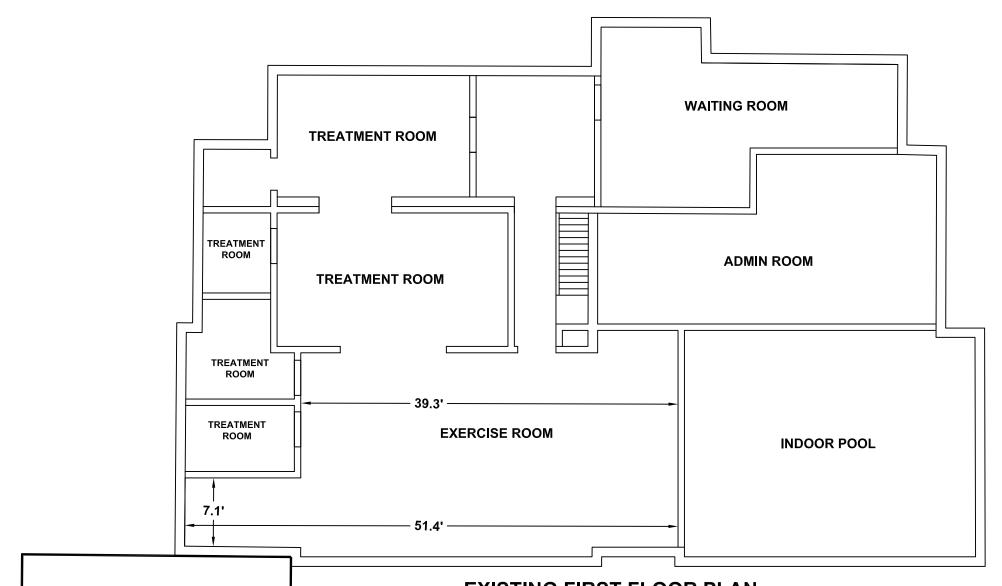
The Owner kindly requests to be placed on the October 4th Planning Board meeting agenda to review the above and enclosed information with the Board. Your continued consideration is greatly appreciated.

Sincerely,

Christian R. Paggi, PE Senior Engineer

Christian R. Paggi

Enclosures



PROPOSED 1 STORY PERGOLA 20'X28'

EXISTING FIRST FLOOR PLAN

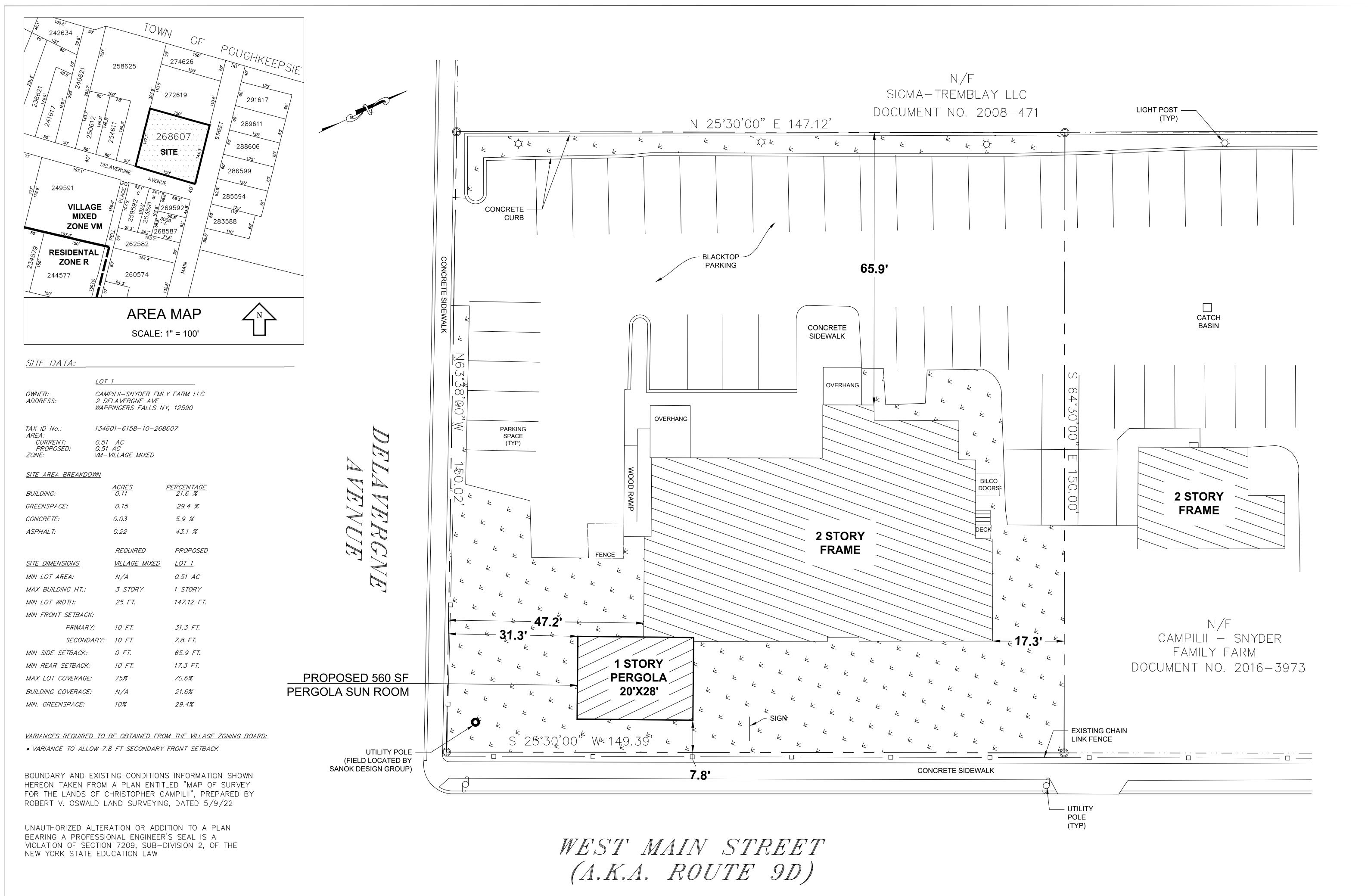
SCALE: 1" = 10'

FLOOR PLAN BASED ON FIELD MEASUREMENTS TAKEN 10/14/22 FOR ILLUSTRATIVE PURPOSES ONLY

CENTER FOR PHYSICAL THERAPY

2 DELAVERGNE AVE WAPPINGERS FALLS, NEW YORK

NOVEMBER 1, 2022



CAMPI

CAMPI

CAMPI

CAMPI

Source

The state of the stat

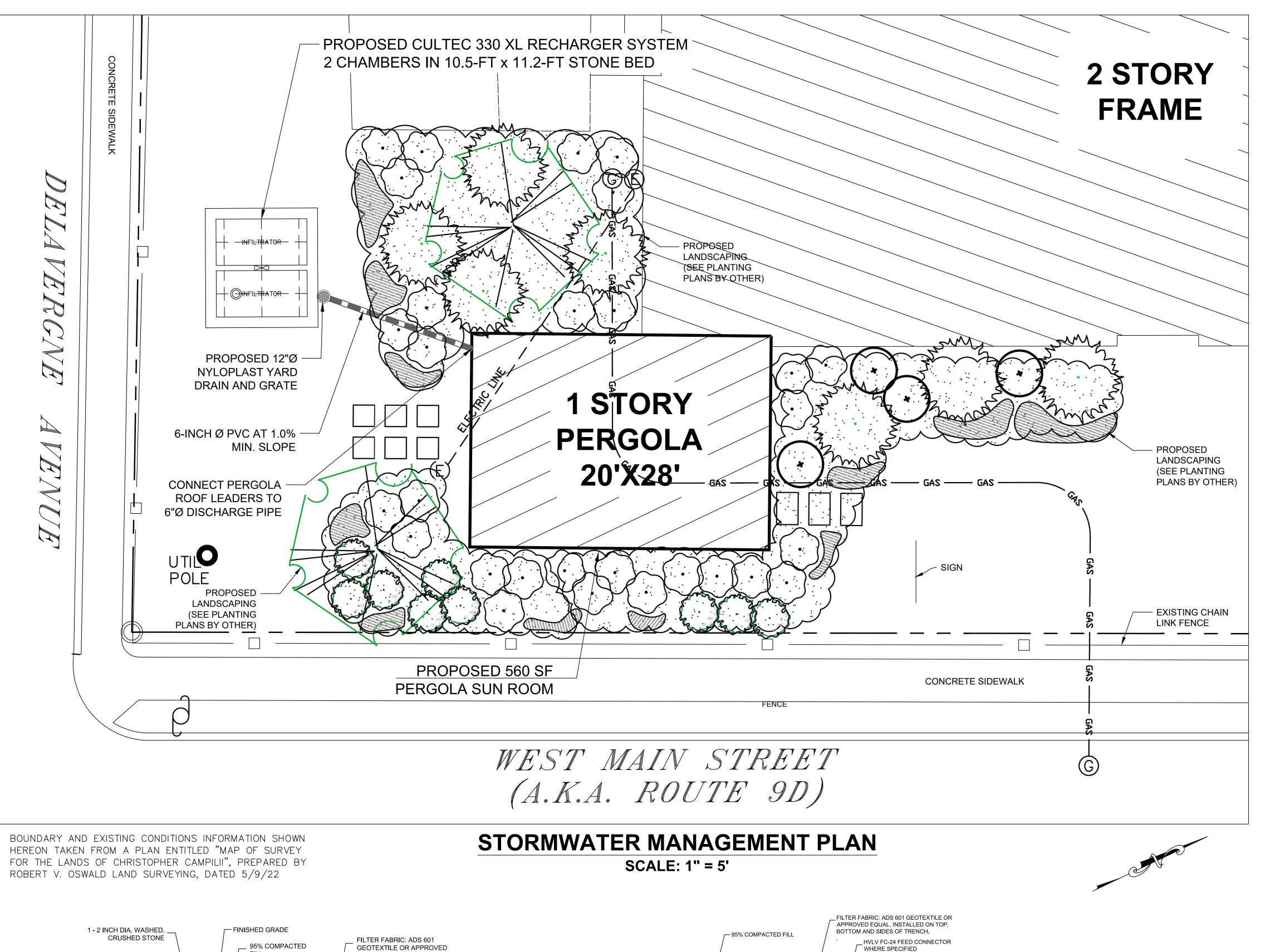
SHEET NUMBER:

LLC 2590

FARM ALLS, NY

YDER E, WAPPI

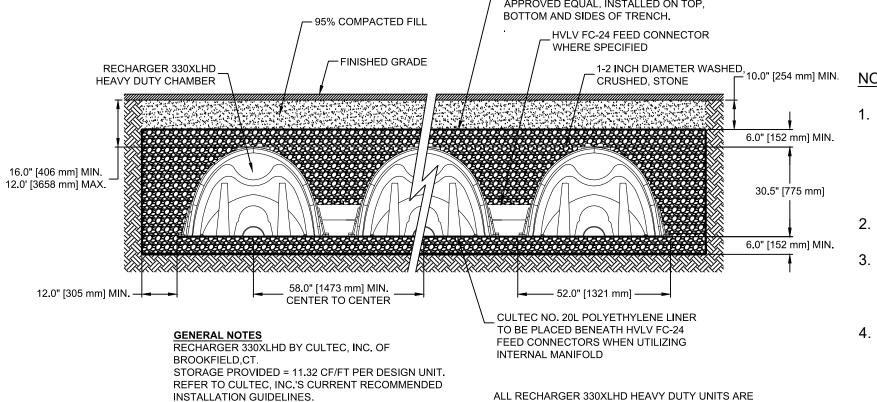
C100



CULTEC RECHARGER 330XLHD EQUAL. INSTALLED ON TOP, **HEAVY DUTY CHAMBER** BOTTOM AND SIDES OF TRENCH. FIELD TO ALLOW HVLV FC-24 FEED CONNECTOR AT END OF EACH ROW (QTY. 5) CULTEC NO. 20L POLYETHYLENE LINER TO SPAN THE ENTIRE WIDTH OF THE SYSTEM BELOW THE HVLV FC-24

FEED CONNECTORS AND SIDE PORTALS

INTERNAL MANIFOLD



TYPICAL SECTION

MARKED WITH A COLOR STRIPE FORMED INTO THE

PART ALONG THE LENGTH OF THE CHAMBER.

LOCAL, STATE AND FEDERAL REGULATIONS.

ALL RECHARGER 330XLHD CHAMBERS MUST BE

INSTALLED IN ACCORDANCE WITH ALL APPLICABLE

MAXIMUM ALLOWED COVER OVER TOP OF UNIT SHALL BE

CULTEC'S RECOMMENDED INSTALLATION INSTRUCTIONS

THÈ CHAMBER WILL BE DESIGNED TO WITHSTAND

TRAFFIC LOADS WHEN INSTALLED ACCORDING TO

CONTRACTOR SHALL REFER TO MANUFACTURER'S SPECIFICATIONS FOR DETAILED INSTALLATION INSTRUCTIONS. CONTRACTORS ARE EXPECTED TO COMPREHEND AND USE THE MOST CURRENT INSTALLATION INSTRUCTIONS PRIOR TO BEGINNING THIS SYSTEM INSTALLATION.

CONTRACTORS ARE RESPONSIBLE FOR VERIFYING ALL GRADES AND INVERTS INDICATED ON THESE PLANS. CONTRACTORS ARE TO SUBMIT SHOP DRAWINGS OF

ALL NEW DRAINAGE STRUCTURES, PIPING, AND STONE/BACKFILL MATERIAL TO THE DESIGN ENGINEER FOR REVIEW AND APPROVAL PRIOR TO INSTALLATION. 4. TRENCH/SIDE SLOPE STABILIZATION AND JOB SAFETY ARE THE RESPONSIBILITY OF THE CONTRACTOR. THE CONTRACTOR IS EXPECTED TO COMPLY WITH ALL

APPLICABLE STATE AND FEDERAL REGULATIONS.

GENERAL NOTES:

1. EXISTING KNOWN UTILITIES ON THE PROJECT SITE HAVE BEEN LOCATED/MARKED BY CENTRAL HUDSON GAS & ELECTRIC, CHARTER COMMUNICATIONS HUDSON VALLEY, NYSDOT POUGHKEEPSIE REGION 8, VERIZON HUDSON VALLEY AND THE VILLAGE OF WAPPINGERS FALLS. UTILITY INFORMATION SHOWN HEREON HAS NOT BEEN SURVEYED AND IS BASED ON FIELD MEASUREMENTS PERFORMED BY SANOK DESIGN GROUP.

2. CONTRACTOR SHALL VERIFY LOCATION, BURIAL DEPTH AND SIZE/MATERIAL OF ALL EXISTING UTILITIES WITHIN THE WORK AREA PRIOR TO COMMENCING WORK.

STORMWATER DESIGN NOTES:

1. INCREASES IN IMPERVIOUS AREA (560-SF PERGOLA) ARE PROPOSED TO BE MITIGATED VIA SUBSURFACE INFILTRATION.

2. SOIL PERCOLATION RATES SHALL BE VERIFIED PRIOR TO INSTALLATION VIA PERFORMANCE OF INFILTRATION TESTS IN THE AREA OF THE PROPOSED SUBSURFACE SYSTEM IN CONFORMANCE WITH 2015 NYSDEC STORMWATER DESIGN MANUAL.

3. DESIGN PARAMETERS:

3.1. EXISTING SOIL TYPES (DUTCHESS COUNTY, NEW YORK SOIL SURVEY):

KrA - KNICKERBOCKER FINE SANDY LOAM (HSG A; 1.98 TO 5.95 IN/HR) KuA - KNICKERBOCKER-URBAN LAND COMPLEX (HSG A; 1.98 TO 5.95 IN/HR)

*DESIGN ASSUMES 1.0 IN/HR INFILTRATION RATE, TO BE VERIFIED WITH IN SITU T

3.2. MITIGATION OF 100-YR DESIGN STORM

NORTHEAST REGIONAL CLIMATE CENTER DATA FOR EXTREME PRECIPITATION INDICATES AN ESTIMATED 24-HR 100-YR DESIGN STORM OF 8.18 IN/HR

4. SYSTEM DESIGN:

4.1. TWO (2) CULTEC 330 XL RECHARGES IN 10.5-FT BY 11.2-FT STONE TRENCH RESÙLTS IN 100% MITIGATION OF 100-YR DESIGN STORM BASED ON ASSUMED 1.0 IN/HR INFILTRATION RATE (SEE CALCULATIONS BELOW).

4.2. ROOF RUNOFF FROM NEW PERGOLA STRUCTURE TO BE DIRECTED TO SUBSURFACE CULTEC SYSTEM.

2DelavergneAve 24-hr S1 100-yr 100-yr Rainfall=8.18" 2DelavergneAve_HydroCAD Prepared by {enter your company name here} HydroCAD® 10.00 s/n 07219 © 2011 HydroCAD Software Solutions LLC

Summary for Subcatchment 1S: 560-SF PERGOLA

[49] Hint: Tc<2dt may require smaller dt

Discarded =

4.00

Runoff = 0.12 cfs @ 11.97 hrs, Volume= 371 cf, Depth> 7.94"

Runoff by SCS TR-20 method, UH=SCS, Time Span= 0.00-24.00 hrs, dt= 0.05 hrs 2DelavergneAve 24-hr S1 100-yr 100-yr Rainfall=8.18"

Area (sf) CN Description 560 98 PERGOLA 100.00% Impervious Area Tc Length Slope Velocity Capacity Description (min) (feet) (ft/ft) (ft/sec) (cfs)

2DelavergneAve_HydroCAD 2DelavergneAve 24-hr S1 100-yr 100-yr Rainfall=8.18" Prepared by {enter your company name here} HydroCAD® 10.00 s/n 07219 © 2011 HydroCAD Software Solutions LLC

Summary for Pond 2P: CULTEC 330

231 cf

Effective Size= 47.8"W x 30.0"H => 7.45 sf x 7.00'L = 52.2 cf

Overall Size= 52.0"W x 30.5"H x 8.50'L with 1.50' Overlap

Row Length Adjustment= +1.50' x 7.45 sf x 2 rows

439

560 sf,100.00% Impervious, Inflow Depth > 7.94" for 100-yr event Inflow Area = Inflow 0.12 cfs @ 11.97 hrs, Volume= Outflow = 0.00 cfs @ 14.96 hrs, Volume= 231 cf, Atten= 97%, Lag= 179.9 min

75 cf Cultec R-330XL Inside #2

Routing by Stor-Ind method, Time Span= 0.00-24.00 hrs, dt= 0.05 hrs Peak Elev= 3.02' @ 14.96 hrs Surf.Area= 117 sf Storage= 186 cf

0.00 cfs @ 14.96 hrs, Volume=

Plug-Flow detention time= 246.1 min calculated for 231 cf (62% of inflow) Center-of-Mass det. time= 119.2 min (855.5 - 736.3) Invert Avail.Storage Storage Description

2	0.00'	146 cf		Custom Stage Data (Prismatic)Listed below (Recalc) 439 cf Overall - 75 cf Embedded = 364 cf x 40.0% Voids				
		220 cf	Total Av	vailable Storage				
vation (feet)	Surf.Area (sq-ft)		:.Store c-feet)	Cum.Store (cubic-feet)				
0.00	117		0	0				
0.50	117		59	59				
1.00	117		59	117				
1.50	117		59	176				
2.00	117		59	234				
2.50	117		59	293				
3.00	117		59	351				
3.50	117		59	410				

0.00' 1.000 in/hr Exfiltration over Surface area #1 Discarded Conductivity to Groundwater Elevation = -10.00'

Discarded OutFlow Max=0.00 cfs @ 14.96 hrs HW=3.02' (Free Discharge) 1=Exfiltration (Controls 0.00 cfs)

> UNAUTHORIZED ALTERATION OR ADDITION TO A PLAN BEARING A PROFESSIONAL ENGINEER'S SEAL IS A VIOLATION OF SECTION 7209, SUB-DIVISION 2, OF THE NEW YORK STATE EDUCATION LAW

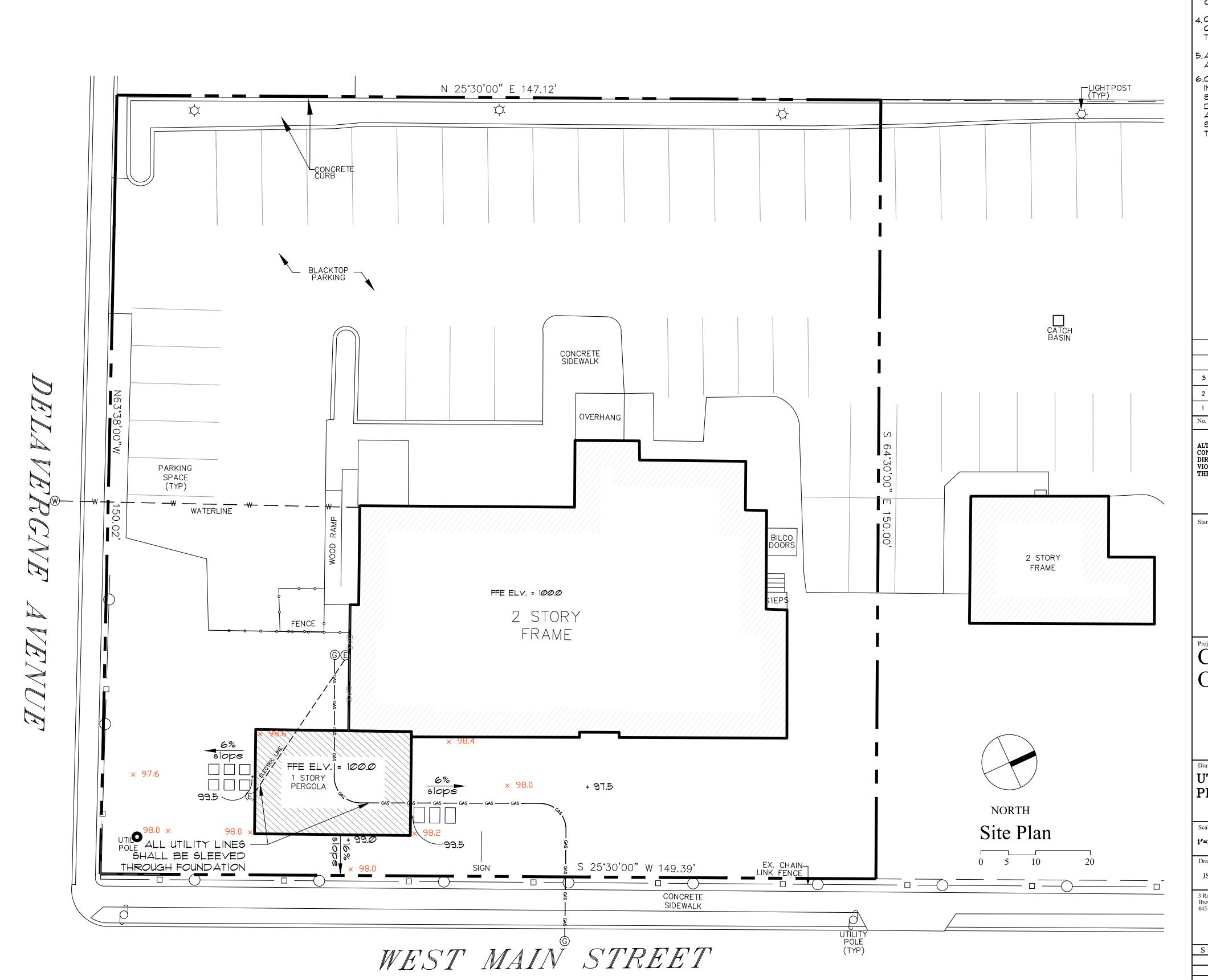
LLC 2590 RM S S ML. ERS DER MP ELAV

IOB NUMBER:

SHEET NUMBER:

AUGUST 16, 2022

AS NOTED



LEGEND:

— w — w —

— Е — Е —

 \times 99.8 EXISTING SPOT GRADE

— GAS — GAS — UTILITY LINES

+ 100.0 PROPOSED SPOT GRADE

- ALL GRADES ARE IN REFERENCE TO FINISHED FLOOR ELEVATION OF 100.0'
- 2. ALL GRADES SHOULD BE FIELD VERIFIED PRIOR TO PURCHASING OR INSTALLING ANY MATERIALS.
- 3. ALL BASE SURVEY INFORMATION IS COMPLIMENTARY. THE CONTRACTOR IS RESPONSIBLE FOR VERIFY ALL INFORMATION PRIOR TO EXECUTION OF ANY WORK. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE OWNER BEFORE ANY ACTION TAKEN.
- 4. CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS PRIOR TO BEGINNING CONSTRUCTION.
- 5.ALL PIPE CONNECTIONS SHALL BE IN A 'Y' CONFIGURATION.
- 6.CONTRACTOR SHALL EXCAYATE TO AREAS INDICATED TO EXPOSE BEDROCK AND SCULPT ROCK AND AREAS UNDER THE DIRECTION OF THE LANDSCAPE ARCHITECT. ALL WALL INSTALLATIONS SHALL BE UNDER THE DIRECTION OF THE STRUCTURAL ENGINEER.

3	10-27-22	RE-199UED FOR REVIEW
2	Ø8-15-22	RE-ISSUED FOR REVIEW
1	<i>0</i> 6- <i>0</i> 6-22	ISSUED FOR REVIEW

ALTERATIONS BY ANY PERSON IN ANY WAY, OR ANY ITEM CONTAINED ON THIS DOCUMENT, UNLESS ACTING UNDER DIRECTION OF THE LICENSED SEAL AFFIXED HERETO, IS A VIOLATION OF TITLE VIII ARTICLE 145 SECTION 7209.2 OF THE NEW YORK STATE EDUCATION LAW.



