

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.

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. *Comment: 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. *Comment: 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. *Comment: 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. Comment: *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. Comment: *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. Comment: *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.

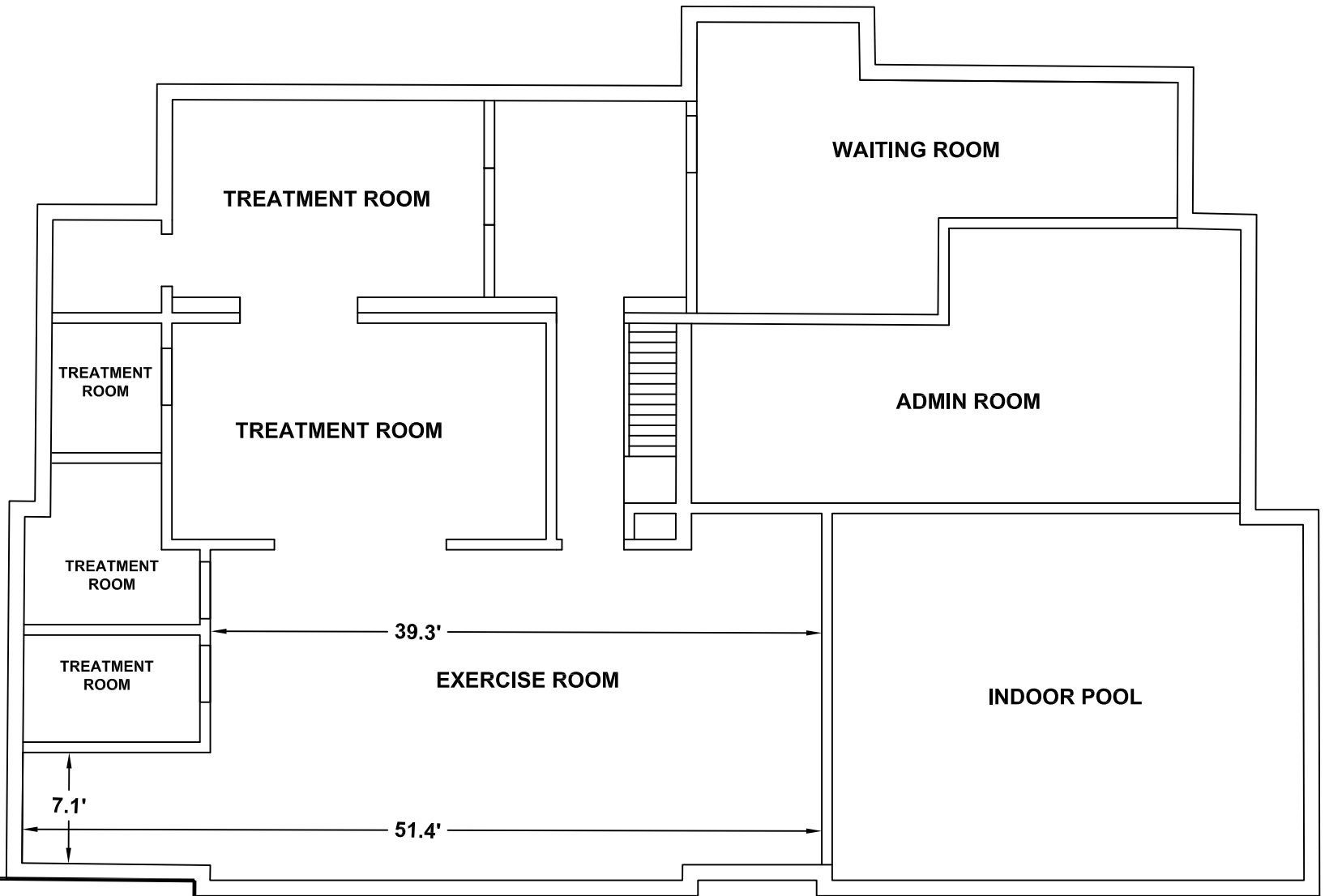
The Owner kindly requests to be placed on the October 4th Planning Board meeting agenda to review the above and enclosed information with the Board. Your continued consideration is greatly appreciated.