Project Title CAMPILII OFFICE

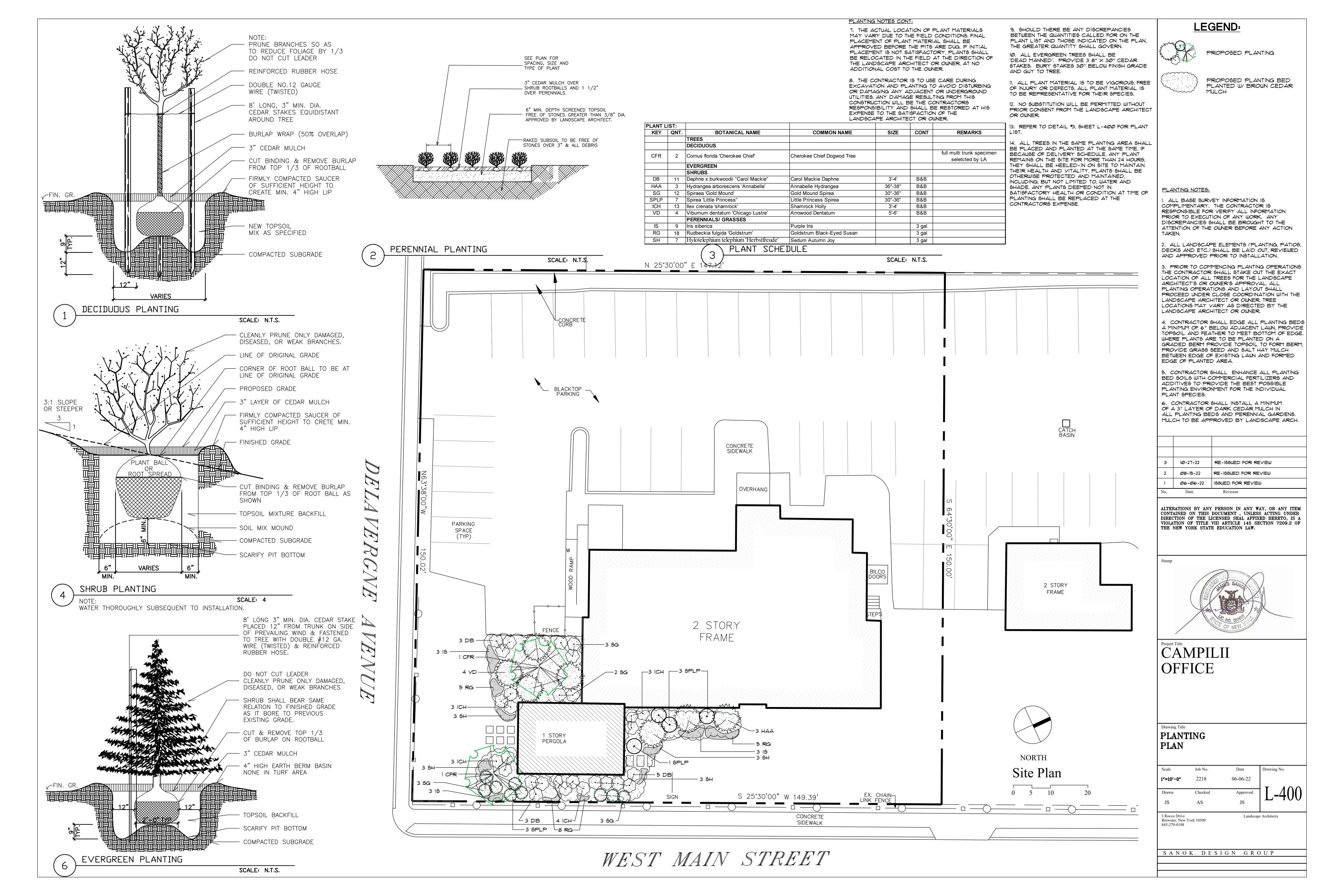
UTILITY AND GRADING PLAN

Scale	Job No. Date		Drawing No.
1"=10'-0"	2218	06-06-22	
Drawn	Checked	Approved	1130
JS	AS	JS	

3 Rocco Drive Brewster, New York 10509 845-279-0198

Landscape Architects

SANOK DESIGN GROUP





CORNUS FLORIDA 'CHEROKEE CHIEF CHEROKEE CHIEF DOGWOOD TREE EARLY SPRING BLOOM LATE SUMMER RED FRUIT FALL CRIMSON COLOR



DAPHNE x BURKWOODII 'CAROL MACKIE' CAROL MACKIE DAPHNE SEMI EVERGREEN

SPRING AND FALL FLOWER

FALL GRIMSON COLOR



IRIS SIBIRICA 'CAESAR'S BROTHER' CAESAR'S IRIS SPRING PURPLE FLOWERING PERENNIAL



RUDBECKIA FULGIDA VAR. SULLIVANTII 'GOLDSTURM' GOLDSTURM BLACK-EYED SUSAN SUMMER GOLDEN YELLOW FLOWERING PERENNIAL

SATISFACTORY HEALTH OR CONDITION AT TIME OF PLANTING SHALL BE REPLACED AT THE CONTRACTORS EXPENSE.





PLANTING NOTES CONT:

AND GUY TO TREE.

OR OWNER.

9. SHOULD THERE BE ANY DISCREPANCIES BETWEEN THE QUANTITIES CALLED FOR ON THE PLANT LIST AND THOSE INDICATED ON THE PLAN,

'DEAD MANNED'. PROVIDE 3 8" \times 30" CEDAR STAKES. BURY STAKES 30" BELOW FINISH GRADE

11. ALL PLANT MATERIAL IS TO BE VIGOROUS, FREE

OF INJURY OR DEFECTS. ALL PLANT MATERIAL IS TO BE REPRESENTATIVE FOR THEIR SPECIES.

12. NO SUBSTITUTION WILL BE PERMITTED WITHOUT PRIOR CONSENT FROM THE LANDSCAPE ARCHITECT

13. REFER TO DETAIL #3, SHEET L-400 FOR PLANT

14. ALL TREES IN THE SAME PLANTING AREA SHALL BE PLACED AND PLANTED AT THE SAME TIME. IF BECAUSE OF DELIVERY SCHEDULE, ANY PLANT

REMAINS ON THE SITE FOR MORE THAN 24 HOURS,

THEY SHALL BE HEELED-IN ON SITE TO MAINTAIN

THEIR HEALTH AND VITALITY, PLANTS SHALL BE

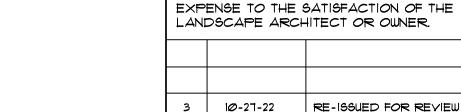
OTHERWISE PROTECTED AND MAINTAINED,

SHADE. ANY PLANTS DEEMED NOT IN

INCLUDING, BUT NOT LIMITED TO, WATER AND

THE GREATER QUANTITY SHALL GOVERN.

10. ALL EVERGREEN TREES SHALL BE



3	10-27-22	RE-166UED FOR REVIEW
2	Ø8-15-22	RE-ISSUED FOR REVIEW
1	<i>0</i> 6- <i>0</i> 6-22	ISSUED FOR REVIEW
No	Date	Revision

LEGEND:

1. ALL BASE SURVEY INFORMATION IS COMPLIMENTARY. THE CONTRACTOR IS

RESPONSIBLE FOR VERIFY ALL INFORMATION

. ALL LANDSCAPE ELEMENTS (PLANTING, PATIOS,

. PRIOR TO COMMENCING PLANTING OPERATIONS

THE CONTRACTOR SHALL STAKE OUT THE EXACT

PROCEED UNDER CLOSE COORDINATION WITH THE

CONTRACTOR SHALL EDGE ALL PLANTING BEDS

A MINIMUM OF 6" BELOW ADJACENT LAWN, PROVIDE

TOPSOIL AND FEATHER TO MEET BOTTOM OF EDGE.

GRADED BERM PROVIDE TOPSOIL TO FORM BERM PROVIDE GRASS SEED AND SALT HAY MULCH

. CONTRACTOR SHALL ENHANCE ALL PLANTING

BED SOILS WITH COMMERCIAL FERTILIZERS AND

ADDITIVES TO PROVIDE THE BEST POSSIBLE PLANTING ENVIRONMENT FOR THE INDIVIDUAL

6. CONTRACTOR SHALL INSTALL A MINIMUM

MULCH TO BE APPROVED BY LANDSCAPE ARCH.

THE ACTUAL LOCATION OF PLANT MATERIALS

MAY VARY DUE TO THE FIELD CONDITIONS. FINAL

APPROVED BEFORE THE PITS ARE DUG. IF INITIAL

THE LANDSCAPE ARCHITECT OR OWNER, AT NO

3. THE CONTRACTOR IS TO USE CARE DURING

CONSTRUCTION WILL BE THE CONTRACTORS

ADDITIONAL COST TO THE OWNER.

PLACEMENT IS NOT SATISFACTORY, PLANTS SHALL

BE RELOCATED IN THE FIELD AT THE DIRECTION OF

EXCAYATION AND PLANTING TO AVOID DISTURBING

RESPONSIBILITY AND SHALL BE RESTORED AT HIS

OR DAMAGING ANY ADJACENT OR UNDERGROUND UTILITIES. ANY DAMAGE RESULTING FROM THIS

PLACEMENT OF PLANT MATERIAL SHALL BE

OF A 3" LAYER OF DARK CEDAR MULCH IN ALL PLANTING BEDS AND PERENNIAL GARDENS.

BETWEEN EDGE OF EXISTING LAWN AND FORMED

LOCATION OF ALL TREES FOR THE LANDSCAPE

ARCHITECT'S OR OWNER'S APPROVAL. ALL

PLANTING OPERATIONS AND LAYOUT SHALL

LANDSCAPE ARCHITECT OR OWNER. TREE

WHERE PLANTS ARE TO BE PLANTED ON A

ANDSCAPE ARCHITECT OR OWNER.

EDGE OF PLANTED AREA.

PLANT SPECIES.

LOCATIONS MAY VARY AS DIRECTED BY THE

DECKS AND ETC.) SHALL BE LAID OUT, REVIEWED

PRIOR TO EXECUTION OF ANY WORK. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE OWNER BEFORE ANY ACTION

AND APPROVED PRIOR TO INSTALLATION.

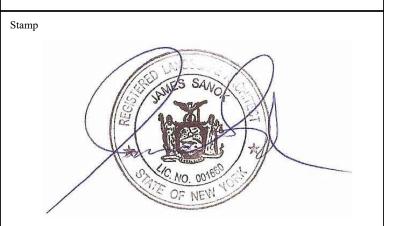
PLANTING NOTES:

PROPOSED PLANTING

PROPOSED PLANTING BED

PLANTED W/ BROWN CEDAR

VIOLATION OF TITLE VIII ARTICLE 145 SECTION 7209.2 O THE NEW YORK STATE EDUCATION LAW.



CAMPILII **OFFICE**

PLANTING PLAN WITH PLANT DESCIPTION

Scale	Job No.	Date	Drawing No.
1"=10'-0"	2218	06-06-22	
Drawn	Checked	Approved	L <u>-401</u>
JS	AS	JS	

Landscape Architects

3 Rocco Drive Brewster, New York 10509

SANOK DESIGN GROUP



HYDRANGEA ARBORESCENS 'ANNABELLE' ANNABELLE HYDRANGEA ULY TO SEPTEMBER BLOOM FALL TO WINTER FLOWER HEADS DRY AND PROVIDES A STALKY WINTER TEXTURE



SPIREA 'LITTLE PRINCESS' LITTLE PRINCESS SPIREA GREEN LEAVES SUMMER SHOWY PINK FLOWER BLOOM FALL LEAF CHANGE TO CRIMSON RED WINTER STALKY TEXTURE



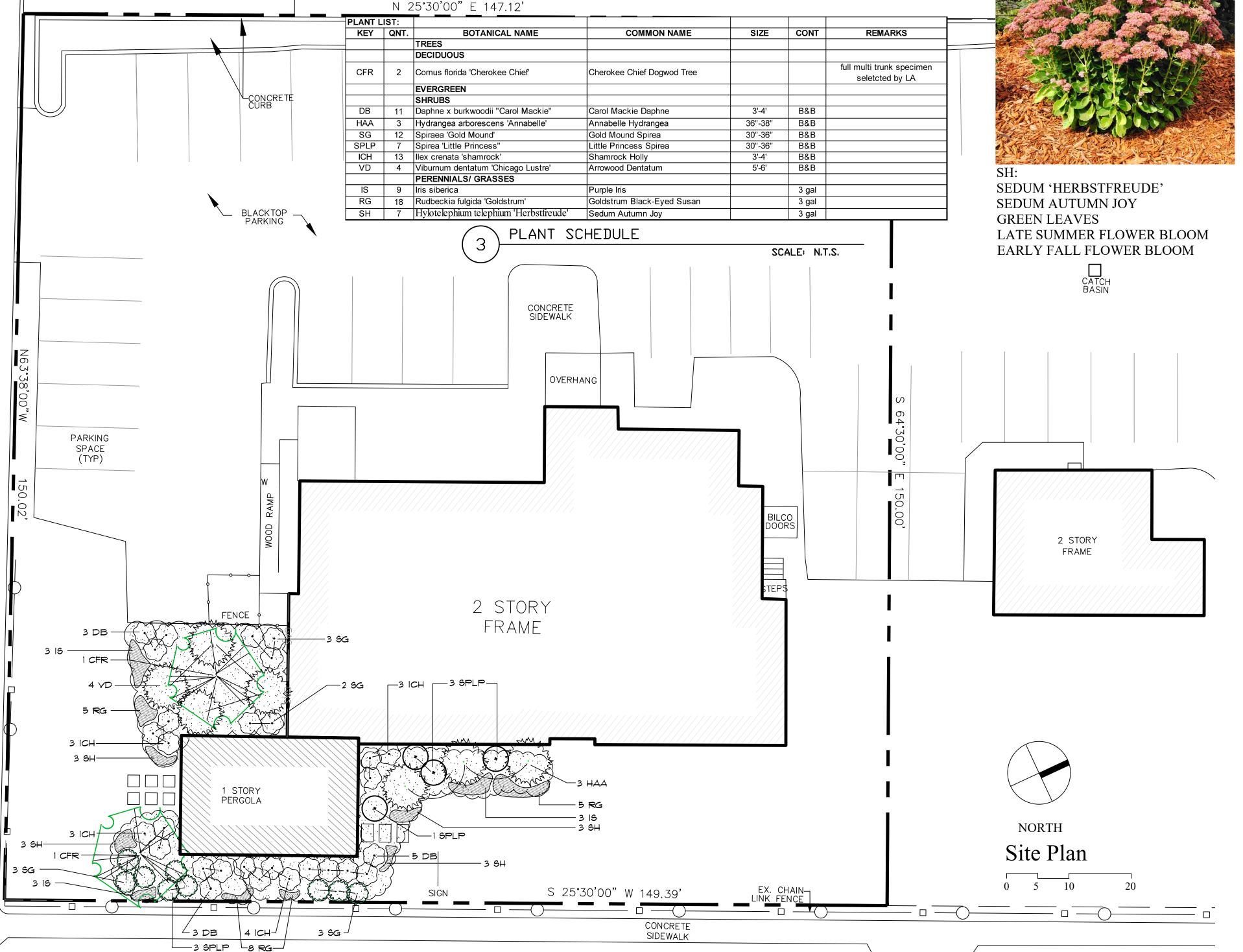
SPIREA 'GOLD MOUND' GOLD MOUND SPIREA

WINTER STALKY TEXTURE

MAY TO JUNE PINK FLOWERED BLOOM

FALL LEAF CHANGE TO DARKER GREEN

VIBURNUM DENTATUM 'CHICAGO LUSTRE' ARROWWOOD DENTATUM DARK GREEN LEAVES CRAEMY WHITE FLOWERS IN SPRING FOLLOWED BY MASSES OF ROYAL BLUISH-BLACK BERRIES RED LUSTROUS LEAVES TURN A GOOD FALL COLOR















GENERAL NOTES

- 1- THESE PLANS ARE PREPARED IN ACCORDANCE WITH THE EXISTING BUILDING CODE OF NEW YORK STATE.
- 2- THE CONTRACTOR SHALL PROVIDE ALL LABOR, MATERIALS AND EQUIPMENT REQUIRED TO COMPLETE ALL WORK, ETC., AS SHOWN ON THE DRAWINGS NECESSARY FOR A COMPLETE JOB, UNLESS OTHERWISE SPECIFIED. ALL MATERIAL AND WORKMANSHIP SHALL BE OF BEST QUALITY.
- ALL WRITTEN FIGURES (NOTES AND DIMENSIONS) ON THE FLOOR PLANS OR SPECIFICATIONS SHALL TAKE PRECEDENCE OVER ANY DRAWN FIGURES (ELEVATIONS). DO NOT SCALE PRINTS. ALL DIMENSIONS MUST BE VERIFIED BY THE CONTRACTOR BEFORE START OF CONSTRUCTION. ANY DISCREPANCIES ON THE PLANS OR SPECIFICATIONS MUST BE REPORTED TO THE OWNER OR THE DESIGNER PRIOR TO THE START OF CONSTRUCTION. ALL WORK AND MATERIALS MUST CONFORM TO ALL LOCAL AND THE RESIDENTIAL CODE OF N.Y.S., NATIONAL BOARD OF FIRE UNDERWRITERS, ENERGY CONSERVATION CODE OF NEW YORK STATE AND REQUIREMENTS OF THE BOARD OF HEALTH.
- 4- SITE CONDITIONS: THE GENERAL CONTRACTOR SHALL VERIFY ALL CONDITIONS BEFORE SUBMITTING HIS PROPOSAL. NO ALLOWANCE FOR EXTRA CHARGES WILL BE PERMITTED BECAUSE OF LACK ON KNOWLEDGE OF THE CONDITIONS PECULIAR THERETO EXCEPT AS OTHERWISE SPECIFIED ELSEWHERE IN THE CONTRACT DOCUMENTS. THE CONTRACTOR SHALL VERIFY ALL LINES, LEVELS AND DIMENSIONS SHOWN ON THE DRAWINGS AND WILL BE HELD RESPONSIBLE FOR THE CORRECTNESS AND SETTING OUT OF HIS WORK.
- SUBCONTRACTORS: THESE CONDITIONS ARE BINDING ON THE GENERAL CONTRACTOR AND EACH SUBCONTRACTOR INSOFAR AS THEY APPLY TO THE WORK OF EITHER.
- 6- INSURANCE: THE GENERAL CONTRACTOR SHALL PROTECT THE JOB FROM CLAIMS UNDER WORKMAN'S COMPENSATION AND PUBLIC LIABILITY ACTS AND FROM ANY CLAIMS FOR PERSONAL INJURY, INCLUDING DEATH, WHICH MAY ARISE UNDER THIS CONTRACT, WHETHER BY HIMSELF BY ANY SUB-CONTRACTOR OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY HIM. CERTIFICATES OF INSURANCE SHALL BE FILED WITH THE OWNER BEFORE STARTING JOB AND SHALL BE SUBJECT TO OWNER'S APPROVAL
- CONTRACTOR AND/OR ANY SUB-CONTRACTOR ARE TO PERFORM ALL WORKS AS SHOWN, IMPLIED OR THAT IS REQUIRED TO PROVIDE A COMPLETE AND FINISHED KEY-IN LOCK JOB EVEN IF EACH AND EVERY SPECIFIC ITEM IS NOT SPECIFICALLY CALLED FOR.
- 8- WHILE EVERY ATTEMPT HAS BEEN MADE IN PREPARATION OF THESE PLANS TO AVOID MISTAKES, THE REPAIRER CANNOT GUARANTEE AGAINST HUMAN ERROR. THE CONTRACTOR ON THE JOB MUST CHECK AND CONFIRM ALL DETENTIONS AND DETAILS AND BE RESPONSIBLE FOR SAME.
- SITE PREPARATIONS AND LANDSCAPING
- 1- CLEARING OF TREES IF ANY SHALL BE AS PER CONTRACT DIRECTION OR AS MINIMUM AS POSSIBLE TO ACCOMMODATE NEW GARAGE AND DRIVEWAY. 2- TOP SOIL IN CLEARED AREA TO BE REMOVED AND STORED FOR REUSE.
- 3- PROTECT ANY EXISTING LANDSCAPING OR TREES AGAINST DAMAGE. 4- GRADING, CUTTING AND FILLING SHALL BE AS MINIMUM AS POSSIBLE TO TRANSFORM EXISTING GRADES TO GRADES SHOWN ON DRAWINGS OR AS
- REQUIRED FOR ALL WORK. 5- CERTIFY THAT ALL PROPER SETBACKS HAVE BEEN MET AFTER FOOTINGS HAVE BEEN FORMED AND PRIOR TO CONCRETE BEING POURED.
- **EXCAVATION** 1- EXCAVATE AS REQUIRED TO ALLOW FOR THE CONSTRUCTION OF RETAINING WALL AS SHOW ON PLANS.
- 2- EXCAVATE ALL EARTH, BOULDERS, LOOSE AND SOFT ROCK TO THE LINES AND DEPTHS INDICATED ON THE DRAWINGS. ALL FOOTINGS TO BEAR ON SOLID, UNDISTURBED EARTH. EXCAVATE FOR ALL UTILITIES AS REQUIRED.
- 3- FINISH GRADING SHALL BE ESTABLISHED TO PROVIDE SURFACE DRAINAGE IN ALL DIRECTIONS AWAY FROM THE HOUSE AND EXCAVATED AREAS.

EXTERIOR FINISH 1- FASCIA, TRIM AND EXTERIOR AS SHOWN ON ELEVATIONS.

ELECTRICAL

2667 E Main St

1- ALL ELECTRICAL WORK TO BE IN ACCORDANCE WITH THE 2017 EDITION OF THE NATIONAL ELECTRICAL CODE.

ZONING CALCULATIONS					
ADDRESS: 2667 E. MAIN. ST. WAPPINGE TAXMAP #: 135601-6158-14-302265 ZONING DISTRICT: VC VILLAGE COMME USE: RESTAURANT	•				
BULK REGULATIONS	REQUIRED	PROVIDED			
LOT AREA		2,867.5 S.F.			
MIN. LOT WIDTH @ BLDG LINE	20'	30.98'			
SETBACKS					
FRONT (PRIMARY)	2' MIN. / 12' MAX.	.5' (EXISTING)			
FRONT (SECONDARY)	2' MIN. / 12' MAX.	.5' (EXISTING)			
SIDE YARD:	0' MIN. / 24' MAX.	.5' (EXISTING)			
REAR (AT RESIDENTIAL ZONE)	3' MIN.	62' (EXISTING)			
MAX. LOT COVERAGE	2,867.5 S.F.	2,475 S.F.			
BLDG HEIGHT / STORIES	65' / 5 STORIES MAX.	16.5' / 1 STORY (EXISTING)			
PARKING	RESTAURANT (TAKEOUT) NONE REQUIRED	5 SPACES			

DISTURBED **UNDISTURBED** (3) BACKFILL SLOT TO SEAL **BOTTOM OF** PRE — **STAKED** SILT **FENCE EXISTING GRADE** (1) CUT 4"-6" SLOT FOLLOWING 2 SILT FENCE SHALL BE CONTOUR OF LAND SET WITH BOTTOM OF \perp **FABRIC BELOW** NOTE: SILT FENCE SHALL BE LOCATED GRADE, STAKES NO MORE THAN 5" BEYOND AREA TO BE DRIVEN 12"-14" INTO DISTURBED DURING CONSTRUCTION UNDISTURBED EARTH AND SHALL BE IN PLACE PRIOR TO THE START OF SAID CONSTRUCTION

SILT FENCE DETAIL

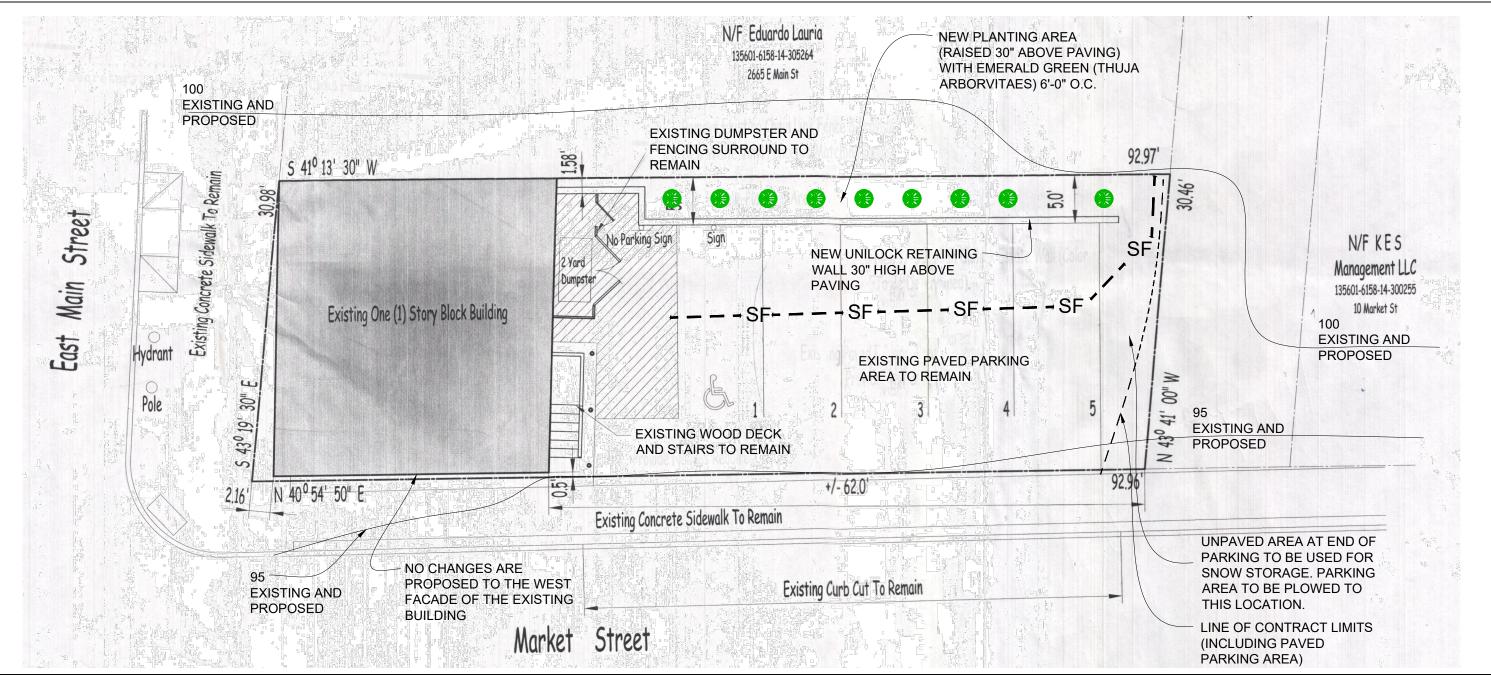
Map data ©2022 100 ft **■**

IMPERVIOUS FILL 12" DEEP CAP UNIT ADHERES TO TOP UNIT W/VERSA-LOK CONCRETE ADHESIVE Geogrid Length: 4'-0" MOSAIC PANEL HEIGHT -12" THICK MIN. DRAINAGE AGGREGATE VERSA-LOK MOSAIC CONCRETE Geogrid Length: 4'-0" UNITS FACING UNITS 4" DIA. (MIN.) DRAIN PIPE OUTLET @ END OF WALL OR @ 40' CENTER MAX. SLOPE TO DRAIN (1/8"/FT.) VERSA-LOK STANDARD UNIT (BASE COURSE) IMPERVIOUS FILL - GRANULAR LEVELING

PLANTER RETAINING WALL DETAIL

NOT TO SCALE

NOT TO SCALE



SITE PLAN

SCALE 1" = 10'

NOTES:

- 1. IT IS A VIOLATION OF ARTICLE 145 OF THE NEW YORK STATE EDUCATION LAW FOR ANY PERSON TO ALTER THIS DOCUMENT IN ANY WAY WITHOUT THE WRITTEN VERIFICATION OR ADOPTION BY A N.Y.S. LICENSED ENGINEER IN ACCORDANCE WITH SECTION 7209(2).
- 2. A GREASE TRAP WAIVER AND APPROVAL FOR AN INTERNAL GREASE INTERCEPTOR WAS APPROVED BY THE PLANNING BOARD ON MARCH 11, 2020.

SECOND PART OF POST NOTE BELOW **FENCE ON SLOPE** GENERAL NOTES 1' - 0" MIN. (DEEPER FOR UNSTABLE SOIL) 707-08.11 HIGH VISIBILITY CONSTRUCTION FENCE, L.F. PAYMENT SHALL INCLUDE ALL MATERIALS AND LABOR NECESSARY FOR CONSTRUCTION MAINTENANCE, AND REMOVAL OF HIGH VISIBILITY FENCE. ORANGE SAFETY CAPS FOR METAL POSTS SHALL BE REQUIRED TO MEET OSHA REGULATIONS 1926.701. ALL COST OF THE CAPS TO BE INCLUDED IN THE COST OF TH EROSION CONTROL PLAN LEGEND: * HVF * HVF * HIGH VISIBILITY FENCE

CONSTRUCTION FENCE DETAIL NOT TO SCALE

CONSTRUCTION SEQUENCE:

1) PREPARE SITE WITH MEASURES TO PROTECT PEDESTRIAN

- 2) REMOVE EXISTING STUCCO FINISH AND PREPARE SUBSURFACE TO RECEIVE NEW WALL FINISH.
- 3) INSTALL NEW STONE APRON 4) INSTALL NEW HARDIE BOARD SIDING AND TRIM. 5)INSTALL NEW SIGNS AND LIGHT FIXTURES
- 6) PREPARE AREA AND INSTALL SILT AND CONSTRUCTION
- 7) EXCAVATE FOR RETAINING WALL AND HAVE IT INSPECTED. 8) CALL FOR FOOTING INSPECTION IF REQUIRED. 9) INSTALL UNILOCK RETAINING WALL AND BACKFILL. 10) INSTALL TOP SOIL, MULCH, AND PLANT VEGETATION 11) CALL FOR FINAL INSPECTION.

I/WE, THE LESSEE, UNDERSTAND I/WE MUST CONFORM EXACTLY TO THESE PLANS AS SIGNED BY THE PLANNING BOARD.

ANY AND ALL CHANGES REQUIRE A FORMAL AMENDMENT BY ME/US TO THE PLANNING BOARD

SIGNATURE DATE

SIGNATURE DATE

PLANNING CONSTRUCTION

ROY A. FREDRIKSEN, PE DESIGN.PLANNING.CONSULTING ENGINEERING 266 SHEAR HILL RD. • MAHOPAC, NY 10541 • 845-621-4000

JOB#

DRN BY:

CHKD BY:

135601-

RAYEXDESIGN@GMAIL.COM

MICHAEL TREYBICH TARIQ MAHMOOD KENNEDY FRIED CHICKEN

PROJECT: FACADE RENOVATION AND NEW

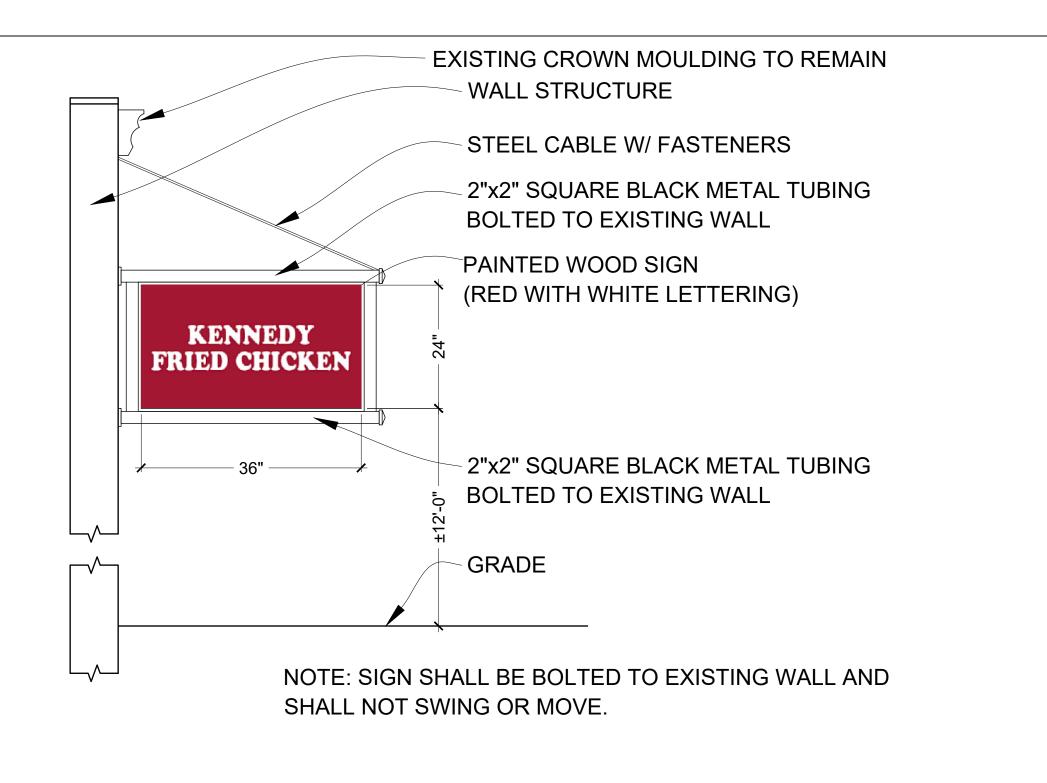
TAX MAP #: PLANTER WALL AT 2667 E. MAIN ST. IN 6158-14-WAPPINGERS FALLS, NY. 302265

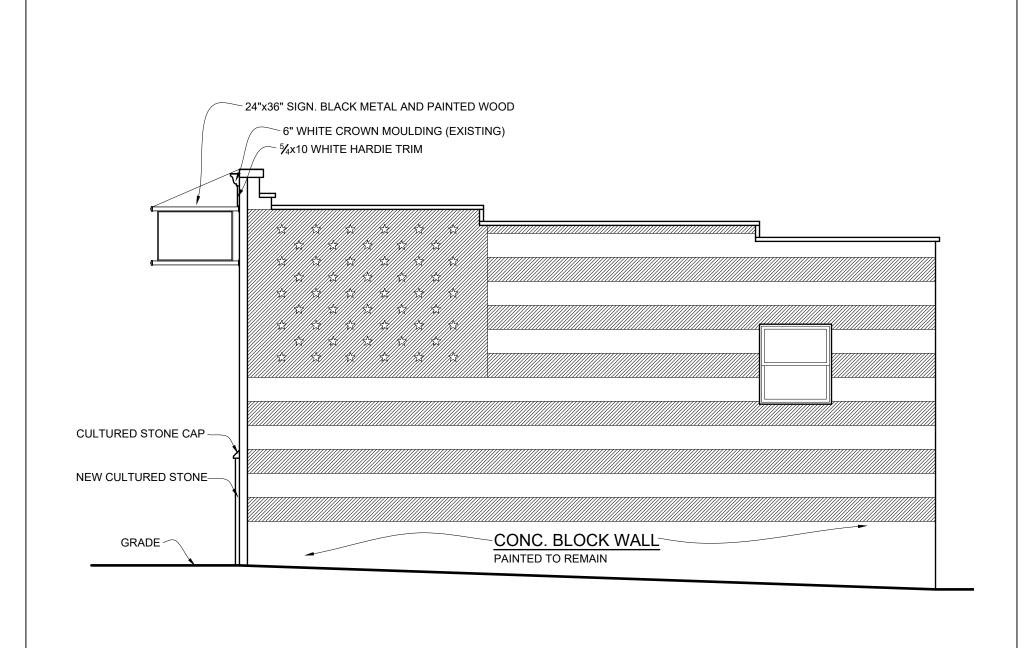
SHEET TITLE: PLOT PLAN & **ELEVATION**

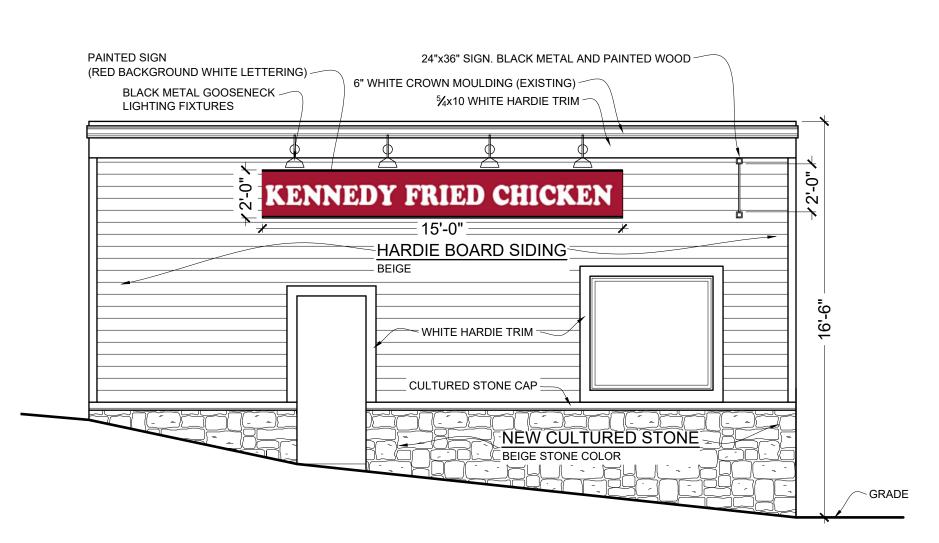
11/14/2022 8/23/2022

REVISIONS: DATE: 7/29/2022

LOCATION MAP







HANGING SIGN DETAIL

LIGHTING FIXTURE DETAIL

N.T.S.

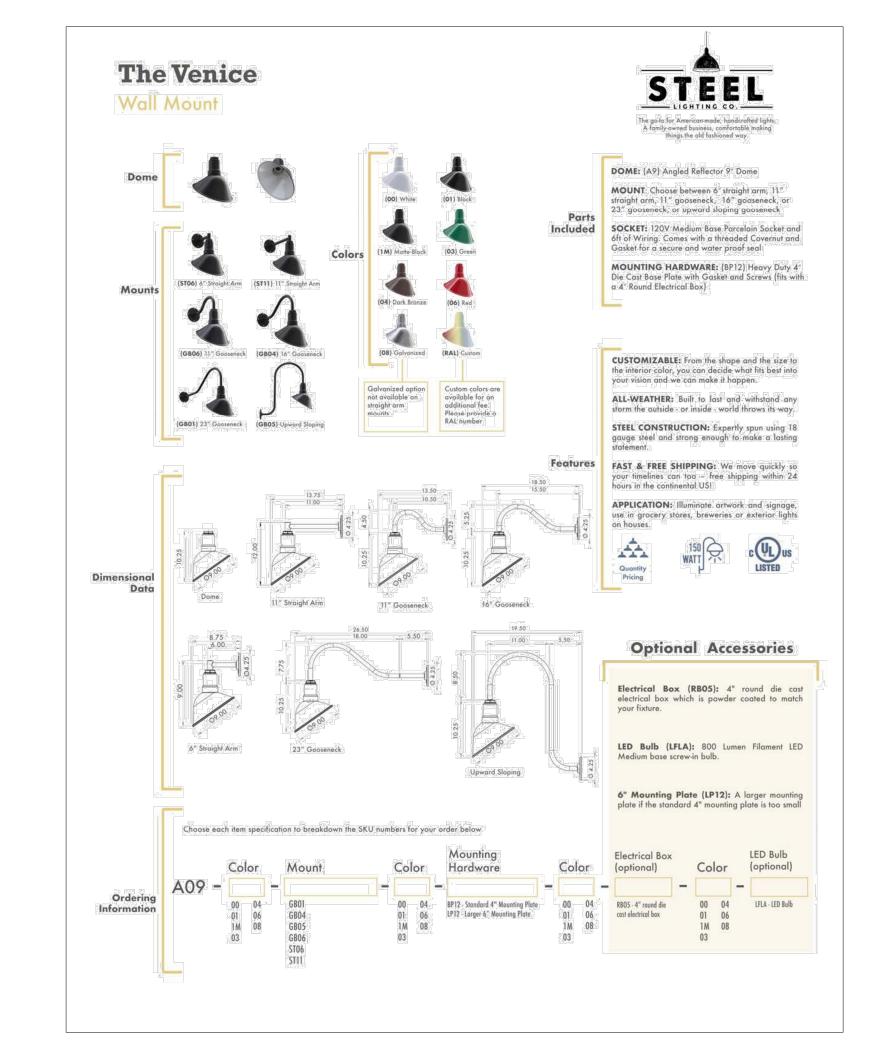
RIGHT SIDE ELEVATION SCALE 1/4" = 1'-0" FRONT ELEVATION

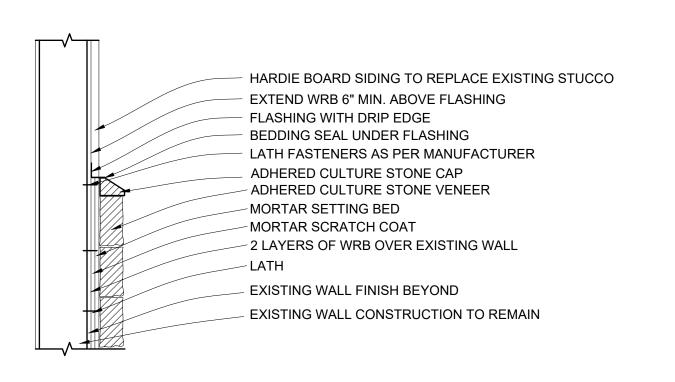
SCALE 1/4" = 1'-0"

NOTES:

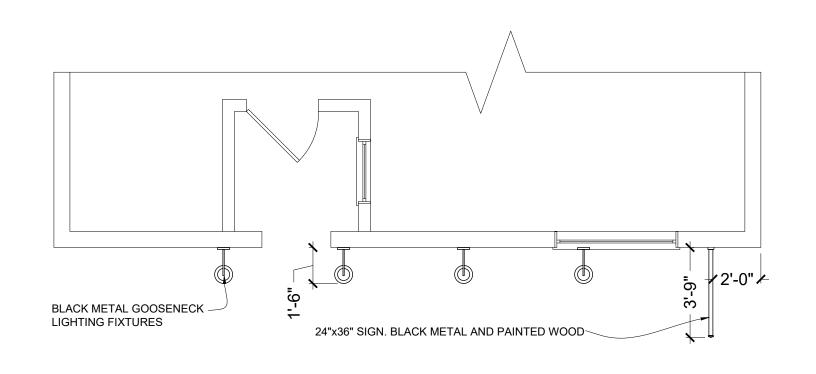
1. FIXTURES TO BE BLACK. 11" GOOSENECK WITH AN ANGLED REFLECTOR TO DIRECT LIGHTING ONTO SIGN AND WALL AND NOT ONTO SIDEWALK.

2. MAXIMUM LIGHTING COLOR TEMPERATURE TO BE 2700 KELVIN.



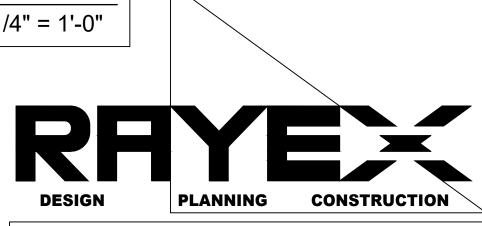


CULTURED STONE APRON DETAIL NOT TO SCALE



FLOOR PLAN

SCALE: 1/4" = 1'-0"



ROY A. FREDRIKSEN, PE DESIGN.PLANNING.CONSULTING ENGINEERING 266 SHEAR HILL RD. • MAHOPAC, NY 10541 • 845-621-4000

RAYEXDESIGN@GMAIL.COM OWNER: MICHAEL TREYBICH JOB#

TARIQ MAHMOOD KENNEDY FRIED CHICKEN

PROJECT: FACADE RENOVATION AND NEW PLANTER WALL AT 2667 E. MAIN ST. IN WAPPINGERS FALLS, NY.

SHEET TITLE: FLOOR PLAN, ELEVATION, DETAILS

REVISIONS:

11/14/2022

DATE: 7/29/2022

DRN BY:

CHKD BY:

TAX MAP #: 135601-

6158-14-

302265

CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA

GROUND WIND SPEED		SPEED		SUBJECT TO DAMAGE FROM							
SNOW LOAD	SPEED (MPH)	TOPO EFFECTS	SEISMIC DESIGN CATEGORY	WEATHERING	FROST LINE DEPTH	TERMITE	DECAY	WINTER DESIGN TEMP.	ICE BARRIER UNDERLAYMENT REQUIRED	FLOOD HAZARDS	
35 PSF	105 mph	NO	С	SEVERE	42"	MODERATE HEAVY	SLIGHT MODERATE	7	YES		

September 15, 2022

Village of Wappingers Falls, Planning Department Attn: Mercades Perez 2582 South Avenue, Wappingers Falls, New York 12590

Re: New Business: Mediterranean Cuisine & Grill for

Murat Gunes

Tax Grid I.D. #6159-19-575182 - 4.60 ac.

Village of Wappingers Falls

SENT VIA HAND DELIVERY & EMAIL (mperez@wappingersfallny.gov) - 1 page + attachments

Dear Chairmen and Board members:

Please see enclosed within this submission the following:

- Ten (10) copies of the plan set (N1 & P1 P3), dated September 15, 2022
- Ten (10) copies of the Short Environmental Assessment Form
- Ten (10) copies of the Application for Planning Board Review & Supplemental Documents
- One (1) check in the amount of \$750.00 for Escrow

We would respectfully request to be placed on the next planning board meeting and that a review commence at your earliest convenience. If you have any additional questions or concerns, please do not hesitate to call. Thank You.

Very truly yours,

Illeana Tucker, Associate Engineer

)lleana Tuckes

M. Gillespie & Associates, Consulting Engineering, PLLC

cc: file



VILLAGE OF WAPPINGERS FALLS

BUILDING DEPARTMENT
OFFICE OF CODE ENFORCEMENT
OFFICE OF THE FIRE INSPECTOR
2582 SOUTH AVENUE
WAPPINGERS FALLS, NY 12590

PHONE: (845) 297-5277 FAX: (845) 296-0379 E-mail: bmurphy@wappingersfallsny.gov www.wappingersfallsny.gov

APPLICATION FOR PLANNING BOARD REVIEW

Submission Date: September 15, 20	Date of Meeting:

Meetings are held at the American Legion Hall, 7 Spring Street on the first Thursday of the month at 7:00 p.m. All information must be completely filled out and returned no later than 15 business days before meeting date. For the complete list of Planning Meeting Dates and Deadlines go to the Building, Planning and Zoning page on the village website www.wappingersfallsny.gov.

A filing fee is required in connection with any application to the Planning Board for approval.

The Planning Board is responsible for the review and approval of all applications concerning:

- Opening a new business in the Village
- □ Installing a new sign
- □ Building a new structure in a commercial zone
- □ Subdivision / Site Review/ Lot Line Adjustment

Items to be submitted for review: (Only items pertaining to project)

- PDF Emailed to Building Dept. and Ten (10) hard copy sets of construction/site/elevation/plans Engineer drawings showing all areas to be affected. Or a sketch of the proposed floor plan layout (All sets of plans must be folded)
- Legal Documents (Right of Ways/Easements/Lease/Contracts of Sale, etc.)
- Consent Form (The applicant must provide consent form, from homeowner authorizing him/her to file for Planning Review)
- Application fee
- □ Application for proposed sign Including Renderings/sketch of proposed sign/ Elevation/size/ exact color samples.

(Separate Application)

VILLAGE OF WAPPINGERS FALLS



BUILDING DEPARTMENT 2582 SOUTH AVENUE WAPPINGERS FALLS, NY 12590

PHONE: (845) 297-5277 FAX: (845) 296-0379

E-mail: bmurphy@wappingersfallsny.gov www.wappingersfallsny.gov

APPLICATION FOR PLANNING BOARD REVIEW

All information must be completely filled out and returned no later than the stated submitton date.

Date Submitted: September 15,	2022 Date of Meeting	ng:
Property Identification:	a a	
Address: 1572 Rt. 9, Imperial Plaza, Space 9-A,	Wappingers Falls, N	Y, 12590
CMII	Existing site area:_	
Owner Information:		ÿ.
Name : DLC Management Corp.		**
Address: 565 Taxter Rd. 4th Flr.		•
City: Elmsford	State: NY	Zip: 10523
Contact Numbers: (H) 260-258-5188	(C)	
(E-mail) gsladek@dlcmgmt.com		
Applicant Information:		
(Please provide if someone other than the property owner is the a	pplicant)	
Name: Murat Gunes		
Address: 9 Degamma Hill Rd.		
	State: NY	Zip: 12590
Contact Numbers: (H) 914-703-5881	(C)	
E-mail Address: dewran08@hotmail.com		
Lead Design Professional: (If applicable)		x x
(Indicate the primary design professional associated with this app	olication)	
Name: Michael Gillespie		1.
Title: Professional Engineer		
□ Architect × Engineer		
Company: M. Gillespie + Associat		
Address: 847 Route, 376, Wappin	igers Falls, N'	Y 12590
Telephone #: (845) 227- 6277		
E-mail Address: mailespie mageria	ars.com	



(Property where improvements are proposed)

VILLAGE OF WAPPINGERS FALLS

APPLICATION FOR PLANNING BOARD REVIEW

(Continued)

Proposed Site:

Existing Use(s): Bagel Shopl Closed
Proposed square footage: 1, 800 sf
Project Description: (Please print or type)
(Describe the project in detail indicating all areas of work, type(s) of improvement and materials to be used as a part of the proposed improvements. Use additional sheets if necessary.)
ne applicant is proposing a new business in an existing
nit. Interiorly, the applicant is proposing to replace 2 hathroom this will vanity sinks, 2 toliets, replace kitchen sink his new aucets, install new gas stove, remove electrial wall outlets com seating splace, remove + replace flooring, paint whole esturant, remove ceiling saffets of 10 sf treplace will neet rock.
Items to be submitted for review: (Only items pertaining to project)
Ten (10) sets of plans. Legal Documents (Right of Ways/Easements/Lease/Contracts of Sale, etc.) Consent Form Application for proposed sign Application Fee Proof that the taxes, utility bills and fines for the property are paid in full.
With the completion of this application, I hereby state that the information provided and all Accompanying documentation is accurate to the best of my knowledge, and that the attached plans contain all information required by the appropriate checklist. Signature of Applicant Signed Date
Office use only:
FEE :
Revision date: Zoning Administrator/Code Enforcement Officer

VILLAGE OF WAPPINGERS



FALLS

Office of Building, Planning & Zoning 2582 South Avenue Wappingers Falls, NY 12590

Phone: (845) 297-5277 Fax: (845) 296-0379 E-mail: bmurphy@wappingersfallsny.gov

www.wappingersfallsny.gov

CONSENT FORM

lman autal luu		
Name of property owner: Imperial Im	provements, II C	
Address of property owner: 505 laxter	Ra.	
City: Elmsford	State: NY	Zip: 10523
Phone number of property owner: (Incli	ude home, work, mobile numb	er and e-mail address):
(H)	(C)	* 1
(H)	(Email) gsladek@dlcmgm	com
Address of site where work is being con-		
Wappingers Falls, NY 12590		
Description of work: Remove & rep	lace vinyl flooring, replace ba	throom toliets, install new
bathroom vanity sinks. Remove 10 ft	ceiling soffets replacing w/she	eetrock, Install new gas stor
install new kitchen sink & faucet. Pair		
Name of person doing work: Gallegos Address of person doing work: 1000 Lo	Construction Corp ower South St.	The state of the s
City: Peekskill	State: NY	Zip: 10566
Phone number of person doing work (In		
(H)	(C) 914-382-3759	
(W) <u>914-930-1058</u>		
, as property owner for the above mention	oned property, am aware of all	work described above and give
my consent to the	aforementioned person to do t	he work.
0		
		5/17/22
and the second of the second o		

PART "A" **OWNER AFFIDAVIT**

	7					•	
Sta	unty of Westchester	}		V. =		\$ 1	
Co	unty of Westonester	} ss:			1	· · · · · · · · · · · · · · · · · · ·	
-	Jardyn Glic			**.			
	Jardyn 6/16	being	duly sworn,	deposes a	and says		
	•			-			
1.	That I/we are the Owner(s) of the w	ithin property a	s described	d in the fo	regoing	application for Subdivision / Lot Li	ne
	Change / Site Plan / Land Contour					1.	
	true to the best of my/our knowled	ge and belief.					
_	That I/we hereby authorize 2020		deal	04 Ja	na 51		
2.	in all matters regarding said applica						
	a face grandstand a restriction of	non(s), and tha	t nive nave	tile tegal	ngar to	make of additionize the making of so	aiu
	application:					•	
3.	That I/we understand that by submi						imac
	for the purpose of conducting inspec	ctions and beco	oming famili	ar with sit	e cond	itions. I/we acknowledge that this g	
	of permission may only be revoked	•		• • • •		_	
4.	That I/we understand that by submit fees, review fees, and inspection fee	ting this applica	ation that I/\ he Village r	we shall b	e respo	onsible for the payment of all application	ation
5.	That I/we understand that I/we, and		=		្រស់ស្រី	「逆: Najerous of this med the ell.	عاطد
J.	for all costs incurred, including env	rironmental rest	toration cos	sts, result	ing from	m non-compliance with the approv	ed
	application, and with non-compliand plan and commencement of any wo	ce with any pro	ovision of th	ne Village	Code.	I/we acknowledge that approval of	of the
	Planning Board the Building Inspec	tor, the Plannir	ng Departm	ent, the Z	oning.	Administrator, and any duly authori	ed
	representative of the Village of Wap	pingers Falls, t	to enter the	property	for the	purposes of inspection for compliar	ice
	with the approved application and ar for or issued for the project. I/we ac	ny provision of t	the Town C	ode, whe	ther or	not any other permits have been ap	plied ion
	including the commencement of any	/ work related t	o the appro	oved plan	is an e	xpress waiver of any objection to	ion,
	authorized Village official(s) entering	the property fo	or the purpo	ose of cor	ducting	inspections.	•
6.	That I/we understand that the Villag	e of Wappinge	rs Falls Pla	nning Bo	ard inte	ends to rely on the foregoing	••
•	representations in making a determ of perjury I/we declare that I/we ha	ination to issue	∍ the reque this affidavi	ested app t and that	lication it is tru	s and approvals and that under pe	enaity
			o amaari		/ ×	A State of the second of the s	
	Ter drawes conjuly	<u>. </u>		pri		reaching a ship was blooded you	, .
Apr	Slicant/Owner's mountain in Trade in the control of		Applican	t/Owner	er en Tie	The ham of my of all the district	
	orn to before me this to a Secondary of	er e				ประชาชายที่การที่การทุกร้าง ได้สัมพัฒนากับ	
Swo	orn to before me this the Village day of	f Para	, ,			equality of self early fills explored a pull oscial files and for operation	
	October Guo 200 400 20 20 20 20 20 20 20 20 20 20 20 20 2	a de la companya de l	:	e. 700	A 4.1 (1)	tolling office purpose here bed to	
Ŋ	More discussion the project with	15	manufacture of the same	his a		अपने क्षेत्रक होते सक्तराज्य में द्यां क्षेत्रक विकास है। अपने नेपक होते सक्तराज्य में द्यां क्षेत्रक विकास है।	
Not	ary Public 20 Village	- The state of the	AT SE		全域数点	and deligated and the latest the	
	TIN TITLE ELLEGISTE COLOR (COLOR COLOR COL	Mariel	ise Doran W	atts	1. 416	orda sovieti vikili komo sovija seda ili od 1900. Irda ir postova produktara ili od 1900.	
	rapresentations in trailing a minu	and the second s	IC STATE OF	: NEW YOR	1 at :	E BOUR COMPLETION CONTINUED A TOMBER OF	
	A Selling Middle construction	Ouglified			50.54	1.35 1 11. St. 14. St.	
		Commission E	in Westchest	er County		Fig. 1.	
	A HIVE ASSETS OF THE PARTY OF T	COMMISSION CO.	in Westchest		30	Established Community of the Section	
	a Parlowner	OOM	in Westchest	er County		Fig. 1997 Balance de protaco estado em a Habita Maria de Fallona a trons	
,	ar Engloweez (1977) Southern, Outstand (1977) Southern Combine (1977)	Bearing Committee on the Committee of Com-	in Westchest	er County		And the parties of a constraint of the parties of t	
,	THE CONTRACT OF THE CONTRACT O	Bearing Committee on the Committee of Com-	in Westchest	er County		A District Control of the Control of	
,	The Polymer That I have to be a second of the second of th		in Westchest	er County		And the parties of a constraint of the parties of t	
	Traformer		in Westchest	er County		The second of th	
	Factories of the second of the	A Commission of the Commission	in Westchest	er County		Property of the second	

in the state of the second of

ON STATE OF STATE OF

	PART "B"
	New York B APPLICANT / AGENT AFFIDAVIT
Sta	te of DUACHESS }
Cou	unty of <u>Dutchess</u> } ss:
	MWLAT GWNES being duly sworn, deposes and says:
1.	That I/we are the Murat Gunes named in the foregoing application for
	Planning Board for Subdivision / Lot Line Change / Site Plan / Land Contour / Aquatic Resource approval(s) and
	that the statements contained therein are true to the best of my/our knowledge and belief.
2.	That he/she resides at or conducts business at 1572 Rt 9, Suite 9-A in the
	County of Dutchess and the State of NEW York
3.	That I/we understand that by submitting this application for Planning Board approval that I/we expressly grant permission to the Planning Board and its authorized representatives to enter upon the property, at all reasonable times, for the purpose of conducting inspections and becoming familiar with site conditions. I/we acknowledge that this grant of permission may only be revoked by the full withdrawal of said application from further Planning Board action. That I/we understand that by submitting this application that I/we shall be responsible for the payment of all application fees, review fees, and inspection fees incurred by the Village related to this application.
4.	That I/we understand that I/we, and any of our contractors and representatives shall be jointly and severally liable for all costs incurred, including environmental restoration costs, resulting from non-compliance with the approved application, and with non-compliance with any provision of the Village Code. I/we acknowledge that approval of the plan and commencement of any work related to the approved application shall constitute express permission to the Planning Board, the Building Inspector, the Planning Department, the Zoning Administrator, and any duly authorized representative of the Village of Wappingers Falls, to enter the property for the purposes of inspection for compliance with the approved application and any provision of the Village Code, whether or not any other permits have been applied for or issued for the project. I/we acknowledge that by submitting this application, and by approve of said application, including the commencement of any work related to the approved plan is an express waiver of any objection to authorized Village official(s) entering the property for the purpose of conducting inspections.
5. /	That I/we understand that the Village of Wappingers Falls Planning Board intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty or perjuty I/we declare that I/we has examined this affidavit and that it is true and correct.
A	Applicant/Agent
100	
C	orn to before me this day of
SWC	
	<u> </u>
	Kalua II

TYREIK BROWN
Notary Public, State of New York
Reg. No. 01BR6372312
My Gemmissien Expires 03/19/2026

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

la. Legal Name and address of Insured (Use street address only) GALLEGOS CONTRACTORS CORP. 1000 LOWER SOUTH STREET PEEKSKILL, NEW YORK 10566	1b. Business Telephone Number of Insured 914-382-3759 Fc. NYS Unemployment Insurance Employer Registration Number of Insured
: Work Location of Insured (Only required if coverage is specifically Innited to certain locations in New York State, i.e. a Wrap-Up Policy)	td. Federal Employer Identification Number of Insured or Social Security Number 85-4365512
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) THE VILLAGE OF WAPPINGERS FALLS BUILDING DEPARTMENT 2582 SOUTH AVENUE WAPPINGERS FALLS, NY 12590	3a. Name of Insurance Carrier MERCHANTS MUTUAL INSURANCE CO. 3b. Policy Number of entity listed in box "1a"; WCA 9103274 3c. Policy effective period:
	02/17/2022 to 02/17/2023 3d. The Proprietor, Partners or Executive Officers are: included. (Only check box if all partners/officers included). X all excluded or certain partners/officers excluded. 3e. Demolition is: (Definition of Demolition on Reverse) included.
This certifies that the insurance carrier indicated above in box "3"	X excluded.

This certifies that the insurance carrier indicated above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year after this form is approved by the insurance carrier or its licensed agent.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

			preser	itative							

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.

C-105.2 (12-03)

Collection: Town & County 2022

Fiscal Year Start: 1/1/2022

Fiscal Year End: 12/31/2022

Warrant Date: 12/13/2021

Total Tax Due (minus penalties & interest) \$0.00

Entered	Posted	Total	Tax Amount	Penalty	Surcharge	Via	Туре		
2/17/2022	2/17/2022	\$24,076.90	\$24,076.90	\$0.00	\$0.00	Mail	Full Payment - Multi-Paymer		
Tax	Bill#		swis		Tax Map #	‡		Status	
000	513		135601	61:	58-15-589264	-0000	Pay	ment Posted	
Address			Municipality			School			
1574-1576 Route 9			Town of Wappinger				Wappingers CSD		

Owners

Property Information

Assessment Information

Imperial Improvements

Roll Section:

Full Market Value:

5600000.00

Attn: DLC Mgmt Corp 565 Taxter Rd Fl 4 **Property Class:**

Nbh shop ctr

Total Assessed Value:

5600000.00

565 Taxter Rd Fl 4 Elmsford, NY 10523

Lot Size:

7.00

1

Uniform %:

100.00

Description	Tax Levy	Percent Change	Taxable Value	Rate	Tax Amount
NON-HOMESTEAD PARCEL		0.0000	0.000	0.00000000	\$0.00
County Tax	99727185	-5.3000	5600000.000	2.84887800	\$15,953.72
Town Inside Tax	400456	3.7000	5600000.000	1.45056700	\$8,123.18

Total Taxes: \$24,076.90

Estimated State Aid - Type	Amoun
County	. 85590144.00
Town	951208.00

Mail Payments To:

Lee Anne Freno

Receiver of Taxes

20 Middlebush Road Wappingers Falls, NY 12590

Collection: Town & County 2022

Fiscal Year Start: 1/1/2022

Fiscal Year End: 12/31/2022

Warrant Date: 12/13/2021

Total Tax Due (minus penalties & interest) \$0.00

Entered	Posted	Total	Tax Amount	Penalt y	Surcharg e	Via	Туре		
2/17/202 2	717/202 2/17/2022 \$1,386.14		\$1,386.14	\$0.00	\$0.00	Mail	Full Payment - Multi-Payment		
Ta	x Bill#		SWIS		Tax Maj	p #		Status	
000514			135601		6158-15-5892	64-000	1	Payment Posted	
Address		Ŋ	Municipal	ity		School			
18 New Hackensack Rd			Town of Wappinger				Wappingers CSD		

Owners

Property Information

Assessment Information

Imperial Improvements

Roll Section:

Full Market Value:

322400.00

Attn: DLC Mgmt Corp 565 Taxter Rd Fl 4 Property Class:

Auto carwash

Total Assessed Value:

322400.00

Elmsford, NY 10523

Lot Size:

0.41

Uniform %:

100.00

Description	Tax Levy	Percent Change	Taxable Value	Rate	Tax Amount
NON-HOMESTEAD PARCEL		0.0000	0.000	0.00000000	\$0.00
County Tax	99727185	-5.3000	322400.000	2.84887800	\$918.48
Town Inside Tax	400456	3.7000	322400.000	1.45056700	\$467.66

Total Taxes: \$1,386.14

Estimated State Aid - Type	Amount
County	85590144.00
Town	951208.00

Mail Payments To:

Lee Anne Freno

Receiver of Taxes

20 Middlebush Road Wappingers Falls, NY 12590

Collection: Town & County 2022

Fiscal Year Start: 1/1/2022

Fiscal Year End: 12/31/2022

Warrant Date: 12/13/2021

Total Tax Due (minus penalties & interest) \$0.00

Entered	Posted	Total	Tax Amount	Penalt y	Surcharg e	Via	Туре		
2/17/202 2/17/2022 \$14,308.56 \$14,3		\$14,308.56	\$0.00	\$0.00	Mail	Full Payment - Multi-Payment			
Tax	Bill#		swis		Tax Map	¥	Status		
000515			135601	61:	58-19-575182	2-0000	Payment Posted		
Address			Mı	ınicipality			School		
1572 Route 9			Town of Wappinger				Wappingers CSD		

Owners

Property Information

Assessment Information

Imperial Improvements

Roll Section:

Full Market Value:

3328000.00

Attn: DLC Mgmt Corp 565 Taxter Rd Fl 4 Property Class: Lot Size: Nbh shop ctr

Total Assessed Value:

3328000.00

Elmsford, NY 10523

4.60

1

Uniform %:

100.00

Description	Tax Levy	Percent Change	Taxable Value	Rate	· Tax Amount
NON-HOMESTEAD PARCEL		0.0000	0.000	0.00000000	\$0.00
County Tax	99727185	-5.3000	3328000.000	2.84887800	\$9,481.07
Town Inside Tax	400456	3.7000	3328000.000	1.45056700	\$4,827.49

Total Taxes: \$14,308.56

Estimated State Aid - Type	Amount
County	85590144.00
Town	951208.00

Mail Payments To:

Lee Anne Freno

Receiver of Taxes

20 Middlebush Road Wappingers Falls, NY 12590

Invoices by GL Detail Generated: 05/05/2022 11:24 AM EDT

GL Account	Property Inv No	Inv. Date	Post Period	Line Description	Vendor	Line Amount Submitted Date	Created By	Last Approved By	Status
DL60601000 (NON - CAM ELECTRIC)	Imperial 011822- Improvements, LLC 46634	01/18/2022	01/2022	a/c21002546634	CENTRAL HUDSON GAS & ELECTRIC CORP	\$33.05 01/26/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3932 2/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial 011822- Improvements, LLC 48978	01/18/2022	01/2022	a/c21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$37.64 01/26/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3933 2/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial 011922- Improvements, LLC 17015	01/19/2022	01/2022	a/c21003017130	CENTRAL HUDSON GAS & ELECTRIC CORP	\$37.51 01/31/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3935 2/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial 011922- Improvements, LLC 17502	01/19/2022	01/2022	a/c21003017502	CENTRAL HUDSON GAS & ELECTRIC CORP	\$169.90 01/31/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3936 2/1/2022)
DL60601000 (NON - CAM ELECTRIC)	imperial 011922- improvements, LLC 18286	01/19/2022	01/2022	a/c21003018286	CENTRAL HUDSON GAS & ELECTRIC CORP	\$99.70 01/31/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3937 2/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial 011922- Improvements, LLC 52459	01/19/2022	01/2022	a/c21003052459	CENTRAL HUDSON GAS & ELECTRIC CORP	\$45.34 01/31/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3940 2/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial 011922A170 Improvements, LLC 15	01/19/2022	02/2022	a/c21003017668	CENTRAL HUDSON GAS & ELECTRIC CORP	\$33.36 02/09/2022 ·	Kevin Manganello	Alexandra Gatto	Paid(CHK #3956 2/15/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial 021722- Improvements, LLC 17130	02/17/2022	02/2022	a/c21003017130	CENTRAL HUDSON GAS & ELECTRIC CORP	\$40.42 02/28/2022	Kevin Manganello	Alexandra Gatto	Paid(CHK #3977 3/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial 021722- Improvements, LLC 17502	02/17/2022	02/2022	a/c21003017502	CENTRAL HUDSON GAS & ELECTRIC CORP	\$114.71 02/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3978 3/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial 021722- Improvements, LLC 17668	02/17/2022	02/2022	a/c21003017668	CENTRAL HUDSON GAS & ELECTRIC CORP	\$35.44 02/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3979 3/1/2022)

DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	021722- 18286	02/17/2022	02/2022	a/c21003018286	CENTRAL HUDSON GAS & ELECTRIC CORP	\$122.08 02/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3980 3/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	021722- 52459	02/17/2022	02/2022	a/c21003052459	CENTRAL HUDSON GAS & ELECTRIC CORP	\$73.02 02/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3984 3/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	021822- 46634	02/18/2022	02/2022	a/c21002546634	CENTRAL HUDSON GAS & ELECTRIC CORP	\$33.01 02/28/2022	Kevin Manganello	Alexandra Gatto	Paid(CHK #3985 3/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	021822- 48978	02/18/2022	02/2022	a/c21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$107.42 02/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3986 3/1/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	031722- 46634	03/17/2022	03/2022	a/c21002546634	CENTRAL HUDSON GAS & ELECTRIC CORP	\$33.08 03/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4009 3/29/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	031722- 48978	03/17/2022	03/2022	a/c 21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$40.64 03/25/2022	Kevin Manganello	Danielle Senande	Paid(CHK #401) 3/29/2022)
GL Account	Property	Inv. No	Inv. Date	Post Period	Line Description	Vendor	Line Amount Submitted	Greated By	Last Approved By	Status
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	031822- 17130	03/18/2022	03/2022	a/c21003017130	CENTRAL HUDSON GAS & ELECTRIC CORP	\$46.86 03/29/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4012 3/29/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	031822- 17502	03/18/2022	04/2022	a/c21003017502	CENTRAL HUDSON GAS & ELECTRIC CORP	\$134.88 04/06/2022	Kevin Manganello	Kevin Manganello	Paid(CHK#4029 4/6/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	031822- 17668	03/18/2022	03/2022	a/c21003017668	CENTRAL HUDSON GAS & ELECTRIC CORP	\$36.07 03/29/2022	Kevin Manganello	Kevin Manganello	Paid(CHK#4013 3/29/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	031822- 18286	03/18/2022	03/2022	a/c21003018286	CENTRAL HUDSON GAS & ELECTRIC CORP	\$170.26 03/29/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4014 3/29/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	031822- 52459	03/18/2022	03/2022	a/c21003052459	CENTRAL HUDSON GAS & ELECTRIC CORP	\$76.18 03/29/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4016 3/29/2022)

٠.

DL60601000 (NON - CAM Imperial Improvements, LLC 48634 24/19/2022 05/2022 a/c21002546634 CENTRAL S33.08 05/03/2022 Kevin Manganello Kevin Manganello Kevin Manganello CENTRAL HUDSON GAS & ELECTRIC CORP CENTRAL HUDSON GAS	Paid(CHK #4054 5/3/2022)
ELECTRIC Improvements, LLC 49978	
Improvements, LLC 17130	Paid(CHK #4055 5/3/2022)
DL60601000 (NON - CAM Imperial 121521- 12/15/2021 12/15/2021 01/2022 a/c21003017668 CENTRAL HUDSON GAS & ELECTRIC CORP	Paid(CHK #3913 1/11/2022)
DL60601000 (NON - CAM Imperial 121521- 12/15/2021	Paid(CHK #3914 1/11/2022)
DL60601000 (NON - CAM Imperial 121521- 12/15/2021 01/2022 a/c21002546634 HUDSON GAS & ELECTRIC CORP	Paid(CHK #3915 1/11/2022)
ELECTRIC) Improvements, LLC 46634 HUDSON GAS & ELECTRIC CORP DL60601000 (NON - CAM Imperial 121521- 12/15/2021 01/2022 a/c21003052459 CENTRAL HUDSON GAS & ELECTRIC CORP ELECTRIC) ELECTRIC CORP	Paid(CHK #3916 1/11/2022)
ELECTRIC) Improvements, LLC 52459 HUDSON GAS & ELECTRIC CORP	Paid(CHK #3918 1/11/2022)
DI 60601000 (NON CAM Imperial 121621- 12/16/2021 01/2022 a/c21002548978 CENTRAL \$58.37 01/05/2022 Kevin Manganello Kevin Manganello	Paid(CHK #3921 1/11/2022)
ELECTRIC) Improvements, LLC 48978 HUDSON GAS & ELECTRIC CORP	Paid(CHK #3924 1/11/2022)
DL60601000 (NON - CAM ELECTRIC) Sub-Total: \$1,939.85	
DL60602000 (NON - CAM Imperial 011822- 01/18/2022 01/2022 a/c21002548978 CENTRAL \$273.34 01/26/2022 Kevin Manganello Kevin Manganello GAS) Improvements, LLC 48978 ELECTRIC CORP	Paid(CHK #3933 2/1/2022)
DL60602000 (NON - CAM Imperial 011922- 01/19/2022 01/2022 a/c21003017130 CENTRAL \$3.92 01/31/2022 Kevin Manganello Kevin Manganello GAS) HUDSON GAS & ELECTRIC CORP	Paid(CHK #3935 2/1/2022)
DL60602000 (NON - CAM Imperial 011922- 01/19/2022 01/2022 a/c21003017502 CENTRAL \$27.55 01/31/2022 Kevin Manganello Kevin Manganello HUDSON GAS & ELECTRIC CORP	Paid(CHK #3936 2/1/2022)

DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	011922- 18286	01/19/2022	01/2022	a/c21003018286	CENTRAL HUDSON GAS & ELECTRIC CORP	\$196.51 01/31/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3937 2/1/2022)
GL Account	Property	Inv. Nó.⊧	Inv. Date	Post Period	Line Description	Vendor	Line Amount Submitted Date	Created By	Last Approved By	Status
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	011922- 52459	01/19/2022	01/2022	a/c21003052459	CENTRAL HUDSON GAS & ELECTRIC CORP	\$150.63 01/31/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3940 2/1/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	021722- 17130	02/17/2022	02/2022	a/c21003017130	CENTRAL HUDSON GAS & ELECTRIC CORP	\$42.96 02/28/2022	Kevin Manganello	Alexandra Gatto	Paid(CHK #3977 3/1/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	021722- 17502	02/17/2022	02/2022	a/c21003017502	CENTRAL HUDSON GAS & ELECTRIC CORP	\$42.22 02/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3978 3/1/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	021722- 18286	02/17/2022	02/2022	a/c21003018286	CENTRAL HUDSON GAS & ELECTRIC CORP	\$292.64 02/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3980 3/1/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	021722- 52459	02/17/2022	02/2022	a/c21003052459	CENTRAL HUDSON GAS & ELECTRIC CORP	\$192.19 02/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3984 3/1/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	021822- 48978	02/18/2022	02/2022	a/c21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$298.91 02/25/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3986 3/1/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	031722- 48978	03/17/2022	03/2022	a/c 21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$263.94 03/25/2022	Kevin Manganello	Danielle Senande	Paid(CHK #4010 3/29/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	031822- 17130	03/18/2022	03/2022	a/c21003017130	CENTRAL HUDSON GAS & ELECTRIC CORP	\$93.47 03/29/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4012 3/29/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	031822- 17502	03/18/2022	04/2022	a/c21003017502	CENTRAL HUDSON GAS & ELECTRIC CORP	\$264.07 04/06/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4029 4/6/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	031822- 18286	03/18/2022	03/2022	a/c21003018286	CENTRAL HUDSON GAS & ELECTRIC CORP	\$204.19 03/29/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4014 3/29/2022)

DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC		/18/2022	03/2022	a/c21003052459	CENTRAL HUDSON GAS & ELECTRIC CORP	\$123.36 03/29/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4016 3/29/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC		/19/2022	05/2022	a/c21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$52.01 05/03/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4055 5/3/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC		/15/2021	01/2022	a/c21003017130	CENTRAL HUDSON GAS & ELECTRIC CORP	\$81.94 01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3913 1/11/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC		/15/2021	01/2022	a/c21003017502	CENTRAL HUDSON GAS & ELECTRIC CORP	\$56.95 01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3914 1/11/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC		/15/2021	01/2022	a/c21003018286	CENTRAL HUDSON GAS & ELECTRIC CORP	\$118.72 01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3916 1/11/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC		/15/2021	01/2022	a/c21003052459	CENTRAL HUDSON GAS & ELECTRIC CORP	\$70.16 01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3921 1/11/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC		/16/2021	01/2022	a/c21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$76.09 01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3924 1/11/2022)
DL60602000 (NON - CAM G	AS) Sub-Total:						\$2,925.77			
DL60604000 (NON - CAM WATER/SEWER)	Imperial Improvements, LLC		/31/2022	02/2022	a/c0000137400	VILLAGE OF WAPPINGERS FALLS	\$154.85 02/17/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3964 2/22/2022)
GL Account	Property	Inv. No Inv	v. Date	Post Period	Line Description		e Amount Submitted	Created By	D.	Status
DL60604000 (NON - CAM WATER/SEWER)	Imperial Improvements, LLC		/31/2022	02/2022	a/c0000133900	VILLAGE OF WAPPINGERS FALLS	\$154.85 02/17/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3965 2/22/2022)
DL60604000 (NON - CAM WATER/SEWER)	Imperial Improvements, LLC		/31/2022	02/2022	a/c0000134200	VILLAGE OF WAPPINGERS FALLS	\$154.85 02/17/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3966 2/22/2022)
DL60604000 (NON - CAM WATER/SEWER)	Imperial Improvements, LLC		/31/2022	02/2022	a/c0000136000	VILLAGE OF WAPPINGERS FALLS	\$154.85 02/17/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3967 2/22/2022)

DL60604000 (NON - CAM WATER/SEWER)	Imperial 01312 Improvements, LLC 36800		02/2022	a/c0000136800	VILLAGE OF WAPPINGERS FALLS	\$154.85 02/17/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3968 2/22/2022)
DL60604000 (NON - CAM WATER/SEWER)	Imperial 01312 Improvements, LLC 37300	500 100 100 100 100 100 100 100 100 100	02/2022	a/c0000137300	VILLAGE OF WAPPINGERS FALLS	\$163.52 02/17/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3969 2/22/2022)
DL60604000 (NON - CAM V	VATER/SEWER) Sub-Total:		· · · · · · · · · · · · · · · · · · ·			\$937.77			
al						\$5,803.39			
			***************************************			\$5,803.39			

INVOICES BY GL DETAIL
GENERATED: 05/05/2022 11:24 AM EDT

VENDOR: All

PERIOD: 01/2022 - 05/2022

INVOICE STATUS: All

ASSIGNED GL CODE(s): Non - Cam Electric, Non - Cam Gas, Non - Cam Water/Sewer, Non - Cam Utilities, Non - Cam Telephone/Beeper CREATED

BY: All

APPROVED BY: All

Unit: All

ONLY INVOICES W/O PURCHASE ORDERS: No ONLY INCLUDE CAPITAL EXPENDITURES: No PROPERTIES: Imperial Improvements, LLC



Kaplan Insurance Agency Inc

Wappingers Falls, NY 12590

12 Barristers Row

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/25/2022

(A/C, No): (845)297-3387

NAIC#

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).

CONTACT NAME:

E-MAIL ADDRESS:

(A/C, No, Ext): (845)297-3266

Kaplan

PHONE

Harrison

INSURER(S) AFFORDING COVERAGE

hkap24@yahoo.com

						INSURE	RA: New	York Cent	ral Mutual				
INSI	JRED					INSURE							
		Mediterranean Cuisine &	Gri	II LL	.C	INCHE							
ĺ		9 Degarmo Hills Rd				INSURE							
		Wappingers Falls, NY 128	590			INSURE	RD:						
						INSURE	RE:						
						INSURE	RF:						
CO	VER	AGES CER	TIFIC	CATE	NUMBER: 02025420-3				REVISION NUMBER:	1			
IS S	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IN NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDIT SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSE		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
A	X	COMMERCIAL GENERAL LIABILITY	Y		6173231		05/24/2022	05/24/2023	EACH OCCURRENCE	\$	2,000,000		
		CLAIMS-MADE X OCCUR	1200						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
									MED EXP (Any one person)	\$	10,000		
		3GREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$	2,000,000		
	GE	.ICY PRO- LOC						340	GENERAL AGGREGATE	\$	4,000,000		
	X	IER:							PRODUCTS - COMP/OP AGG	\$	4,000,000		
										\$			
	AU1	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO							BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
										\$			
		UMBRELLA LIAB EXCESS LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB OCCUR CLAIMS-MADE					,		AGGREGATE	s			
		DED RETENTION \$								\$			
	0.07 (0.00)	RKERS COMPENSATION							PER OTHER				
	AND EMPLOYERS' LIABILITY Y/N								E.L. EACH ACCIDENT	\$			
	PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. DISEASE - EA EMPLOYEE	\$			
	If yes	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	*		

Harrison Kaplan

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

Restaurant

Certificate holder is provided additional insured status when required by written contract

CERTIFICATE HOLDER

CANCELLATION

Imperial Improvements, LLC c/o **DLC Management Corporation** 565 Taxter Road Attn.: General Counsel Elmsford, NY 10523

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD Printed by HAK on 05/25/2022 at 12:24PM

Short Environmental Assessment Form Part 1 - Project Information

Instructions for Completing

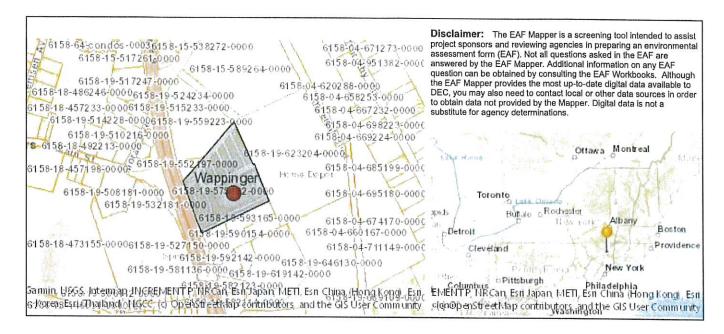
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:	inne <i>di</i> accessor		
-			
Mediterranean Cuisine & Grill		V-11 - 0.0111/2 - 1.00000000000000000000000000000000000	
Project Location (describe, and attach a location map):			
1572 Route 9 (Suite 9A), Wappingers Falls	THE TWO WATER STATE OF THE STAT	The state of the s	
Brief Description of Proposed Action:			
The applicant is propose a new business in an existing plaza.			
Name of Applicant or Sponsor:	Telephone: (845) 765-07	10	
Murat Gunes	E-Mail: dewran08@hotm	-11	
Address:	dewranu8@notm	all.com	
9 Degarmo Hills Roa			
City/PO:	State:	Zip Code:	
Wappingers Falls	NY	12590	
1. Does the proposed action only involve the legislative adoption of a plan, loca	l law, ordinance,	NO	YES
administrative rule, or regulation?	5 (Chapter) (1997)	-	1123
If Yes, attach a narrative description of the intent of the proposed action and the e may be affected in the municipality and proceed to Part 2. If no, continue to ques	environmental resources the stion 2.	at 🗸	
2. Does the proposed action require a permit, approval or funding from any other	er government Agency?	NO	YES
If Yes, list agency(s) name and permit or approval:			ТП
3. a. Total acreage of the site of the proposed action?	4.60 acres	<u> </u>	
b. Total acreage to be physically disturbed?	0.0 acres		
c. Total acreage (project site and any contiguous properties) owned	E - Description		
or controlled by the applicant or project sponsor?	acres		
4. Check all land uses that occur on, are adjoining or near the proposed action:			- Consideration of the Constant
5. Urban Rural (non-agriculture) Industrial	al Residential (subu	rban)	
Forest Agriculture Aquatic Other(Spe		·	
Parkland			

5. Is the proposed action,	ES	N/A
a. A permitted use under the zoning regulations?	7	П
h Consistent with the adopted comprehensive plan?	7	
	10	YES
is the proposed action consistent with the predominant character of the existing built or natural landscape?		V
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	40	YES
If Yes, identify:		
	✓	Ш
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	40	YES
b. Are public transportation services available at or near the site of the proposed action?	4 ∤	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?		✓
9. Does the proposed action meet or exceed the state energy code requirements?	10	YES
If the proposed action will exceed requirements, describe design features and technologies:		30000
Meet energy code requirements	\neg	√
	_	
10. Will the proposed action connect to an existing public/private water supply?	40	YES
If No, describe method for providing potable water:		
	_	\checkmark
11. Will the proposed action connect to existing wastewater utilities?	NO	YES
If No, describe method for providing wastewater treatment:		120
		√
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the	10	YES
	√	
State Register of Historic Flaces?		
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?		✓
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES
	✓	
	√	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres:		
I I		

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:	Water to the	
Shoreline Forest Agricultural/grasslands Early mid-successional		
□ Wetland □ Urban □ Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
Pied-billed Grebe, Indiana Bat		\checkmark
16. Is the project site located in the 100-year flood plan?	NO	YES
	√	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
II 1 65,	✓	Ш
Will storm water discharges flow to adjacent properties?		
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:		
18. Does the proposed action include construction or other activities that would result in the impoundment of water	NO	YES
or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	IES
If Yes, explain the purpose and size of the impoundment:	✓	П
	ت	
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe:		
	\checkmark	
20 Has the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the managed atting a life in the site of the site		
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe:		
	√	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BES	ST OF	
MY KNOWLEDGE		
Applicant/sponsor/name: Illeana Tucker	022	
Signature:Title: Agent		



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	Yes
Part 1 / Question 15 [Threatened or Endangered Animal - Name]	Pied-billed Grebe, Indiana Bat
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No

All work on drawings shall be performed in conformance with requirements stated on Project Drawings.

All work shall be performed in conformance with any Municipal, County, State or Federal code or codes having jurisdiction over such work. All application requirements in these regulations shall be followed the same as if noted on the drawings.

The General Contractor shall be responsible for obtaining all permits required by Federal, State, County of Municipal law and shall include in the contract all required fees.

The General Contractor shall arrange for elevator or other hoisting facilities (if required) for materials. Arrangements shall be made through building management. General Contractor shall pay all costs for delivery and/or handling of materials associated with Project Construction.

The General Contractor shall check building opening clearances for delivery of equipment and/or materials (sizes of elevators, doors, corridors,

The general contractor shall submit fabrication shop drawings for all fabricated items for approval by the Architect in accordance with Construction Drawings, Shop drawings shall include dimensions, thickness, profiles, type of material, method of fastening, relation to adjacent work, and all other necessary details to fully describe the item submitted. The Contractor shall assume all responsibility for errors on their drawings.

Upon completion of the job, The General Contractor shall submit certifications of inspection (where applicable) from the local departments of water supply, gas and electric; local Building Department; and any other governing jurisdictions to demonstrate certification of satisfactory completion of

The General Contractor shall check and verify all dimensions and conditions at the job site and notify the Architect of any discrepancies between drawings and field conditions before commencing any work in order to clarify these conditions. Existing items on the job site (i.e. light fixtures, furniture, etc.) not being reused shall be turned over to the Owner or as otherwise directed by the

0. The General Contractor shall erect all necessary temporary solid or drop cloth partitions to protect finished areas while demolition and/or construction is in progress. Care and attention shall be paid by the General Contractor so as to ensure that no damage takes place to the surrounding

In all areas where demolition causes unevenness or voids in floor, the General Contractor shall patch to level floor with existing slab and/or required surface to receive new finished floor.

The General Contractor shall provide all necessary work to complete coordinate all trades on the job site - including but not limited to general Architectural Work, Electrical, HVAC, etc.

3. No work involving extra costs beyond the agreed to scope of the project shall be commenced until all additional costs have been approved by the

4. Electrical and HVAC device locations are shown on drawings for location only. All exact location positions and dimensions are to be confirmed in field or on approved shop drawings.

5. The Owner shall approve partition layout in field prior to erection of studs. The General Contractor shall notify the Owner when walls and partitions have been laid out on floor slabs

6. Any substitutes from the Project Drawings must be submitted to the Archtect and owner for approval prior to installation. Should the General Contractor find any discrepancy, omissions, ambiguities, or conflict in any of the Construction Drawings or be in doubt as to their meaning, he must oring the question to the attention of the Architect before start of construction. The Architect will review the question or request for information (RFI) and necessary, issue an information clarifying addendum in writing. Neither the Owner nor the Architect will be responsible for work performed from oral

Written notification must be submitted for any change by Contractor to Owner for all costs of construction before any work is started. Such

The Project Drawings indicate the general scope of the project in terms of the architectural design concept, the overall dimension, the type of systems and an outline of the major architectural elements. The drawings and specifications do not necessarily indicate or describe all items required or the performance and proper completion of the work. Decisions of the Architect as to the items of work included within the scope of the documents shall be final and binding

9. Lintels shall be provided for all openings through wall required by mechanical work. Lintels shall be installed according to New York State Building Code.

10. In mechanical spaces, all pads, curbs, sizes, and locations are approximate to indicate scope of work only. All final locations are subject to final election and coordination of mechanical equipment

21. All starting points for ceiling and floor grids are to be in the center of spaces unless indicated otherwise on the Drawings.

22. All drywall partitions are to run to underside of structure unless noted otherwise. All such studs are to bridge around obstructions as required. 2. The General Contractor shall provide all necessary work to complete coordinate all trades on the job site - including but not limited to general

3. No work involving extra costs beyond the agreed to scope of the project shall be commenced until all additional costs have been approved by the

4. Electrical and HVAC device locations are shown on drawings for location only. All exact location positions and dimensions are to be confirmed in field or on approved shop drawings.

5. The Owner shall approve partition layout in field prior to erection of studs. The General Contractor shall notify the Owner when walls and partitions have been laid out on floor slabs.

6. Any substitutes from the Project Drawings must be submitted to the Archtect and owner for approval prior to installation. Should the General Contractor find any discrepancy, omissions, ambiguities, or conflict in any of the Construction Drawings or be in doubt as to their meaning, he must oring the question to the attention of the Architect before start of construction. The Architect will review the question or request for information (RFI) and necessary, issue an information clarifying addendum in writing. Neither the Owner nor the Architect will be responsible for work performed from oral

Written notification must be submitted for any change by Contractor to Owner for all costs of construction before any work is started. Such otification must indicate date, price, and scope of work

8. The Project Drawings indicate the general scope of the project in terms of the architectural design concept, the overall dimension, the type of systems and an outline of the major architectural elements. The drawings and specifications do not necessarily indicate or describe all items required for the performance and proper completion of the work. Decisions of the Architect as to the items of work included within the scope of the documents shall be final and binding.

9. Lintels shall be provided for all openings through wall required by mechanical work. Lintels shall be installed according to New York State Building Code.

20. In mechanical spaces, all pads, curbs, sizes, and locations are approximate to indicate scope of work only. All final locations are subject to final

selection and coordination of mechanical equipment 11. All starting points for ceiling and floor grids are to be in the center of spaces unless indicated otherwise on the Drawings.

22. All drywall partitions are to run to underside of structure unless noted otherwise. All such studs are to bridge around obstructions as required. 23. All architectural construction that has integrated electrical supply is to be secured to structure.

24. All surfaces visible through mechanical or architectural slots, louvers, grills, diffusers, etc. are to be painted matte black.

5. The locations and elevations of all electrical, fire protection, plumbing, mechanical devices, access doors, panels, etc. are to be coordinated with

the Owner prior to installation

P6 Final selection of colors is to be made by the owner

Architectural Work, Electrical, HVAC, etc.

27. The General Contractor shall install adequate solid blocking and partition reinforcing for wall and ceiling mounted cabinetry, accessories,

acoustic panels and devices, audio/video equipment, etc.

28. Walls shown aligned shall be finished flush and smooth with existing work. Where partitions are shown on the drawings to be aligned with existing columns, the intent is to have a single layer of gypsum board by-pass the existing column.

FRAMING NOTES:

ALL EXTERIOR NEW WALLS TO BE 2x6 STUD;

ALL NEW INTERIOR WALLS TO BE 2X4 STUD UNLESS NOTED

EXTERIOR DIMENSION IS TO FACE OF STUD/FOUNDATION ALL HEADERS DOUBLE 2X10 UNLESS NOTED

DOUBLE JOISTS UNDER WALLS ABOVE, THAT ARE FRAMED PARALLEL TO FLOOR FRAMING UNLESS OTHERWISE NOTED ON PLAN

NUMBER OF JACKS EACH SIDE OF HEADER OR BEAM TO EQUAL NUMBER OF MEMBERS IN HEADER OR BEAM UNLESS NOTED BRIDGING IS REQUIRED IN FLOOR JOISTS EVERY 8 FEET

STRONG BACKS REQURED IN ALL CEILING JOIST SPANS:

2X4 ON THE FLAT WITH 2X6 NAILED TO EDGE

FIRESTOPPING NEEDED EVERY 8 FEET VERTICALLY AND EVERY 10 FEET HORIZONTALLY AND ABOVE ALL BEARING WALLS AND BEAMS.

MINIMUM 2" CLEARANCE FROM HEATING EQUIPEMNT TO ALL COMBUSTIBLE MATERIAL

UNLESS NOTED ALL FLOOR JOISTS TO BE #2 DOUG FIR LARCH OR BETTER ALL CEILING JOISTS AND RAFTERS TO BE #2 SPF OR BETTER

ALL LAMINATED VENEER LUMBER (L.V.L. 20E) BEAMS AND LPI FLOOR JOISTS TO BE INSTALLED AS PR MANUFACTURER'S

ALL DIMENSIONS MUST BE VERIFIED IN THE FIELD BY THE CONTRACTOR BEFORE STARTING OF CONSTRUCTION. ANY DISCREPENCIES ON THE PLANS OR SPEVIFICATIONS MUST BE REPORTED TO THE ARCHITECT PRIOR TO THE START OF CONSTRUCTION.

CRAWL SPACE ACCESS TO BE MINIMUM 18"X24" OPENING THROUGH THE FLOOR.

ATTIC OPENING TO BE MINIMUM 22"X30" EXCEPT IF LARGER AS REQUIRED TO REPLACE EQUIPMENT.

PROVIDE 24" WIDE SOLID FLOOR BETWEEN ATTC OPENING ANF ALL EQUIPMENT AND 30" WIDE SERVICE AREA OF FLOORING ON ALL SIDES OF EQUIPMENT

CENTER ALL DOORS AND WINDOWS IN HALLS AND CLEAR WALL SPACE IN ROOMS UNLESS OTHERQISE NOTED, ALIGN DOORS AND WINDOWS VERTICALLY ABOVE EACH OTHER AS SHOWN ON DRAWINGS.

RAILING & STAIR NOTES:

STAIRS WITH (4) OR MORE RISERS SHALL BE PROVIDED WITH HANDRAILS ON AT LEAST ONE SIDE. HANDRAILS SHALL BE A MINIMUM OF 34" IN HEIGHT AND NOT MORE THAN 38" IN HEIGHT. RAILS ARE TO BE MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. CIRCULAR HANDRAILS SHALL HAVE AN OUTSIDE DIAMETER OF AT LEAST 1 1/4" AND NOT GREATER THAT 2". IF THE HANDRAIL IS NOT CIRCULAR IT SHALL HAVE A PERIMETER OF AT LEAST 4" AND NOT MORE

PORCHES, DECKS, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS A MINIMUM OF 36" HIGH.

RISERS ARE TO BE CLOSED SUCH THAT THE OPENING BETWEEN THE TREADS DOES NOT PERMIT THE PASSAGE OF A 4" DIAMETER SPHERE.

Section 0010

Definitions

D.I.F. Dimension in Field

N.T.S. Not to scale A.F.F. Above finished floor

SECTION 0100 GENERAL CONDITIONS

All construction to comply with the latest edition of the New York State Fire Prevention and Uniform Building Code and New York State Energy Conservation Code.

Notes and dimensions govern. The Contractor shall verify and be responsible for all dimensions. The Contractor shall report any discrepancies in writing to the Architect/Owner. In case of discrepancies between contract documents, the Contractor shall secure instructions from the Architect/Owner

before proceeding. The Contractor shall assume full responsibility for proceeding with such work without approval. These plans and specifications are instruments of service prepared for a particular client and location and may not be used without the expressed permission of the architect

The Architect will not be responsible for the construction means, methods, techniques, sequences or procedures, or for the safety precautions and programs in connection with the Work and he will not be responsible for the Contractor's failure to carry out the work in accordance with the Contract Documents. It is the express intent of the parties hereto that the Architect is exculpated from any liability whatsoever occasioned by the Contractor's failure to carry out the work in accordance with the Contract documents.

The Owner assumes all responsibility for the administration of the working drawings and specifications and for any discrepancies which exist between the drawings, specification, and the actual construction.

WORK INCLUDED The work comprises the completed construction required by the Contract Document and includes all labor necessary to produce such construction and all materials and equipment incorporated or to be incorporated in such construction. The work shall be governed by the Contract Documents. This section is hereby made part of every section of this specification as if it were bound together with each section. The paragraphs herein are mainly general in nature and where specifics are mentioned then it shall apply to that specific item only. It shall be the Contractor's responsibility to assure that this information is directed to all trades performing work on this project on and off site. No consideration will be granted for any alleged

Contractor's Responsibility

misunderstandings of the work to be done.

The Contractor shall execute work as per Contract Documents. The Contractor shall make no changes therefrom without having first received written permission. The Contractor shall study the contract drawings and specifications with regard to the work as shown so as to insure its completeness. The Contractor shall examine surfaces and conditions to which this work is to be attached or applied, and notify the Architect/Owner if any conditions or surfaces exist which the Contractor considers detrimental to the proper and expeditious installation of his work. Starting the work shall imply acceptance of the surfaces and conditions to perform the work as specified. The Contractor shall be responsible for adequately bracing and protecting all work during construction against damage, breakage, collapse, and distortions, Contractor shall protect all finished work from damage. The Contractor shall maintain the existing building in a weather tight condition throughout the construction period. The Contractor shall repair damage caused by construction operations. The Contractor shall take all precautions necessary to protect the building and its occupants during the construction period. Unless otherwise noted, all materials shall be new and workmanship and materials shall be of good quality. All work shall be accurately and neatly

The responsibility for the safe working conditions at the job site shall be the contractor's and the architect and owner shall not be deemed to any responsibility of liability in connection herewith. The Occupational Safety and Health Act (OSHA) shall be adhered to so work shall be free from hazard.

done, properly plumbed, squared, and level. Contractor agrees to select competent subcontractors, material, suppliers, employees, and shall provide

WORKMANSHIP Work shall be executed by skilled craftsman, in strict accordance with instructions and recommendations of the manufacturer. The work shall conform to the level of workmanship established by recognized agencies, organizations, and institutes. All installed work shall be securely and neatly set in place at designated locations, free from scratches, mars, and other defects. Work shall be installed in as long lengths as practical, with neat, secure plumb joints between members. Exterior work shall be secured with provisions for expansions and contractions and shall be installed in such a manner

that will result in watertight or waterproof finish. The Contractor shall not cut and patch structural elements in a manner that would reduce their load carrying capacity or load deflection ratio. Do not cut and patch construction exposed on the exterior or in occupied spaces, in a manner that would, in the Architect's opinion, reduce the building's aesthetic qualities, or result in visual evidence of cutting and patching.

SECTION 0200 SITE WORK GENERAL

House, including finished floor heights, driveway, well and sewage disposal system to be located in the field prior to state of construction and to be approved by Owner/Architect.

EXCAVATION, BACK FILLING AND GRADING

The Contactor shall excavate the area as shown on drawings. Excavation shall be executed with minimal damage to the site. All excavation to be a minimum of 4' below grade or as shown on drawing. Remove all topsoil over the building area. Back fill material shall be gravel, free from rubbish, debris, sod, roots, or artificial material. Final grade as shown on the drawing with stockpiled topsoil or at the direction of the Owner. Final grading to be in such a way as to allow water to flow away from the house and so as not to cause ponding. Maintain and protect newly graded areas from elements by use of straw, hay, erosion mats or other suitable materials.

Footing drains as shown on drawings along entire perimeter of house shall be provided, discharging to daylight at locations to be reviewed and accepted by Architect or sump pump if daylight cannot be achieved at the site.

SECTION 0300 CONCRETE CODES AND STANDARDS

FOOTING DRAINS

Comply with the American Concrete Institute "Guide to Residential Cast-in-Place Concrete Construction" (ACI 221R-84).

and pay for all materials, labor, tools and other items necessary to complete the work as specified

2500 PSI to bear on undisturbed soil as shown on drawings 3'-6" below grade or to rock. Footing design based on minimum soil bearing value of 4000 lb./sf. If soil of lower bearing value or if conditions indicating disturbed soil or buried debris are found, the work shall be stopped until foundation design can be reevaluated. Maintain pits in a dry and stable condition until concrete work is performed. All water shall be removed from trenches and

Concrete Foundation JOB CONDITIONS

Environmental Conditions

1. When extreme hot or cold weather conditions occur, or are expected to occur, which might detrimentally effect concrete, employ handling and placing techniques to guard against such effects. Comply with the recommendations of American Concrete Institute for hot and cold weather concreting, ACI publications ACI 306 and ACI 305.

2. Inclement Weather: Unless adequate protection is provided, do not place exterior concrete during rain, sleet or snow.

3. Do not use calcium chloride or add mixtures containing soluble chloride.

A. Sill anchors shall be Simpson MA-4 and MA-6 or equal.

B. Reinforcing steel shall be deformed bars confirming to ASTM A615, grade 40.

A. All concrete shall be f'c = 3500 psi (ultimate compressive strength at 28 days) made to normal weight (stone) aggregate.

B. Maximum concrete slump shall be 4"

EXECUTION A. Remove all wood scraps, ice, snow, frost, standing water and debris from the areas in which the concrete will be placed.

B. All concrete framework and/or block work shall be adequately tied together and braced to form true lines, square corners, and plumb walls.

C. All footings shall be placed directly on virgin soil. Adjust bottom of footing elevations as required, including stepped footings at northwest walls. D. All exterior footings shall be placed at a minimum of 4'-0" below final grade. Contractor shall verify frost line with local Building Department Officials.

E. Do not place backfill against foundation wall until all floors bracing these walls are in place.

F. Reinforcing steel shall be placed to provide the following minimum concrete cover: 3" at footings; 2" at walls.

SECTION 0500 STEEL Framing Anchors

Provide galvanized metal framing connection as specified in contract drawings. Manufacturer to be Teco, Washington, D.C. or equal. Install to Manufacturer's specifications.

SECTION 0600 WOODS & PLASTICS Rough Carpentry

Wood framing shall provide construction which will assure safe support of all designs loads and provide a suitable base for attachment of sheathing and/or finish materials. All framing lumber to be Fb single = 1000 min. #2 SPF or better, Fc perp minimum 385 psi, modules of elasticity minimum 1.300.000. All studs and plates #2 SPF or better

All nailing to follow New York State Building Code. All notching and drilling of joists to follow New York State Code recommendations. All jack stud requirements to follow New York State Code recommendations or as shown on plans. Splicing of vertical members is not permitted. Splicing of horizontal members is permitted only over bearing points. All lumber in contact with concrete to be pressure treated. Install Dow sill seal as required. Rough hardware used for anchorage of wood blocking and framing shall consist of nails, screws, bolts and nuts, and the like of types and sizes best suited for each particular condition. Where rough hardware items may be exposed to humidity's of 50 percent or greater, they shall be of non-corrosive

Floor Framing As shown on drawings. Wood bridging at mid span, maximum 8'on center. Install all joists crown up. Firestopping as required by New York State Code.

Deck sheathing as shown on drawings. Minimum subfloor to be 3/1" Tongue and Groove Oriented Strand Board (OSB). Minimum subfloor under tile/vinyl 1-1/4" thick with top layer to be ½" p/ts grade fir plywood. Nailing of plywood to follow National Plywood Association

standards. Wall Framing

As shown on drawings. A frame sections to be detailed as shown. 2x6/2x4 studs to be 16" O.C. Firestopping as required by New York State Code. 7/16" ZIP WALL BOARD on all exterior walls. Headers as shown on drawings. Ceiling and Roof Framing

As shown on Drawings. ½" ZIP WALL SHEATHING on roof. Install with aluminum H clips when greater than 16" centers.

EXTERIOR FINISH

Furnish necessary labor, material, and equipment for complete installation of siding and trim as shown on drawings. Siding to be determined by Owners. Siding and trim shall be stored on a flat surface. Application of siding and trim members shall be in accordance with the best practice in accordance with the latest edition of installation instructions prepared by the American Vinyl Institute. All joints and members to be true and plumb.

Install vented soffit as shown on drawings. Final Material and manufacturer to be determined by Owner and install to manufacturer's specifications and all good practices of the trade.

INTERIOR FINISH

Trim all windows, doors, base, closets. All works shall be accurately and neatly done, properly plumbed, squared and leveled with tight joints. Produce finish carpentry and finish millwork in best SECTION 0700 THERMAL & MOISTURE PROTECTION

manner known to trade. Install in as long as length as practical. All nails to be set. ROOFING

Install #235 regular 3 tab 25 year fiberglass shingles over 15# felt paper to manufacturer's specifications. Install colored aluminum drip edge all edges, install aluminum step flashing where required. If slope is 2" to 4" per foot, install a double layer of Shingle Underlayment or it's equivalent by first applying a 19" wide strip along the eaves, overhanging the eaves ¼" to ½". Over this starter, apply a full 36" wide sheet. Continue with 36" wide sheets, lapping each 19" over the preceding course. Secure with sufficient fasteners to hold in place until shingles are applied. End laps are to be 12" wide and offset from course to course. Where there is a possibility of icing along the eaves causing a back up of water, solidly cement the courses of shingle underlayment to each other with asphalt plastic cement from eaves to at least 24" beyond the interior wall line, and in areas of severe icing, at least up to the highest water level expected to occur from ice dams. Contractor to provide samples. Install Ridgeline Ridgevent along length of ridge.

Under all slabs on grade, install sheet polyethene film .008 inch (8 mil) thick, widest widths available.

All concrete block walls shall be treated with 2 coats of weatherproof cement or liquid membrane waterproofing from footing to sill; protect from damage during backfill operations.

Furnish and install 6 mil polyethylene at walls surrounding all bath tubs and shower, over studs, under cementitious backer board.

Ice and water shield membrane film shall be applied in three foot widths at all eaves and valleys of cedar shingle roofs. Chimney flashings shall run up not less than 6" under shingles. Counter flashings shall extend to a within 1" of the surface of the finished roof. St the

roof cricket, flashing shall be carried not less than 10" under the shingles. Dormer flashings shall run up not less than 6" under the shingles and at least 8" up on the face and cheeks.

Step flashings shall be used where vertical surface occur in connection with slopes. They shall be formed of separate pieces and shall turn up not less

than 4" at any point. They shall be built into masonry and shall lap 3", follow the joints of masonry and shall be installed in reglets cut into these joints. Valley flashings shall extend at least 10" on each side. Shingles shall be installed to lap the valley flashing not less than 7" on each side. **GUTTERS AND DOWNSPOUTS**

Location of all downspout to be approved by owner. Colors for exposed materials to match adjoining colors. Joints shall be clean prior to installation. Completed work shall be neat and uniform in

Seamless aluminum gutters and downspouts installed with spikes and ferrules. Install downspouts as required to carry water away from the house.

INSULATION

appearance.

Pack insulation around all windows and doors. Install insulation in a neat manner. All joints to be tight, fill all areas possible.

Walls - R21 Fiberglass Batt Insulation Flat Ceiling – R49 Fiberglass Batt Insulation

Great Room Ceiling – R30 Fiberglass Batt Insulatio Floor – R30 Fiberglass Batt Insulation

SECTION 0800 DOORS/WINDOWS/GLASS EXTERIOR DOORS

Exterior front door to be insulated steel in full weather stripped jamb. Glass shall be double pane High Performance insulating glass. Dexter or equal locksets and deadbolts, hinge pin door stop.

INTERIOR DOORS Interior doors to be set in pine jambs and stop, three hinges, Dexter or equal locksets and hinge pin door stop.

WINDOWS

CERAMIC TILE

the trade.

Windows to be Anderson 200 series for sizing.

Glass shall be double pane High u + .30 or better Performance insulating glass. Venting sash shall be furnished with an insect screen and clear pine extension jambs. Install grilles. Install according to manufacturer's instructions. SECTION 0900 FINISHES

GYPSUM BOARD

All surfaces ½" gypsum board, install in as long as lengths as practical, installed with screws, metal exterior corners, reinforced paper interior corners, three coats compound sanded smooth. Install fire code gypsum board as required to meet the Building Code. SCHEDULE FOR ROOM FINISHES – Room finishes to be determined by Owner

Ceramic tile with color grout over thinset mortar bed provided and installed by contractor, Material allowance of \$5.00 per square foot for tile and grout.

Owner conditions encountered in field which would prevent proper installation of material. Install to manufacturer's standards and all good practices of

Marble saddle at door. Tile on walls to be ceramic tile with color grout over thinset mortar bed over cement board installed by contractor. Report to

WOOD FLOORING

Oak Floor

bundles and allow to acclimate prior to installation. Finish by sanding smooth with coarse and fine grits. Screen floor with 100 grit screen. Finish with four coats waterbourne, nonyellowing Swedish finish in glass. Finish screening between second and third coat.

To be supplied and installed by owner. Subbase to be cleaned by contractor and approved by installer. Report to owner conditions encountered in field which prevent the proper installation of material. Subbase over existing flooring to be 3/8 underlayment grade plywood, verify with vinyl installer.

To be supplied and installed by owner. Subbase to be cleaned by Contractor and approved by installer. Report to owner conditions encountered in field which prevent the proper installation of material.

Protect flooring after finish until end of project. Repair and/or replace damage due to construction.

Contractor to verify final paint schedule with owner in writing prior to priming.

All nails to be set and holes to be puttied with color putty to match, sand all surfaces smooth. All marks to be removed. Prime all boards prior to installation both sides with one coat oil based primer. Finish all wood with two coats Benjamin Moore Aguaglo exterior latex paint. Apply paint evenly

INTERIOR WOODWORK

SECTION 1500 MECHANICAL

Heating and air conditioning system including all equipment ductwork, wiring, and plumbing shall be provided and installed by Contractor. Contractor is responsible for coordinating the work and for any padding or changes in the frame work as required.

Contractor shall submit ductwork and piping drawings and Manufacturer's cuts and specifications for all grilles, outlets, ductwork, and heating equipment, prior to installation. Contractor must confirm he location of all ducts, grilles and registers on shop drawings prior to installation.

The following conditions shall be maintained: Summer Outdoors 95 degrees

Ductwork sized at 0.08" static pressure drop per 100 ft of ductwork. Construction to be galvanized sheet steel gauges and construction in accordance

All plumbing shall be provided and installed by Contractor. Plumb all faucets from water supply with 3/2" PEX pipe to within 3' of faucets. Balance to be ½" PEX pipe supply. All sinks, brass, water closets and tubs to be neatly caulked and cleaned. All water lines shall be provided with shutoff and control

Install waste/venting as required by code. Piping to be ABS/PVC for venting and waste lines. All plumbing in slab to be cast iron waste piping and type K copper wrapped in Armaflex pipe insulation. Piping shall not impair the structural safety of the building. All supply and drain pipes shall be kept out of exterior walls and areas where they are subject to freezing. Wrap all plumbing from supply with Armaflex. Contractor is responsible for coordinating the work and for any padding or changes in the framework as required.

Schedule for plumbing fixtures to be determined by Owner and to comply with New York State Uniform Fire Prevention and Building Code. SECTION 1600 ELECTRICAL

All electrical work shall be installed to comply with all laws applying to electrical installations in effect in the local community. Where no codes exist the work shall conform with the regulations of the National Electrical Code and the electric utility company servicing the area. All materials shall be new and

shall conform to UL standards. Outlets, switch and light locations as shown on drawings are approximate and shall be adjusted to architectural details, job conditions, or as necessary to meet code.

USE OF CLASSIFICATION - SINGLE FAMILY

TYPE OF CONSTRUCTION – WOOD FRAME DESIGN LOAD

BEDROOMS ATTICS WITHOUT STORAGE

SPECIAL WIND REGION – YES WIND-BORNE DEBRIS ZONE - NO

FROST LINE DEPTH - 48" TERMITE – MODERATE

ICE BARRIER UNDERLAYMENT REQUIRED - YES FLOOD HAZARDS - LOCAL LAW

SCOPE OF WORK:

CONSERVATION CONSTRUCTION CODE OF NEW YORK STATE

CONSTRUCTION AS DEFINED TO BE AS NEW CONSTRUCTION

SLOPED CEILING - R30 WALLS - R21 GLAZING - U=0.30 OR BETTER

DOOR – U=0.10 OR BETTER

FLOOR - R30

CLIMATE AND GEOGRAPHIC DESIGN CRITERIA

GROUND	WIND	SEISMIC I	SUB	JECT TO DAM	IAGE FROM		JWINTER	ICE SHEILD	FLOOD	AID EDEEZINIO
SNOW LOAD	SPEED (mph)	DESIGN CATEGORY	WEATHERING	FROST LINE DEPTH	TERMITE	DECAY	DESIGN TEMP.	UNDERLYMT REQUIRED	HAZARDS	AIR FREEZING INDEX
-40</td <td>115 MPH</td> <td>В</td> <td>SEVERE</td> <td>48"</td> <td>MOD.</td> <td>MOD.</td> <td><u> </u></td> <td>YES</td> <td>NONE</td> <td><1500</td>	115 MPH	В	SEVERE	48"	MOD.	MOD.	<u> </u>	YES	NONE	<1500

TABLE OF CONTENTS SHEET CONTENTS PROJECT NOTES EXISTING FLOOR PLAN PROPOSED FLOOR PLAN PARTIAL SITE PLAN & GREASE TRAP DETAILS

Install 3/2"x2 1/2 strip oak flooring, tongue and groove, random length, clear and better grades, install to National Oak Flooring recommendations. Open

VINYL AND LAMINATE

FLOOR FINISH/TREATMENT

PAINTING

Paint colors to be determined by Owner. Contractor to assume for purposes of estimate three wall colors with all ceilings to be flat, ceiling white.

and smoothly by brush and roller, free of runs, drips, sags, or brush marks.

Finish with one coat latex primer and two coats Benjamin Moore Aquavelvet latex paint, Apply paint evenly and smoothly by brush and roller, free of runs, drips, sags, or brush marks.

All nails to be set and holes puttied with color putty to match, sand all surfaces smooth. All marks to be removed. Finish with one coat oil based satin,

and two coats (? notes stopped there)

EXTERIOR WOODWORK

HEATING AND AIR CONDITIONING

Indoors 75 degrees Outdoors 0 degrees

with SMACNA recommendations, smooth elbows, transitions, internal turning vanes where required, securely fastened to structure with galvanized straps, minimum two per fitting. Grilles and registers to be sized for minimum noise level. Ducting to be 26 Ga. insulated metal trunk ducts and flexible branch ducts. All supply ducts run through unconditioned space will be insulated. System to be installed complete and tunes and ready to operate.

valves necessary for their operation

Schedule for Plumbing Fixtures

of grade to conform to the standards of the Underwriters' Laboratories Inc, and at the completion of work evidence shall be furnished showing compliance with laws and regulations in effect. All wiring shall be copper Non-Metallic sheathed cable system. All wiring shall be run in walls and ceiling. Concealed boxes shall be plastic or metal and

CODE. CLIMATIC AND GEOGRAPHIC CRITERIA

GROUND SNOW LOAD ROOMS OTHER THAN BEDROOMS 40 PSF

DECKS WIND SPEED 115 MPH TOPOGRAPHIC EFFECTS - NO

SEISMIC DESIGN CATEGORY B WEATHERING - SEVERE

WINTER DESIGN TEMP - 1 degree F

AIR FREEZING INDEX - <1500 MEAN ANNUAL TEMP - 48 degrees F

CONSTRUCTION DRAWINGS COMPLY WITH 2020 RESIDENTIAL BUILDING CODE OF NEW YORK STATE AND 2020 ENERGY

ENERGY CODE COMPLIANCE BY RES-CHECK FLAT CEILING - R49

DRAWN RY M.E.G. CHECKED BY: REVISIONS

7

7

STAURANT

ORK-

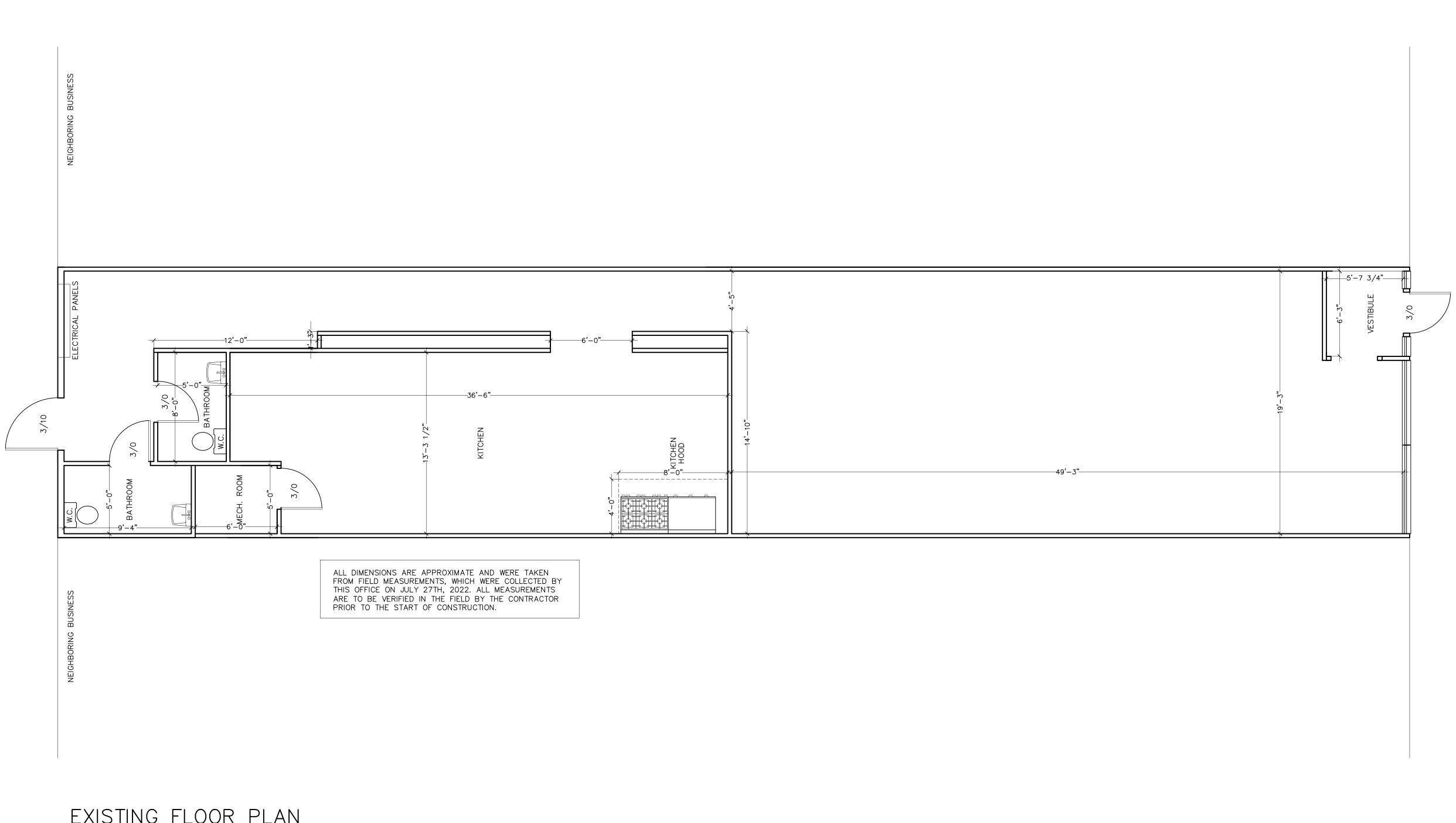
OF

 \overline{S}

တ်

157

NYSPE #074666 SHEET No.



EXISTING FLOOR PLAN

SCALE: 1/4" = 1'-0"

1572 ROUTE 9, SUITE A, VILLAGE OF WAPPINGERS FALLS, NEW YORK- SEPTEMBER 15, 2022 SARA'S MEDITERRANEAN GRILL RESTAURANT PLAN

PROJECT No. 2022:108
DRAWN BY: P.B.
CHECKED BY: M.E.G.
REVISIONS

NYSPE #074666 SHEET No.

CODES: ALL WORK & MATERIALS MUST CONFORM TO THE NEW YORK STATE BUILDING CODE, LOCAL BUILDING CODES, NATIONAL BOARD OF FIRE UNDERWRITERS CODE AND TO THE REQUIREMENTS OF THE BOARD OF HEALTH & N.Y.S. ENERGY CONSERVATION CODE.

OMISSION: ANYTHING NOT SPECIFICALLY SHOWN HEREON AND/OR SPECS, BUT WHICH IS REASONABLY IMPLIED, SHALL BE FURNISHED AS THOUGH SET FORTH IN THE PLANS AND/OR SPECIFICATIONS. ALL WRITTEN FIGURES, NOTES & DIMENSIONS ON THE FLOOR PLANS, OR SPECIFICATIONS SHALL TAKE PRECEDENCE OVER ANY DRAWN FIGURES. DO NOT SCALE PRINTS. ALL DIMENSIONS MUST BE VERIFIED IN THE FIELD BY THE CONTRACTOR BEFORE START OF CONSTRUCTION. ANY DISCREPANCIES ON THE PLANS, OR SPECIFICATIONS, MUST BE REPORTED TO THE ENGINEER

ALL PERMITS ARE NOT THE RESPONSIBILITY OF THE ENGINEER.

PRIOR TO THE START OF CONSTRUCTION.

MATERIALS: ALL MATERIALS SHALL BE NEW AND INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS.

SUBSTITUTIONS: SUBSTITUTIONS MADE FOR STRUCTURAL MATERIALS SPECIFIED BY NAME MAY BE MADE ONLY IF APPROVED BY ENGINEER.

OWNERSHIP OF PLANS: THESE PLANS ARE PROPERTY OF M. GILLESPIE & ASSOC. CONSULTING ENGINEERING. ANY USE OR REPRODUCTION, IN WHOLE OR PART, WITHOUT THE WRITTEN CONSENT OF M. GILLESPIE & ASSOC. IS PROHIBITED. ANY PERSON, OR CORPORATION, USING PLANS WITHOUT CONSENT WILL BE RESPONSIBLE TO COMPENSATE M. GILLESPIE & ASSOC.

ENGINEER'S STATUS: THE ENGINEER HAS NOT BEEN RETAINED BY OWNER TO PROVIDE PERIODIC JOB INSPECTIONS OR JOB ADMINISTRATION AND SHALL NOT BE RESPONSIBLE FOR CHANGES MADE IN THE FIELD WITHOUT WRITTEN OR GRAPHIC AUTHORIZATION.

<u>DIVISION 3 – CONCRETE:</u>

ALL CONCRETE USED SHALL HAVE A MINIMUM COMPRESSIVE STRENGTH OF 3,500 PSI AT 28 DAYS UNLESS OTHERWISE NOTED. ALL CONCRETE WORK SHALL BE DONE IN COMPLETE CONFORMANCE TO APPLICABLE ACI CODES.

<u>DIVISION 7 – THERMAL & MOISTURE PROTECTION:</u>

INSULATION: ALL INSULATION SHALL BE INSTALLED IN ACCORDANCE WITH THE N.Y.S. ENERGY CONSERVATION CODE.

CAULKING: ALL EXTERIOR JOINTS BETWEEN WINDOWS, DOORS AND OTHER SURFACES SHALL BE CAULKED USING A WEATHERPROOF CAULKING.

<u>DIVISION 8 - DOORS & WINDOWS:</u>

WINDOWS: ALL WINDOWS SHALL MEET THE MINIMUM REQUIREMENTS FOR LIGHT, VENTILATION AND EGRESS. ALL WINDOWS SHALL BE OF SUFFICIENT CONSTRUCTION SO AS TO MEET THE N.Y.S. ENERGY CONSERVATION CODE.

<u>DIVISION 9 – FINISHES:</u>

DRYWALL: DRYWALL SHALL BE 5/8" GYPSUM BOARD SECURELY SCREWED ACCORDING TO THE MANUFACTURER'S SPECIFICATIONS. ALL JOINTS ARE TO BE TAPED AND SHALL RECEIVE (3) COATS OF JOINT COMPOUND. FINISHES TO BE SMOOTH, EVEN AND READY FOR PAINTING.

<u>DIVISION 15 - MECHANICAL:</u>

FLASHING: ALL PIPES PASSING THROUGH ROOF SHALL BE MADE WATER-

TESTING: THE CONTRACTOR SHALL TEST ALL WATER SUPPLY AND DRAIN, WASTE AND VENT PIPING IN ACCORDANCE WITH ALL CODES.

<u>DIVISION 16 – ELECTRICAL:</u>

ALL ELECTRICAL WORK SHALL BE DONE IN STRICT CONFORMANCE WITH THE NATIONAL BOARD OF FIRE UNDERWRITERS AND LOCAL CODES.

LEGEND

QUANTUM EXIT/UNIT COMBO W/ 2 LAMP HEADS & BATTERY



PORTABLE FIRE EXTINGUISHER

THE REQUIRED PORTABLE FIRE EXTINGUISHERS ARE TO BE LOCATED IN PLAIN VIEW. THE EXTINGUISHERS ARE TO BE READILY ACCESSIBLE AND IMMEDIATELY AVAILABLE FOR USE. THE EXTINGUISHERS MAY BE HOUSED IN A CABINET, BUT MAY NOT BE LOCKED. EXTINGUISHER THAT WEIGHTS 40 POUNDS OR LESS CAN BE INSTALLED SO THAT THE TOP IS NOT MORE THAN 5 FEET ABOVE THE FLOOR. EXTINGUISHER THAT WEIGHTS MORE THAN 40 POUNDS SHALL BE INSTALLED SO THAT THE TOP IS NOT MORE THAN 3 1/2 FEET ABOVE THE FLOOR.

MINIMUM PLUMBING REQUIREMENTS (TABLE 2902.1)

RESTAURANT

OTHER:

WATER CLOSETS: LAVATORIES

DRINKING FOUNTAINS:

1 PER 75 (MALE & FEMALE) 1 PER 200 (MALE & FEMALE)

1 PER 500** 1 SERVICE SINK

**WHERE WATER IS SERVED IN RESTAURANTS, DRINKING FOUNTAINS ARE NOT REQUIRED (410.3)

FIRE BARRIER DETAIL

FIRE BARRIER SECTION

2 HOUR RATED FIRE BARRIER TWO LAYERS 5/8" FIRE-SHIELD GYPSUM WALLBOARD SCREW ATTACHED VERTICALLY TO BOTH SIDES 2 1/2"

VERTICAL JOINTS STAGGERED

STEEL STUDS, SPACED 24" O.C.

UL V438

FINISH SCHEDULE

- 1) ALL INTERIOR WALL FINISHES TO BE 1/2" GYPSUM WALL BOARD.
- 2) ALL PAINT TO BE BENJAMIN MOORE OR EQUAL. COLOR TO BE SELECTOR BY OWNER.
- 3) ALL FLOORING TO BE LOCATED AS PER OWNER. COLORS AND TYPES TO BE SELECTED BY OWNER.
- 4) ANY CARPET IS TO BE A HEAVY DUTY COMMERCIAL CARPET. MANUFACTURER TO BE CONTRACTORS CHOICE, COLOR TO BE SELECTED BY OWNER. CONTRACTOR TO SUBMIT SAMPLE TO OWNER PRIOR TO INSTILLATION. CARPET NOT TO BE LESS THAN CLASS II MATERIALS AND TO BE LABELED AS SUCH.
- 5) ALL TRIM AS PER OWNER, COLOR AND STYLE TO BE SELECTED BY OWNER.
- 6) ALL FIRE EXTINGUISHER CABINETS, BRACKETS AND FIRE EXTINGUISHERS AS SUPPLIED BY "LARSEN" OR EQUAL.
- 7) PROVIDE VINYL SIGNS IN BOTH WRITTEN AND BRAILLE AT THE DOORS OF THE REST ROOMS
- 8) ALL FURNITURE SHOWN ON PLANS IS CONCEPTUAL. OWNER TO MAKE ALL FINAL FURNITURE PLACEMENT/LAYOUT DECISIONS.

CODE CONFORMANCE

2020 NEW YORK STATE BUILDING CODE:

GROSS AREA OF NEW RESTAURANT SPACE: 1,919 SQ. FT.

OCCUPANCY CLASSIFICATION ASSEMBLY GROUP $^{\circ}A-2^{\circ}$ (303.3)

DINING AREA: ASSEMBLE UNCONCENTRATED NET AREA: 989 SQ.FT./15 SQ.FT. PER OCCUPANT = 65 OCCUPANTS, WHICH IS TO BE POSTED NEAR MAIN EXITS (TABLE 1004.1.1)

KITCHEN GROSS AREA 522.5 SQ.FT./200 SQ.FT. PER OCCUPANT = 2

AN AUTOMATIC SPRINKLER SYSTEM IS NOT REQUIRED FOR GROUP A-2 OCCUPANCIES WHERE THE OCCUPANT LOAD IS LESS THAN 100 (903.2.1.2)

NUMBER OF EXITS REQUIRED: (2), NUMBER OF EXITS PROVIDED (2),

A TYPE I HOOD IS TO BE INSTALLED ABOVE ALL COMMERCIAL COOKING APPLIANCES COMPLETE WITH A FIRE-EXTINGUISHING SYSTEM. HOOD TO BE INSPECTED AND MAINTAINED IN ACCORDANCE WITH NFPA 96.

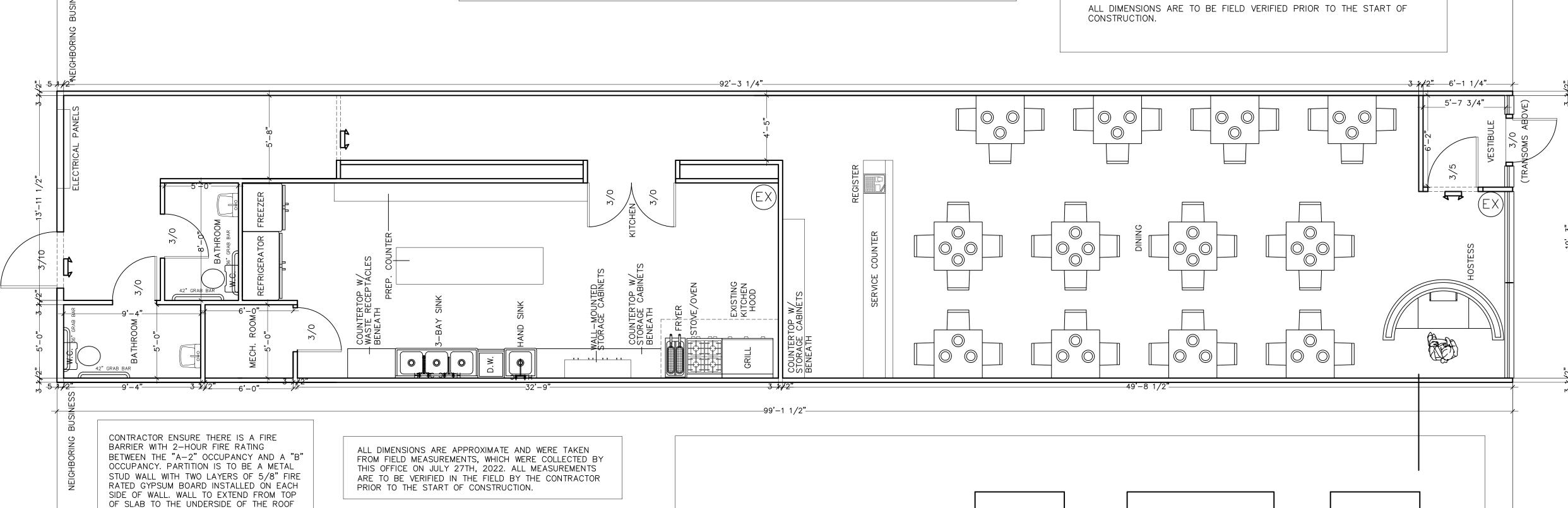
A FIRE BARRIER WITH 2-HOUR FIRE RATING IS TO BE PROVIDED BETWEEN THE "A-2" OCCUPANCY AND A "B" OCCUPANCY (TABLE 508.3.3)

INTERIOR FINISHES: ROOMS AND ENCLOSED SPACES - CLASS B

FLAME SPREAD 26-75; SMOKE-DEVELOPE 0-450 AN AUTOMATIC SMOKE DETECTION SYSTEM IS TO BE PROVIDED FOR UNIT. DETECTORS ARE TO RECEIVE PRIMARY POWER FROM BUILDING WIRING AND

INTERCONNECTED AND TIED INTO THE BUILDINGS SECURITY SYSTEM.

WILL BE EQUIPPED WITH BATTERY BACKUP. DETECTORS TO BE



54" MIN.

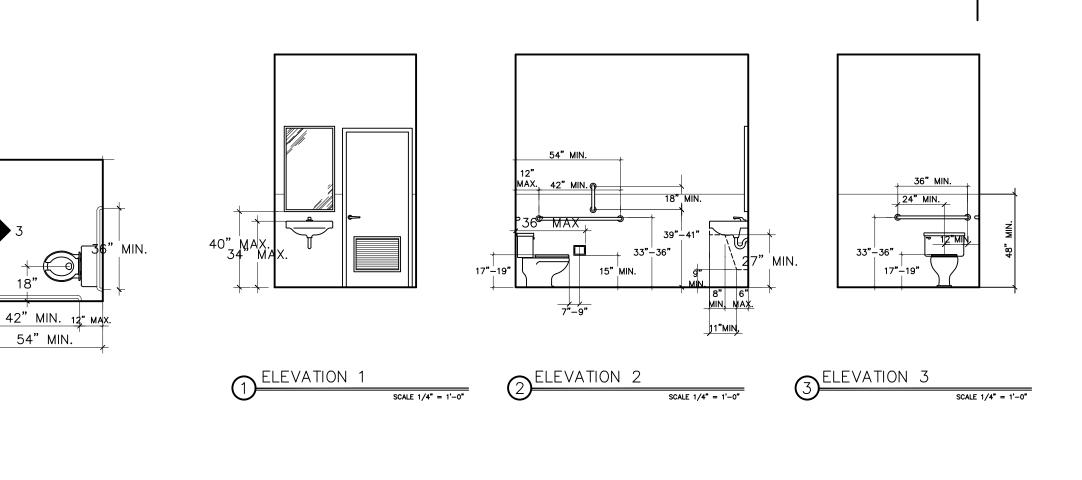
PROPOSED FLOOR PLAN

AND TO BE SECURELY ATTACHED. THE WALLS

SHALL BE CONTINUOUS THROUGH THE

SUSPENDED CEILING. (706.5)

SCALE: 1/4" = 1'-0"



TYPICAL BATHROOM DIMENSIONS

SHEET No.

P2

Ш Z RESTAURANT 5

OF

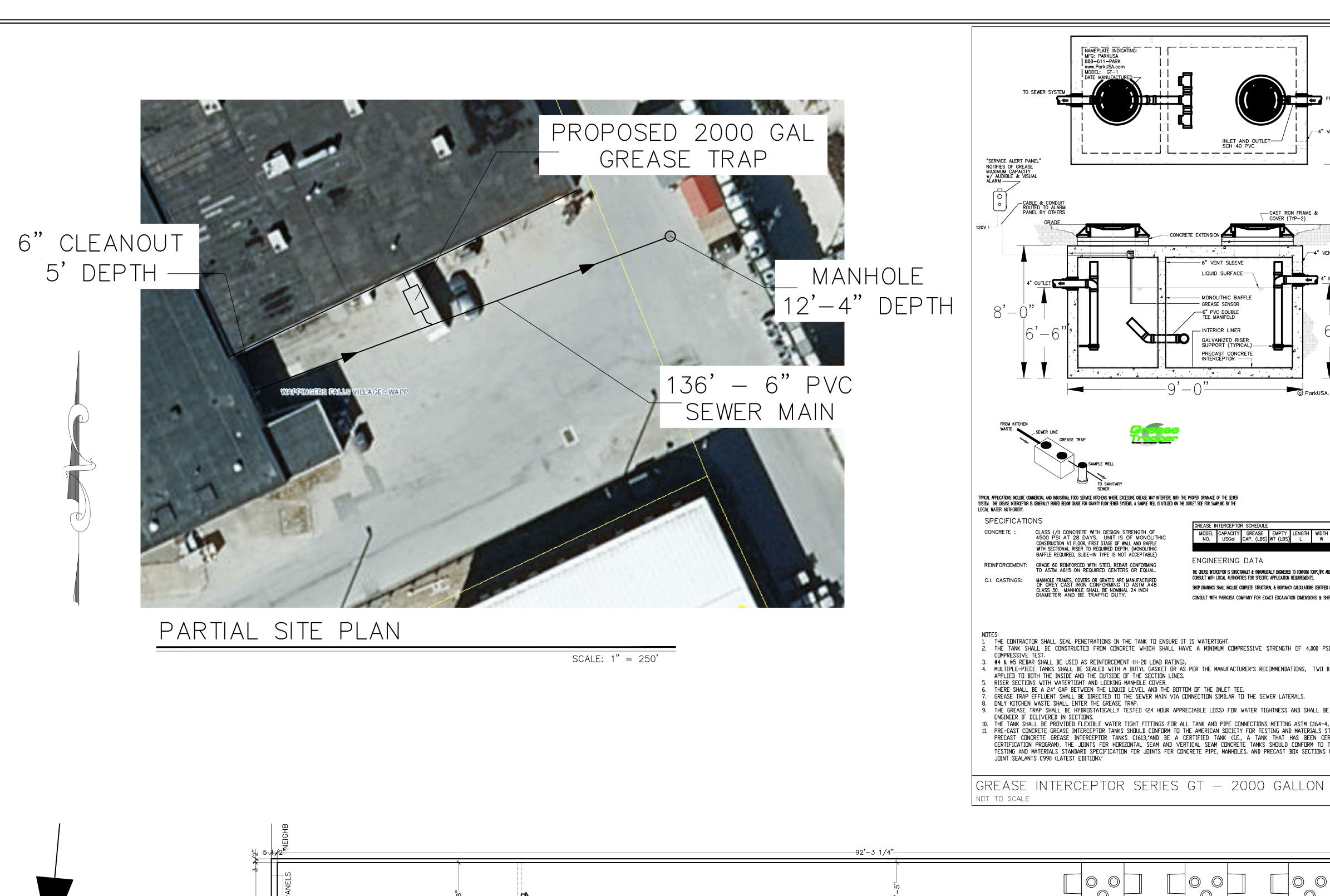
SUITI

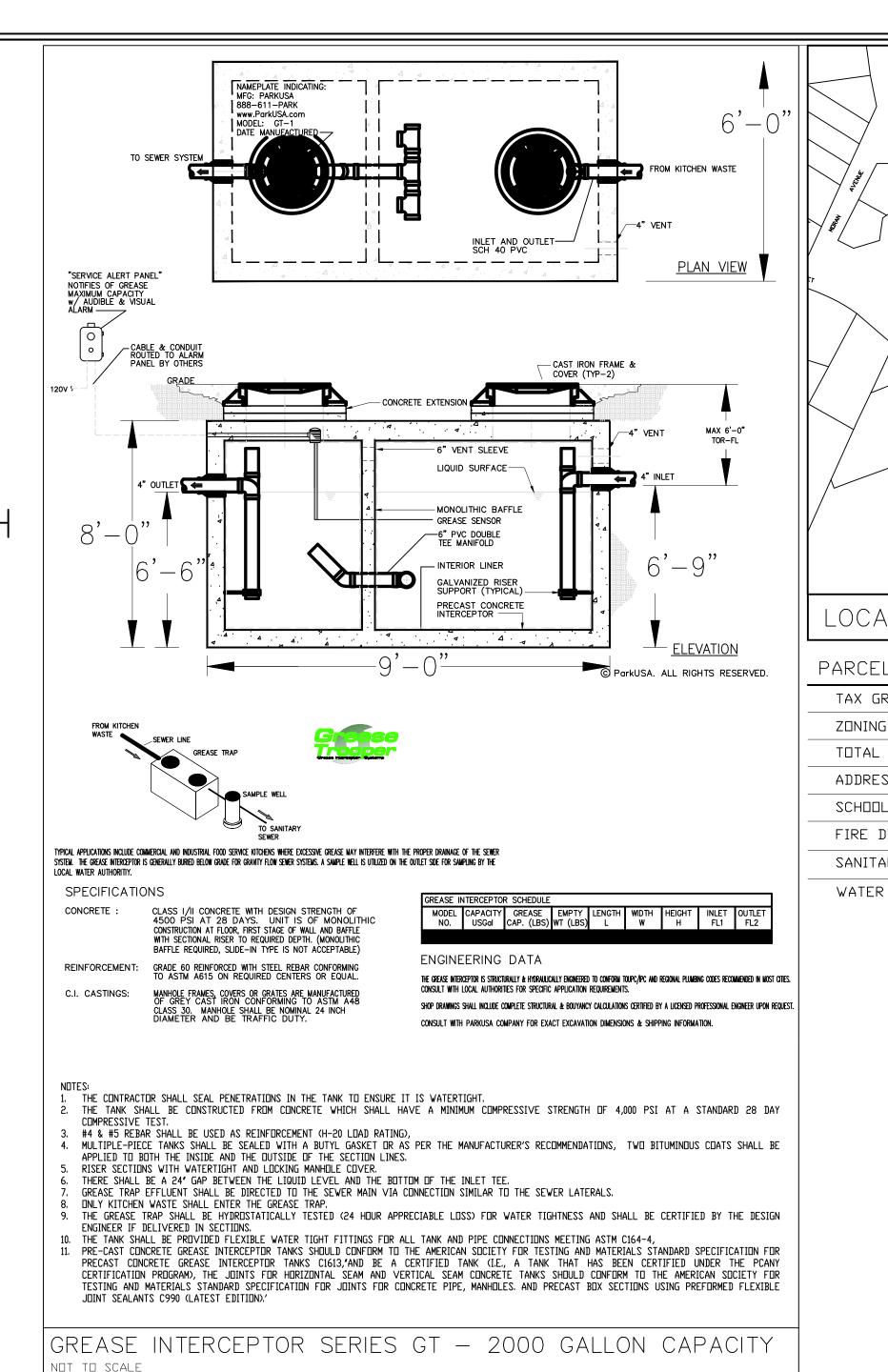
တ်

1572

DRAWN BY: CHECKED BY: REVISIONS

NYSPE #074666







LOCATION MAP	SCALE: 1" = 200'
PARCEL INFORMATION	
TAX GRID PARCEL NUMBER(S)	135601-6158-19-575182
ZONING DISTRICT	CB- 30
TOTAL AREA	4.60 ACRES
ADDRESS	1572 ROUTE 9
SCHOOL DISTRICT	WAPPINGERS FALLS
FIRE DISTRICT	WAPPINGERS FALLS
SANITARY DISPOSAL	MUNICIPAL SEWER
WATER SUPPLY	MUNICIPAL WATER



GRIL

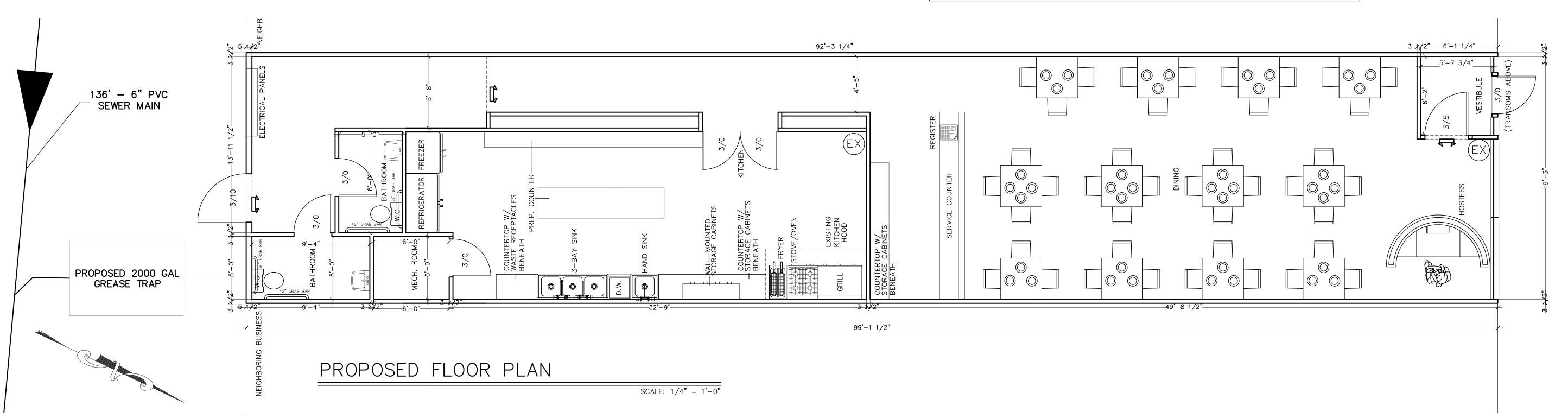
TERRANEAN

1572 ROUTE

TRAP DETAILS

PARTIAL SITE PLAN & GREASE

CHECKED BY:
REVISIONS NYSPE #074666 SHEET No. **P**3





VILLAGE OF WAPPINGERS FALLS

Office of Building, Planning & Zoning
2582 South Avenue
Wappingers Falls, NY 12590
Phone: (845) 297-5277 Fax: (845) 296-0379
www.wappingersfallsny.gov

SIGN PERMIT APPLICATION

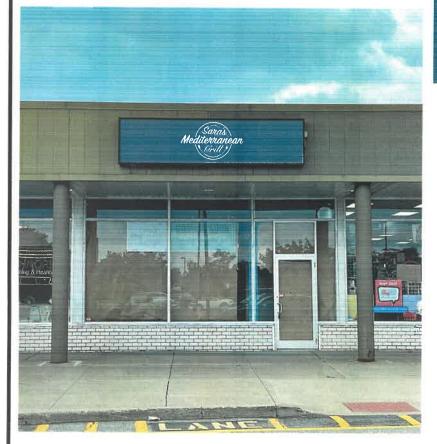
Name of App	plicant MUTAL GUNOS
A	ddress 9 Deganima Hill 2d.
	WAPPINGERS FALLS , NY 12590
	Email dewran 080 hotmail com
	Phone 914-703-5881
	<u> </u>
Owner of Pro	operty DLC Management Corp.
	ddress 565 Taxter Rd, 4th FLR.
	Elmsford, NY 10523
]	Phone 260-258-5188
ocation of Property	v 1572 Route 9, Imperial Plaza, Snite 9-A, Wappingers
near Frontage of h	v 1572 Route 9, Imperial Plaza, Snite 9-A, Wappingers Duilding Zoning District NY, 12590
pes of Signs	O Post & Arm O Projecting O Seasonal O Multi-Tenant Wall O Window O Awning O Free Standing O Sidewalk
gn Design	All applications must be accompanied by a detailed scaled drawing showing all sign
	dimensions, graphic design (including lettering and pictorial matter), visual message
. •	(text, copy or content of sign), sign colors with color swatches, lighting, and landscapi
gn Location	All applications must be accompanied by a plan, drawn to scale showing the following
	Freestanding signs- the position of the sign in relation to adjacent buildings,
	structures, roads, driveways, property lines, other signs, lighting fixtures, walls
-	and fences.
	Awning, Window, Wall or Projecting signs-the location on awning, window
	wall or building, size of awning, total window area of principal façade, or linea
	frontage of building (as appropriate), projection from building, if relevant,
	proposed signs position in relation to adjacent signs and lighting fixtures.
n Specifications	Type WALL Placement Building FACAde
	Landscaping Yes No Size of Sign 36 Height 143 Width
_	Single Faced Double Faced Lighted
•	

The undersigned respectfully petitions the Village of Wappingers Falls Code Enforcement Officer for a Sign Permit.

Application is being made in accordance with the Village Zoning Code. The undersigned acknowledges that permanent signs require review and approval of the Planning Board. In order to be considered complete and ready for review by the Planning Board, the following needs to be submitted to the Zoning Clerk no less than 15 days prior to the scheduled Planning Board Meeting:

\	(1		1
Application for	•		
1	rawings (ten sets)		
<u></u> ✓Color swatch (if any color other th	han black/white)	
Fee for sign p	ermit of \$75.00 per s	side (to be paid af	ter Planning Board Approval)
icant Name Milt	At GUNOS		Date: <u>8-9-202</u> 2
	Contraction		
icant Signature <u>//</u>	it le		Date: <u>8-9-202</u> 2
			Date: 8/9/2022
or or respectly organical		· · · · · · · · · · · · · · · · · · ·	Date:8/9/2022
		•	
THIS SECTION T	O BE COMPLETE	D BY THE CODE	E ENFORCEMENT OFFICER
			ENTORCEMENT OFFICER
Parmit Grantade Data		Darmarit #1 5	
cimit Granted: Date		_ rermit # issued	·
it Fee \$	Receipt #	·	_ Date
•			
D	rred to Planning Bo	oard Date	
Permit Application refe	_		
			•
Permit Application refe			·







3/16" polycarbonate panel with printed / UV gloss laminated vinyl applied. Sign will fit into existing cabinet box. Overall size is 143"w x 36"h. Blue background with white lettering and logo.



Customers Name: Sara's Mediterranean Grill

FASTSIGNS

PH: 845-298-5600 FAX: 845-297-0105

FASTSIGNS.COM/455

1839 South Rd Suite 2B, Wappingers Falls, NY 12590 SIGNS AND GRAPHICS REMAIN THE PROPERTY OF FASTSIGNS UNTIL PAID IN FULL

PLEASE CHECK EACH:	ļ
FONT	l

COLOR

SPELLING **POSITIONING** SIZE

SIGNATURE OF APPROVAL

8/9/22

DATE

File Name:

Order #:

68550



VILLAGE OF WAPPINGERS FALLS

Office of Building, Planning & Zoning 2582 South Avenue Wappingers Falls, NY 12590 Phone: (845) 297-5277 Fax: (845) 296-0379 www.wappingersfallsny.gov

SIGN PERMIT APPLICATION

Name of Applicant	Murat GINOS	
Address	9 DEGAMMA HILL Rd	
30	WAPPINGERS FALLS, NY 12590	
Email _	dewran 080 hotmail.com	<u>.</u>
Phone	914-703-5881	
Owner of Property	DLC Management Corp.	
	565 Taxter Rd. 4th FLR	
	Elmsford, Ny 10523	
one of AgaPhone	260-258-5188 / 914-631-3131	
Location of Property \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	260-258-5188 / 914-621-3131 12 Route 9, Imperial Plaza, Suite 9-A, Zoning District	Wappingers FAlls,
Linear Frontage or bunding		12090
	ost & Arm O Projecting O Seasonal O Multi Wall Window O Awning Free Standing OS	
Sign Design All app	olications must be accompanied by a detailed scaled drawing sh	owing all sign
_	sions, graphic design (including lettering and pictorial matter),v	
text, c	copy or content of sign), sign colors with color swatches, lighting	g, and landscaping.
Sign Location All app	olications must be accompanied by a plan, drawn to scale showing	ng the following:
	Freestanding signs- the position of the sign in relation to adjace	
ा अन्य प्रदेश की प्रमुख्य है। हुन्द	structures, roads, driveways, property fines, other signs, fighting	g fixtures, walls
Same of the same	and fences.	- Permit
	Awning, Window, Wall or Projecting signs-the location on a wall or building, size of awning, total window area of principal	3436141 T14a
With Art of the Control of the Contr	frontage of building (as appropriate), projection from building,	
Constant Con	proposed signs position in relation to adjacent signs and lightin	ig fixtures.
Sign Specifications	Type Window Decor Placement Front y	ingon.
e a Pasiper	Landscaping Yes No Size of Sign 40 Height	<u>////8</u> Width
अस्य स्थानी स्थाप ।	Single FacedDouble FacedLigh	ited
Maryang Market	Material Wood Metal water paint	other Durable

The undersigned respectfully petitions the Village of Wappingers Falls Code Enforcement Officer for a Sign Permit.

Application is being made in accordance with the Village Zoning Code. The undersigned acknowledges that permanent signs require review and approval of the Planning Board. In order to be considered complete and ready for review by the Planning Board, the following needs to be submitted to the Zoning Clerk no less than 15 days prior to the scheduled Planning Board Meeting:

	,		•: .		
	ı (ten sets)		5 di 200	; ·	
Sign design draw	vings (ten sets)	-,			
Ćolor swatch (if	any color other than	black/white)			
Fee for sign peri	mit of \$75.00 per side	(to be paid afte	r Planning Boa	rd Approval)	
Applicant Name MULYA	: Gunes		·		
Applicant Signature	unt for		Date:	1 / 1	
Owner of Property Signature			Date:	6/21/2	
				1 /	
THIS SECTION TO	BE COMPLETED I	BY THE CODE	ENFORCEME	NT OFFICER	
ign Permit Granted: Date _		Permit # issued			•
ermit Fee \$	Receipt #	•	Date		,
ign Permit Application refer	red to Planning Boar	d Date	. '	•	•
	,				
Comments:		3			
			<u></u>		







VILLAGE OF WAPPINGERS FALLS

Office of Building, Planning & Zoning
2582 South Avenue
Wappingers Falls, NY 12590
Phone: (845) 297-5277 Fax: (845) 296-0379
www.wappingersfallsny.gov

SIGN PERMIT APPLICATION

	~	TOIL I	WATATE T		
		Vallacione 9 A	eleses les s		Sign R1
		Vallesigns & Awr		200 110	_
A	ddress	55 Decker St Co	plague, NY 117	26 US	- .
	T				-9
	- 2	permits@cadsign			
	Phone	201-267-0457 E	xt 220		
Owner of Pr	operty	Imperial Improvement	ents, LLC c/o DLC	Management Corp Adam Greenburg	
A	ddress	565 Taxter Road	I, Suite 400		
		Elmsford NY 105	523		
	Phone	470-264-1419			5
I4' 6 D 4	1569 [Poute Q. Wanning	iore Folle		
Location of Propert					
Linear Frontage of l	building	5 79.02	Zoi	ning District	
Types of Signs	\bigcap p	ost & Arm	O Projecti	ng O Seasonal O Mul	4: T4
Types of Signs			Trojecti	vning <u>O</u> Free Standing <u>O</u>	u-1 enant
		_wan <u>O</u> wind	lowAv	rree Standing O	Sidewalk
Si Davies	A 11			11 . 1 . 9 1 1 1 1 1	
Sign Design			-	d by a detailed scaled drawing s	0 0
			-	g lettering and pictorial matter),	
Sign Location				olors with color swatches, lighti	
Sign Location	An ap			d by a plan, drawn to scale show	
				ion of the sign in relation to adj	•
			s, driveways, j	property lines, other signs, lighti	ng fixtures, walls
		and fences.			
				rojecting signs-the location on	,
۸,		-		ng, total window area of princip	
				priate), projection from building	
		proposed signs	position in rel	ation to adjacent signs and lighti	ing fixtures.
Sign Specifications		Type Replacem	ent of a face	Dlagomant	
oigh Specifications				Placement	
				o Size of Sign 11'-1" Heigh	
		Singl	e Faced	Double Faced ×Lig	hted
		Material	Wood	Metal Aluminum	other Durable

The undersigned respectfully petitions the Village of Wappingers Falls Code Enforcement Officer for a Sign Permit.

Application is being made in accordance with the Village Zoning Code. The undersigned acknowledges that permanent signs require review and approval of the Planning Board. In order to be considered complete and ready for review by the Planning Board, the following needs to be submitted to the Zoning Clerk no less than 15 days prior to the scheduled Planning Board Meeting:

Application form	(ten sets)	
Sign design drawi	ings (ten sets)	
Color swatch (if a	any color other tha	nn black/white)
Fee for sign perm	nit of \$75.00 per sid	de (to be paid after Planning Board Approval)
Applicant Name Vallesigns	& Awnings Ir	nc Tania Molina
Applicant Signature)	Date: 10/04/2022
Owner of Property Signature _	Shallow a har	Date: 10/04/2022 Date: 11/02/2022
THIS SECTION TO I	BE COMPLETED	BY THE CODE ENFORCEMENT OFFICER
Sign Permit Granted: Date		Permit # issued
Permit Fee \$	Receipt #	Date
Sign Permit Application referre	ed to Planning Boa	ard Date
Comments:		



VILLAGE OF WAPPINGERS FALLS

Office of Building, Planning & Zoning
2582 South Avenue
Wappingers Falls, NY 12590
Phone: (845) 297-5277 Fax: (845) 296-0379
www.wappingersfallsny.gov

SIGN PERMIT APPLICATION

	SIGN I EMMIT ATTEICATION	
Name of Applican	t Vallesigns & Awnings Inc.	Sign R2
	55 Decker St Copiague, NY 11726 US	
Ema	il permits@cadsigns.net	= 0
Phon	e 201-267-0457	
Owner of Propert	y Imperial Improvements, LLC c/o DLC Management Corp Adam Greenburg	
_	565 Taxter Road, Suite 400	
Addres	Elmsford NY 10523	
Phon	e 470-264-1419	
		
_	Route 9, Wappingers Falls	
Linear Frontage of buildi	ng 79.82 Zoning District	
Sign Design All a dime (text	Post & Arm Projecting Seasonal Multi- Wall Window Awning Free Standing Si applications must be accompanied by a detailed scaled drawing sho ensions, graphic design (including lettering and pictorial matter), vi encopy or content of sign), sign colors with color swatches, lighting applications must be accompanied by a plan, drawn to scale showing	dewalk owing all sign sual message g, and landscaping
·	Freestanding signs- the position of the sign in relation to adjace structures, roads, driveways, property lines, other signs, lighting and fences. Awning, Window, Wall or Projecting signs-the location on awall or building, size of awning, total window area of principal frontage of building (as appropriate), projection from building, proposed signs position in relation to adjacent signs and lighting	ent buildings, g fixtures, walls wning, window, façade, or linear if relevant,
Sign Specifications	Type Replacement of a face Placement Placement	
	Landscaping Yes No Size of Sign 3'-1" Height	7'-1/8" Width
	x Single FacedDouble FacedLight	
	Material Flex Face Wood Metal	other Durable

The undersigned respectfully petitions the Village of Wappingers Falls Code Enforcement Officer for a Sign Permit.

Application is being made in accordance with the Village Zoning Code. The undersigned acknowledges that permanent signs require review and approval of the Planning Board. In order to be considered complete and ready for review by the Planning Board, the following needs to be submitted to the Zoning Clerk no less than 15 days prior to the scheduled Planning Board Meeting:

Application form (ten	ı sets)	
Sign design drawings	(ten sets)	
Color swatch (if any	color other than blacl	k/white)
Fee for sign permit o	f \$75.00 per side (to b	oe paid after Planning Board Approval)
Applicant Name Vallesigns &	Awnings Inc T	Гапіа Molina
Applicant Signature		Date: 10/04/2022
Owner of Property Signature	Shallow & how	Date: 10/04/2022 Date: 11/02/2022
THIS SECTION TO BE	COMPLETED BY TI	HE CODE ENFORCEMENT OFFICER
Sign Permit Granted: Date	Perm	it # issued
Permit Fee \$ Re	eceipt #	Date
Sign Permit Application referred to	o Planning Board Da	ate
Commontes		



VILLAGE OF WAPPINGERS FALLS

Office of Building, Planning & Zoning
2582 South Avenue
Wappingers Falls, NY 12590
Phone: (845) 297-5277 Fax: (845) 296-0379
www.wappingersfallsny.gov

SIGN PERMIT APPLICATION

	. –						
Name of App	olicant	Vallesigns	& Awnings In	C.			Sign R3
			St Copiague,		US		8
	Email	permits@c	adsigns.net				<u></u>
	Phone	201-267-04	457				
Owner of Pr	onerty	Imperial Imp	rovements, LLC	c/o DLC M	anagement Corp A	dam Greenburg	
			Road, Suite		g		
A	uuress	Elmsford N		100			
	Phone	470-264-14					
					— ·		
Location of Propert	-		appingers Fall	s			
Linear Frontage of I	buildin	79.82		Zonin	g District		
Types of Signs		ost & Arm Wall <u>O</u>			Seasona O Free S		
Sign Design	All ap	plications r	nust be accor	mpanied b	y a detailed scal	led drawing sh	owing all sign
0 0				_	ettering and pict	•	•
							g, and landscaping
Sign Location							ng the following:
		structures	, roads, drive	-	n of the sign in r perty lines, othe		cent buildings, g fixtures, walls
		and fence					
		_					wning, window,
							l façade, or linear
					ate), projection		
		proposed	signs position	n in relation	on to adjacent si	gns and lightin	g fixtures.
Sign Specifications		Type_Rep	lacement of a	face	Placemen	t	
			oingYe			3'-1" Height	
		x	Single Face	il l	_Double Faced	Ligh	ted
		Material	Flex Face v	Wood	Metal		other Durable

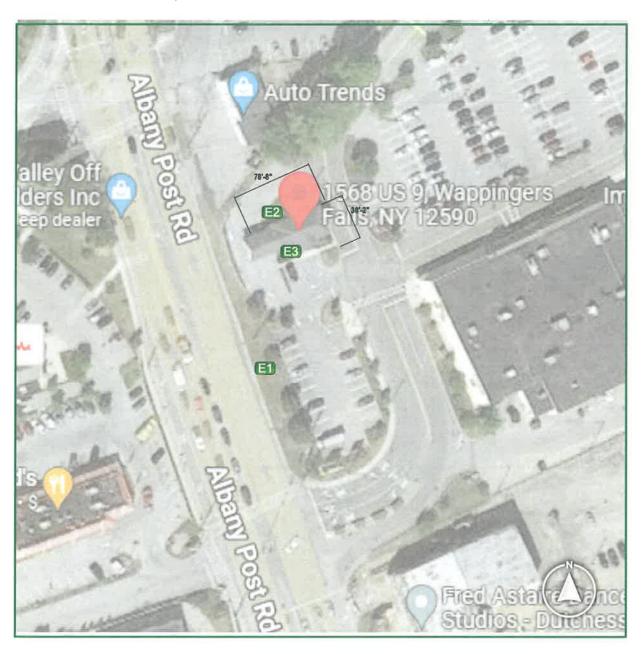
The undersigned respectfully petitions the Village of Wappingers Falls Code Enforcement Officer for a Sign Permit.

Application is being made in accordance with the Village Zoning Code. The undersigned acknowledges that permanent signs require review and approval of the Planning Board. In order to be considered complete and ready for review by the Planning Board, the following needs to be submitted to the Zoning Clerk no less than 15 days prior to the scheduled Planning Board Meeting:

Appl	lication form (te	en sets)		
Sign	design drawing	gs (ten sets)		
Colo	r swatch (if any	y color other tha	n black/white)	
<u> </u>	for sign permit	of \$75.00 per sid	e (to be paid afte	er Planning Board Approval)
Applicant Name	√allesigns 8	Awnings In	c Tania Mo	olina
Applicant Signatu	re <u>Mu</u>			Date: 10/04/2022
Owner of Propert	y Signature	Shallow N have	•	Date: 11/02/2022
THIS SE	CTION TO BE	COMPLETED	BY THE CODE	ENFORCEMENT OFFICER
			2 1112 0022	ENT OROBINE (TOTTICER
Sign Permit Gran	ted: Date		Permit # issued	
				Date
Sign Permit Appli	cation referred	to Planning Boa	rd Date	
Comments:				
·				

M&T Bank

SITE OVERVIEW | Aerial Map



SIGN INDEX

EXISTING SIGN

E30 D/F ILLUM PYLON

ILLUM S/F WALL CABINET

ILLUM S/F WALL CABINET

RECOMMENDATION

REPLACEMENT FACE / LED RETROFIT / REFURB

REPLACEMENT FACE / LED RETROFIT / REFURB

REPLACEMENT FACE / LED RETROFIT / REFURB

55 Decker St.Copiegue NY 516.408.3440 BBB.254.7322 www.vallesigns.com

DATE

09-22-2021

REVISION

PROJECT NAME

M&TBank

ADDRESS

1568 Route 9, Wappingers Falls, NY 12590

SIGN TYPE

Signage

PM

Massiel

DESIGNER

Orlando

This drawing or copy is property of vallesigns & awnings and is submitted for personal use in connection with the project That vallesigns & awnings is planning for you or your organization, it cannot be copies, faxes, reproduced or Exhibited to anyone outside your organization without the written permission from vallesigns & awnings.





SCALE

N.T.S

P-1/4 COLORS ON PROOF MAY VARY FROM ACTUAL PRODUCT USED

have reviewed the above specifications & hereby fully understand the content of work to be performed

Print Name

Signature

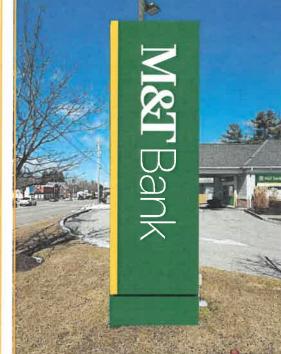


PLEASE CHECK PROOF FOR CORRECT COLORS, SPELLING, SIZE, CORRECT LOGO AND PLACEMENT FOR ART.
BY REPLYING "APPROVED", YOU AGREE THAT THE ART IS READY TO PRODUCE AS SHOWN.
VALLESIGNS WILL NOT ASSUME RESPONSIBILITY FOR ANY INACCURACIES THAT ARE NOT CAUGHT ON THIS APPROVAL.

M&T Bank **EXISTING** E1 D/F ILLUM PYLON 32.6 SQ. FT

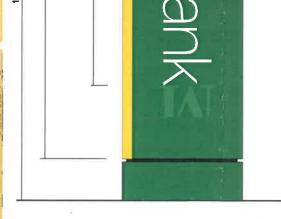
CABINET OD =10'-1/8" H x 3'-3" W
CABINET DEPTH = 1'-5-1/8"
OVERALL HEIGHT =11'-1-1/4"
ILLUMINATION = FLORESCENT LAMPS

RECOMMENDATION









2'-11-3/8"

1'-3-1/8"

EQ

SPECIFICATIONS EXTRUDED ALUMINUM CABINET & BLEED RETAINER PAINTED GREEN © PANAFLEX III FACE W/ BLEED RETAINER VINYL GRAPHICS BACKGROUND (a) VINYL ENERGY BAND ® COPY REVERSE WEEDED FROM BACKGROUND POLE CLADDING PAINTED GREEN © REVEAL PAINTED BLACK © 3M #3630-76 HOLLY GREEN

3M #3630-125 GOLDEN YELLOW 3M #7725-41 DARK GREY 3M #7725-10 WHITE 3M #3635-20B BLOCKOUT MATTHEWS BLACK(SATIN) SW 5029 148510 GREEN

32.6 SQ. FT

VALLESIGNS WILL NOT ASSUME RESPONSIBILITY FOR ANY INACCURACIES THAT ARE NOT CAUGHT ON THIS APPROVAL

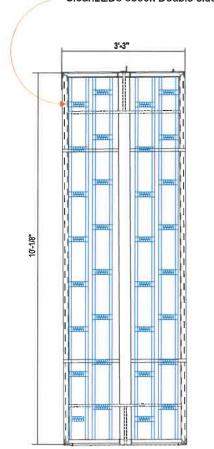
REPLACEMENT FACE / LED RETROFIT / REFURB SCALE: 1/2" = 1'-0"

FLEX FACE FACE WITH FIRST SURFACE

APPLIED VINYL GRAPHICS.
CABINET / RETAINERS / POLES TO BE REPAINTED
TO MATCH SW 5029 148510 GREEN

RETROFIT / LED LAYOUT

SloanLEDs 6500k Double sided



516.408.3440 888.254.7322 www.vallesigns.com

DATE

09-22-2021

REVISION

PROJECT NAME

M&TBank

ADDRESS

1568 Route 9, Wappingers Falls, NY 12590

SIGN TYPE

Signage

PM

Massiel

DESIGNER

Orlando

This drawing or copy is property of vallesigns & awnings and is submitted for personal use in connection with the project That vallesigns & awnings is planning for you or your organization, it cannot be copies, faxes, reproduced or Exhibited to anyone outside your organization without the written permission from vallesigns & awnings.





SCALE N.T.S

P-2/4

** Renderings are © copyright protected and are bound by The U.S. Copyright Act, 17 U.S.C. chapter 13 § 101 – 810**

have reviewed the above specifications & hereby fully understand the content of work to be performed PLEASE CHECK PROOF FOR CORRECT COLORS, SPELLING, SIZE, CORRECT LOGO AND PLACEMENT FOR ART. BY REPLYING "APPROVED", YOU AGREE THAT THE ART IS READY TO PRODUCE AS SHOWN.

Print Name Signature Date

M&TBank

RECOMMENDATION

EXISTING



45'-6"



E2

ILLUM S/F WALL CABINET

21.1 SQ. FT

CABINET OD = 3'-1/8" H x 7'-1/8" W CABINET DEPTH = 9-1/2" ILLUMINATION = FLORESCENT LAMPS



3M #3630-76 HOLLY GREEN 3M #3630-125 GOLDEN YELLOW 3M #7725-10 WHITE

3M #3635-20B BLOCKOUT SW 5029 148510 GREEN

21.1 SQ. FT

ADDRESS

55 Decker St.Copiague NY 516.408.3440 888.254.7322

DATE

09-22-2021

REVISION

PROJECT NAME

M&TBank

1568 Route 9, Wappingers Falls, NY 12590

SIGN TYPE

Signage

PM

Massiel

DESIGNER

Orlando

This drawing or copy is property of vallesigns & awnings and is submitted for personal use in connection with the project That vallesigns & awnings is planning for you or your organization, it cannot be copies, faxes, reproduced or Exhibited to anyone outside your organization without the written permission from vallesigns & awnings.

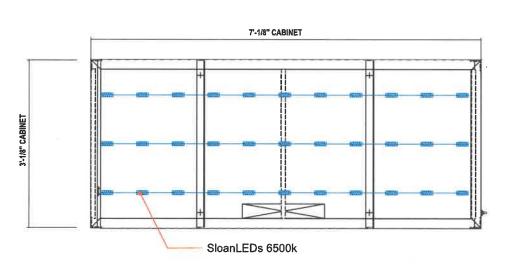




SCALE N.T.S

P-3/4

RETROFIT / LED LAYOUT



have reviewed the above specifications & hereby fully understand the content of work to be performed

SCALE: 3/4" = 1'-0"

FLEX FACE FACE WITH FIRST SURFACE APPLIED VINYL GRAPHICS. CABINET / RETAINERS TO BE REPAINTED

TO MATCH SW 5029 148510 GREEN

PLEASE CHECK PROOF FOR CORRECT COLORS, SPELLING, SIZE, CORRECT LOGO AND PLACEMENT FOR ART. BY REPLYING "APPROVED", YOU AGREE THAT THE ART IS READY TO PRODUCE AS SHOWN.
VALLESIGNS WILL NOT ASSUME RESPONSIBILITY FOR ANY INACCURACIES THAT ARE NOT CAUGHT ON THIS APPROVAL. **Print Name** Date Signature

** Renderings are 🔘 copyright protected and are bound by The U.S. Copyright Act, 17 U.S.C. chapter 13 § 101 – 810**

M&TBank

M&T Bank

EXISTING

RECOMMENDATION

M&T

10:0"



ILLUM S/F WALL CABINET

21.1 SQ. FT

CABINET OD = 3'-1/8" H x 7'-1/8" W CABINET DEPTH = 9-1/2" ILLUMINATION = FLORESCENT LAMPS

7'-1/8" CABINET 5'-8" 2-1/2" M&T Bank .g 2-1/2

3M #3630-76 HOLLY GREEN 3M #3630-125 GOLDEN YELLOW 3M #7725-10 WHITE

3M #3635-20B BLOCKOUT SW 5029 148510 GREEN

REPLACEMENT FACE / LED RETROFIT / REFURB SCALE: 3/4" = 1'-0"

FLEX FACE FACE WITH FIRST SURFACE APPLIED VINYL GRAPHICS.
CABINET / RETAINERS TO BE REPAINTED
TO MATCH SW 5029 148510 GREEN 21.1 SQ. FT

SIGN TYPE

Signage

516.408.3440 888.254.7322 www.vallesigns.com

DATE

09-22-2021

REVISION

PROJECT NAME

M&TBank

ADDRESS

1568 Route 9, Wappingers Falls, NY 12590

PM

Massiel

DESIGNER

Orlando

This drawing or copy is property of vallesigns & awnings and is submitted for personal use in connection with the project That vallesigns & awnings is planning for you or your organization, it cannot be copies, faxes, reproduced or Exhibited to anyone outside your organization without the written permission from vallesigns & awnings.

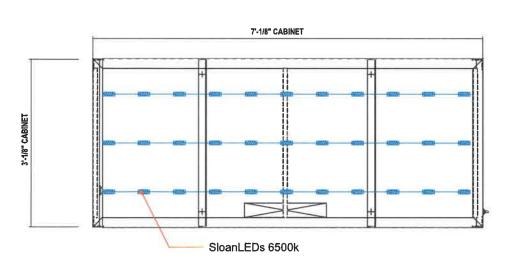




SCALE N.T.S

P-4/4 COLORS ON PROOF MAY VARY FROM ACTUAL PRODUCT USED

RETROFIT / LED LAYOUT



BY REPLYING "APPROVED", YOU AGREE THAT THE ART IS READY TO PRODUCE AS SHOWN

have reviewed the above specifications & hereby fully understand the content of work to be performed PLEASE CHECK PROOF FOR CORRECT COLORS, SPELLING, SIZE, CORRECT LOGO AND PLACEMENT FOR ART.

Print Name Date Signature VALLESIGNS WILL NOT ASSUME RESPONSIBILITY FOR ANY INACCURACIES THAT ARE NOT CAUGHT ON THIS APPROVAL.

** Renderings are (C) copyright protected and are bound by The U.S. Copyright Act, 17 U.S.C. chapter 13 § 101 – 810**

35'-0"



October 4, 2022

REF: M & T BANK - 1568 ROUTE 9, WAPPINGERS FALLS, NY

Dear Code Official,

This letter will serve as notification that Cad Signs has been hired to file for sign permit application for M&T BANK from our contractor Valle Signs 55 Decker St Copiague NY. All information or updates pertaining to permit process including meeting, additional documents, payments, revision, etc. please contact us via email permits@cadsigns.net or if you prefer you can call us at the below phone number. Upon approval of permits please mail hard copies to Cad Signs at the above address or if possible, submit pdf copy.

Alejandro Galeano/President

Notary Public

MARIA MUNIZ
NOTARY PUBLIC OF NEW JERSEY
COMMISSION # 50116843
MY COMMISSION EXPIRES 11/13/2024



November 2, 2022

VIA EMAIL

Manufacturers and Traders Trust Company One M&T Plaza Buffalo, NY 14203

Re:

Signage Approval M&T Bank

Imperial Plaza

To Whom It May Concern:

Please be advised that the Landlord, Imperial Improvements, LLC is in receipt of your drawings outlining the signage for your business at the Imperial Plaza. The Landlord has approved the drawings allowing you to proceed with your work under the following conditions:

- All sign components and mounting hardware are to be of a non-corrosive material or coating.
- All sign electrical components must be UL Listed.
- All work is to be performed by a licensed and insured contractor.
- Tenant will be fully responsible for all permits that may be required for the project.
- All work is to be performed to code and in compliance of all municipal agencies having jurisdiction.
- All areas damaged by sign installation/removal (including areas previously hidden by signage) must be repaired with like materials, to
 industry standards and match existing colors. Caulking is not to be used for repairs of holes or damaged areas.
- Contractor is to submit Certificate of Insurance naming the following as additional insureds: Imperial Improvements, LLC and DLC
 Management Corporation before any work commences. Minimum underlying liability insurance is two million dollars and umbrella liability Insurance requirement is three million dollars.
- All notes on your submitted sign proposal are followed.
- The letter will serve as your authorization to apply for a sign permit with the local jurisdiction.

Thank you for your attention to this matter. Please do not hesitate to contact me should you require further assistance at 716-428-5163.

Sincerely,

Jeffrey Levy

Vice President, Property Management DLC Management Corporation a/a/f Imperial Improvements, LLC

Enclosure: Approved tenant sign proposal

cc: Tenant File





CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be c	ompleted by Disability and Paid	d Family Leave	Benefits Carrier or License	d Insuranc	e Agent of that Carrier
	Address of Insured (use street address /NINGS INC		1b. Business Telephone Numl 516-408-3440		
	nsured (Only required if coverage is specific ew York State, i.e., Wrap-Up Policy)	ically limited to	1c. Federal Employer Identific or Social Security Number 20-0976408	ation Number	of Insured
	ess of Entity Requesting Proof of Cove ted as the Certificate Holder)	erage	3a. Name of Insurance Carrier		
, , ,	WAPPINGERS FALLS		ShelterPoint Life Insu	rance Comp	pany
A CONTRACTOR OF A	ng, Planning & Zoning		3b. Policy Number of Entity Lis	sted in Box "1	a"
2582 South Av			DBL542900		
Wappingers Fa			3c. Policy effective period		
Phone: (845) 2			8/17/2022	to	8/17/2023
C. Paid fan 5. Policy covers: A. All of the B. Only the	y benefits only. nily leave benefits only. e employer's employees eligible under following class or classes of employe erjury, I certify that I am an authorized isability and/or Paid Family Leave Ber	r's employees: representative or l	icensed agent of the insurance	carrier referer	
Telephone Number			Richard White, Chief Ex		
	If Boxes 4A and 5A are checked, Licensed Insurance Agent of that If Box 4B, 4C or 5B is checked, th Disability and Paid Family Leave Board, Plans Acceptance Unit, PC	carrier, this certinis certificate is N Benefits Law. It	ficate is COMPLETE. Mail it NOT COMPLETE for purpose must be mailed for completic	directly to the directly to the directly directly directly to the directly	ne certificate holder. n 220, Subd. 8 of the NYS
PART 2. To be o	ompleted by the NYS Worker	rs' Compensati	on Board (Only if Box 4C or	5B of Part 1 h	nas been checked)
	Wo l rmation maintained by the NYS W nd Paid Family Leave Benefits Lav	rkers' Comp		ned employe	er has complied with the
Date Signed	Ву	(5	Signature of Authorized NYS Workers' C	ompensation Boa	ard Employee)
Telephone Number	N	ame and Title			

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Date Entered: 4/1/2022

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

ACORD

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	Farm Family - 5 Walter Foran	CONTACT Maegen Pane			
	Suite 2010	PHONE (A/C, No, Ext): (732) 907-0174 FAX (A/C, No): ()	_		
	Flemington, NJ 08822	E-MAIL ADDRESS: contact@evergreenepartners.com			
Fremring con, No 08822	riemington, No 08822	INSURER(S) AFFORDING COVERAGE			
		IIIOUNEINA.	13803		
INSURED	VALLE SIGNS & AWNINGS INC	INSURER B: United Farm Family Casualty Insurance	2 9963		
		INSURER C:			
	55 Decker ST	INSURER D:			
	Copiague NY 11726	INSURER E :			
		INSURER F:			

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.

LTR	TYPE OF INSURANCE	INSD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR			3102X4550	4/1/2022	4/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
							MED EXP (Any one person)	s 10,000
							PERSONAL & ADV INJURY	s 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
- 2	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
В	ANY AUTO			3101C7892	4/1/2022	4/1/2023	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE			3101E5092	4/1/2022	4/1/2023	AGGREGATE	\$5,000,000
	DED RETENTION \$ 10,000							\$
	WORKERS COMPENSATION						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below				ļ		E.L. DISEASE - POLICY LIMIT	\$
A	INLAND MARINE			3102X4550	4/1/2022	4/1/2023	EQUIPMENT	50,000
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE:	S (ACC	ORD 1	01, Additional Remarks Schedule, may	y be attached if more	e space is required)		

CERTIFICATE HOLDER	CANCELLATION
VILLAGE OF WAPPINGERS FALLS	

Office of Building, Planning & Zoning 2582 South Avenue Wappingers Falls, NY 12590

Phone: (845) 297-5277

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



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured		
VALLE SIGNS & AWNINGS INC	516-408-3440		
55 Decker Street,	1c. NYS Unemployment Insurance Employer Registration Number of		
Copiague, NY 11726	Insured		
4.			
Work Location of Insured (Only required if coverage is specifically limited to	1d. Federal Employer Identification Number of Insured or Social Security		
certain locations in New York State, i.e., a Wrap-Up Policy)	Number		
	20-0976408		
2 Name and Address of Entity Degreeting Broof of Courses	3a. Name of Insurance Carrier		
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)			
VILLAGE OF WAPPINGERS FALLS	Farm Family Casulty Insurance Co		
Office of Building, Planning & Zoning	3b. Policy Number of Entity Listed in Box "1a"		
2582 South Avenue Wappingers Falls, NY 12590	3104W6623		
Phone: (845) 297-5277	3c. Policy effective period		
	8/17/2022 to 8/17/2023		
	3d. The Proprietor, Partners or Executive Officers are		
	included. (Only check box if all partners/officers included)		
	all excluded or certain partners/officers excluded.		

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Farm Family - 5 Walter Foran

Approved by:

Cameron Zell

(Print name of authorized representative or licensed agent of insurance carrier)

Zell

Approved by:

(Signature)

Title: Captive Agent Farm Family

Telephone Number of authorized representative or licensed agent of insurance carrier: 908-751-5922

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are <u>NOT</u> authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

- 1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
- 2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



VILLAGE OF WAPPINGERS FALLS

BUILDING DEPARTMENT OFFICE OF CODE ENFORCEMENT OFFICE OF THE FIRE INSPECTOR 2582 SOUTH AVENUE WAPPINGERS FALLS, NY 12590

PHONE: (845) 297-5277 FAX: (845) 296-0379 E-mail: bmurphy@wappingersfallsny.gov www.wappingersfallsny.gov

APPLICATION FOR PLANNING BOARD REVIEW

Submission Date:	Date of Meeting:
All information must be completely filled out and r	Spring Street on the first Thursday of the month at 7:00 p.m. returned no later than 15 business days before meeting date. In the Deadlines go to the Building, Planning and Zoning page of the Planning Board for approval.
The Planning Board is responsible for the review	w and approval of all applications concerning:
☐ Opening a new business in the Village ☐ Installing a new sign ☐ Building a new structure in a commercial zone ☐ Subdivision / Site Review/ Lot Line Adjustment	
tems to be submitted for review: (Only items perta	aining to project)
□ PDF Emailed to Building Dept. and Ten (10) har howing all areas to be affected. Or a sketch of the pr	d copy sets of construction/site/elevation/plans - Engineer drawings roposed floor plan layout (All sets of plans must be folded)
☐ Legal Documents (Right of Ways/Easements/Lea	ise/Contracts of Sale, etc.)
☐ Consent Form (The applicant must provide consent	form, from homeowner authorizing him/her to file for Planning Review)
☐ Application fee	
☐ Application for proposed sign - Including Rende	rings/sketch of proposed sign/ Elevation/size/ exact color samples.

(Separate Application)



BUILDING DEPARTMENT 2582 SOUTH AVENUE

WAPPINGERS FALLS, NY 12590

PHONE: (845) 297-5277 FAX: (845) 296-0379 E-mail: bmurphy@wappingersfallsny.gov www.wappingersfallsny.gov

APPLICATION FOR PLANNING BOARD REVIEW

All information must be completely filled out and returned no later than the stated submition date.

Date Submitted:	Date of Meeting	5.
Property Identification:		
Address: 2674 W Main St		
Zoning District:	Existing site area:	
Owner Information:		
Name: Orsi Property Holdings LC (Matt	new Miller, Austin Ackerba	wer)
Address: 83 Hooker Ave		
City: Poughkeepsie	State: NY	Zip: <u> 260 </u>
Contact Numbers: (H) 82/5-264-3095	(C) <u>845-242-45</u>	377
E-mail) Mott @ Orsi Company, com		
Applicant Information:		
Please provide if someone other than the property owner is t	the applicant)	
Name :		
\ddress:		
City:		
Contact Numbers: (H)		
E-mail Address:		
Lead Design Professional: (If applicable)		
Indicate the primary design professional associated with this	s application)	
Name:		
Fitle:		
Architect Engineer		
Company:		
Address:		
Telephone #:		
E-mail Address:		



VILLAGE OF WAPPINGERS FALLS

APPLICATION FOR PLANNING BOARD REVIEW

(Continued)

'roposed Site:

(Property where improvements are proposed)

Existing Use(s): 1 residential unit 1 commercial unit	
Proposed square footage: 1450	
Project Description :(Please print or type)	
(Describe the project in detail indicating all areas of work, type(s) of imused as a part of the proposed improvements. Use additional sheets if ne	
aint the exterior of 2674 w Main St in Rookwood Shutt	er Green by Sherwin Williams
Items to be submitted for review: (Only items per	taining to project)
☐ Ten (10) sets of plans.	
☐ Legal Documents (Right of Ways/Easements/Lease/Contracts of Sale,	etc.)
□ Consent Form	
☐ Application for proposed sign	
☐ Application Fee	
☐ Proof that the taxes, utility bills and fines for the property are paid in full	•
With the completion of this application, I hereby state that th	e information provided and
all Accompanying documentation is accurate to the best of r	
attached plans contain all information required by the	appropriate checklist.
Mills	
Signature of Applicant Signed	Date
Office use only:	
] FEE : Cash / Check	#Date:
7 TEV TO 1 T	re:
Zoning Administrator/Code Enforcement Officer	

617.20 AppendixB Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information					
Name of Action or Project: Exterior Painting					
Project Location (describe, and attach a location map):					
2674 W Main St, Wappingers Fell	s, WY, 1250	io			
Brief Description of Proposed Action:					
Pant Exterior of building					
Name of Applicant or Sponsor:		Telephone: 8415- 8	242-457	72	
Orsi Property Hollings LLC E-Mail: Matt @ Orsi Company.			com		
Address: 83 Hooker Ave					
City/PO:		State: NY		Code: 2601	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance,			NO	YES	
administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proporthat may be affected in the municipality and proceed to Part 2	osed action and	the environmental re	esources	Х	
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?		NO	YES		
If Yes, list agency(s) name and permit or approval:				X	
3.a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? acres 64 acres acres					
4. Check all land uses that occur on, adjoining and near the p	proposed action.				
Urban Rural (non-agriculture) Indus		commercial	Residentia	ıl(suburl	oan)
Forest Agriculture Parkland Aqua	atic C	Other (specify):			

5. Is the proposed action,	NO	YES	NIA
a. A permitted use under the zoning regulations?		λ	
b. Consistent with the adopted comprehensive plan?		X	
6. Is the proposed action consistent with the predominant character of the existing built or natural		NO	YES
landscape?			X
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental A	rea?	NO	YES
If Yes, identify:		λ	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		МО	YES
o, al min me proposed as		X	
b. Are public transportation service(s) available at or near the site of the proposed action?			X
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed ac	tion?		X
9. Does the proposed action meet or exceed the state energy code requirements?		МО	YES
If the proposed action will exceed requirements, describe design features and technologies:			X
10. Will the proposed action connect to an existing public/private water supply?		МО	YES
If No, describe method for providing potable water:		X	
11. Will the proposed action connect to existing wastewater utilities?		NO	YES
If No, describe method for providing wastewater treatment:		X	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic		NO	YES
Places?		K	
b. Is the proposed action located in an archeological sensitive area?		X	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contains		МО	YES
wetlands or other waterbodies regulated by a federal, state or local agency?			X
		NO	YES
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres:	?	X	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Chec Shoreline Forest Agricultural/grassland Early mid-successional Wetland	k all th	at apply:	
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by	the	NO	YES
State or Federal government as threatened or endangered?		X	
16. Is the project site located in the 100 year flood plain?		NO	YES
			χ
17. Will the proposed action create storm water discharge, either from point or non-point sources?		МО	YES
If Yes, a. Will storm water discharges flow to adjacent properties?		X	
 b. Will storm water discharges be directed to established conveyance systems off and storm drains)? If Yes, briefly describe: 			

18. Does the proposed action include construction or other activities that result in the impoundment of	NO	YES
water or other liquids (e.g. retention pond, waste lagoon, dam)?		
If Yes, explain purpose and size:	X	
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe:	X	
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or	NO	YES
completed) for hazardous waste?		
If Yes, describe:	X	
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE KNOWLEDGE	BEST C	F MY
Applicant/sponsor name: Nathhaw Miller Date: 9/6/22		
Application points in talled 1-4119		
Signature: Milelle		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No,or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	X	
2. Will the proposed action result in a change in the use or intensity of use ofland?	X	
3. Will the proposed action impair the character or quality of the existing community?	X	
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	X	
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	X	
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	X	
7. Will the proposed action impact existing: a. public./ private water supplies?	X	
b. public / private wastewater treatment utilities?	X	
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	X	
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	X	

PART "A" OWNER AFFIDAVIT

Sta	unty of $\frac{N_{cw} \setminus (orl())}{S_{k}()}$ } ss:			
County of Usuc }				
_	Merthen Miller	_ being duly sworn, deposes and sa	ys:	
1.	That I/we are the Owner(s) of the within prop Change / Site Plan / Land Contour / Aquatic true to the best of my/our knowledge and be	Resource approval(s) and that elief.		
2.	in all matters regarding said application(s), ar application.		, to act as my/our representative to make or authorize the making of said	
3.	That I/we understand that by submitting this permission to the Planning Board and its auth for the purpose of conducting inspections and of permission may only be revoked by the full	norized representatives to enter I becoming familiar with site con	upon the property, at all reasonable times, ditions. I/we acknowledge that this grant	
4.	That I/we understand that by submitting this a fees, review fees, and inspection fees incurre	application that I/we shall be res d by the Village related to this a	consible for the payment of all application oplication.	
5.	That I/we understand that I/we, and any of of for all costs incurred, including environmental application, and with non-compliance with any plan and commencement of any work related Planning Board, the Building Inspector, the Prepresentative of the Village of Wappingers Fwith the approved application and any provision for or issued for the project. I/we acknowledged including the commencement of any work related to the project of the property	al restoration costs, resulting from provision of the Village Code of to the approved application should be continued to the approved application should be continued to the Zoning falls, to enter the property for the continued the Town Code, whether one that by submitting this applicated to the approved plan is an	om non-compliance with the approved by I/we acknowledge that approval of the all constitute express permission to the Administrator, and any duly authorized be purposes of inspection for compliance or not any other permits have been applied tion, and by approval of said application, express waiver of any objection to	
6.	That I/we understand that the Village of Wap representations in making a determination to of perjury I/we declare that I/we have exam	issue the requested applicatio	ns and approvals and that under penalty	
Apr	MMdU Jicant/Owner	Applicant/Owner		
Swo	orn to before me this 215 ^L day of	*		
Not	ary Public 2022			
			CONNOR CHRISTIANSEN Notary Public - State of New York NO. 01CH6390380 Qualified in Ulster County My Commission Expires Apr 15, 2023	

PART "B" APPLICANT / AGENT AFFIDAVIT

Sta	te of New York
Co	unty of US-(C) ss:
	Matthew Miller being duly sworn, deposes and says:
1.	That I/we are the Applicant named in the foregoing application for
	Planning Board for Subdivision / Lot Line Change / Site Plan / Land Contour / Aquatic Resource approval(s) and
	that the statements contained therein are true to the best of my/our knowledge and belief.
2.	That he/she resides at or conducts business at 2674 w Main St Wagningers Falk in the County of and the State of
	County of and the State of
3.	That I/we understand that by submitting this application for Planning Board approval that I/we expressly grant permission to the Planning Board and its authorized representatives to enter upon the property, at all reasonable times, for the purpose of conducting inspections and becoming familiar with site conditions. I/we acknowledge that this grant of permission may only be revoked by the full withdrawal of said application from further Planning Board action. That I/we understand that by submitting this application that I/we shall be responsible for the payment of all application fees, review fees, and inspection fees incurred by the Village related to this application.
4.	That I/we understand that I/we, and any of our contractors and representatives shall be jointly and severally liable for all costs incurred, including environmental restoration costs, resulting from non-compliance with the approved application, and with non-compliance with any provision of the Village Code. I/we acknowledge that approval of the plan and commencement of any work related to the approved application shall constitute express permission to the Planning Board, the Building Inspector, the Planning Department, the Zoning Administrator, and any duly authorized representative of the Village of Wappingers Falls, to enter the property for the purposes of inspection for compliance with the approved application and any provision of the Village Code, whether or not any other permits have been applied for or issued for the project. I/we acknowledge that by submitting this application, and by approval of said application, including the commencement of any work related to the approved plan is an express waiver of any objection to authorized Village official(s) entering the property for the purpose of conducting inspections.
5.	That I/we understand that the Village of Wappingers Falls Planning Board intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury I/we declare that I/we has examined this affidavit and that it is true and correct.
	Made
App	olicant/Agent Applicant/Agent
Swo	orn to before me this day of
	November , 2022.
	ONNOR CHRISTIANSEN TONNOR CHRISTIANSEN TONNOR CHRISTIANSEN TONNOR CHRISTIANSEN NO. OTCH6300360
Not	ary Public
	1 / U