Sincerely,

Christian R. Paggi

Christian R. Paggi, PE
Senior Engineer

Enclosures



**PROPOSED
1 STORY
PERGOLA
20'X28'**

EXISTING FIRST FLOOR PLAN

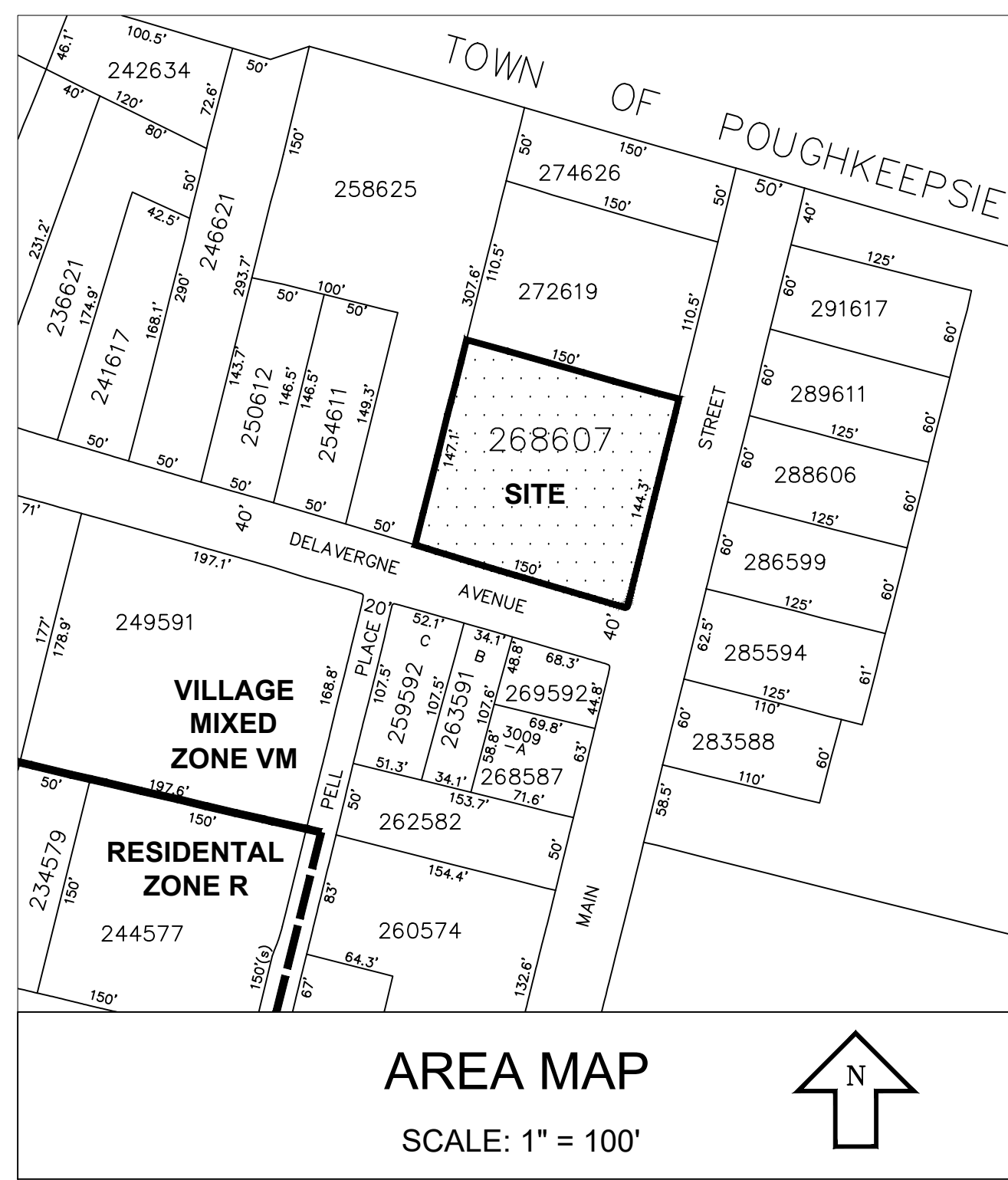
SCALE: 1" = 10'

*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



SITE DATA:

LOT 1
OWNER: CAMPILII-SNYDER FMLY FARM LLC
ADDRESS: 2 DELAVERGNE AVE WAPPINGERS FALLS NY, 12590
TAX ID No.: 134601-6158-10-268607
AREA:
CURRENT: 0.51 AC
PROPOSED: 0.51 AC
ZONE: VM-VILLAGE MIXED

SITE AREA BREAKDOWN

	ACRES	PERCENTAGE
BUILDING:	0.11	21.6 %
GREENSPACE:	0.15	29.4 %
CONCRETE:	0.03	5.9 %
ASPHALT:	0.22	43.1 %

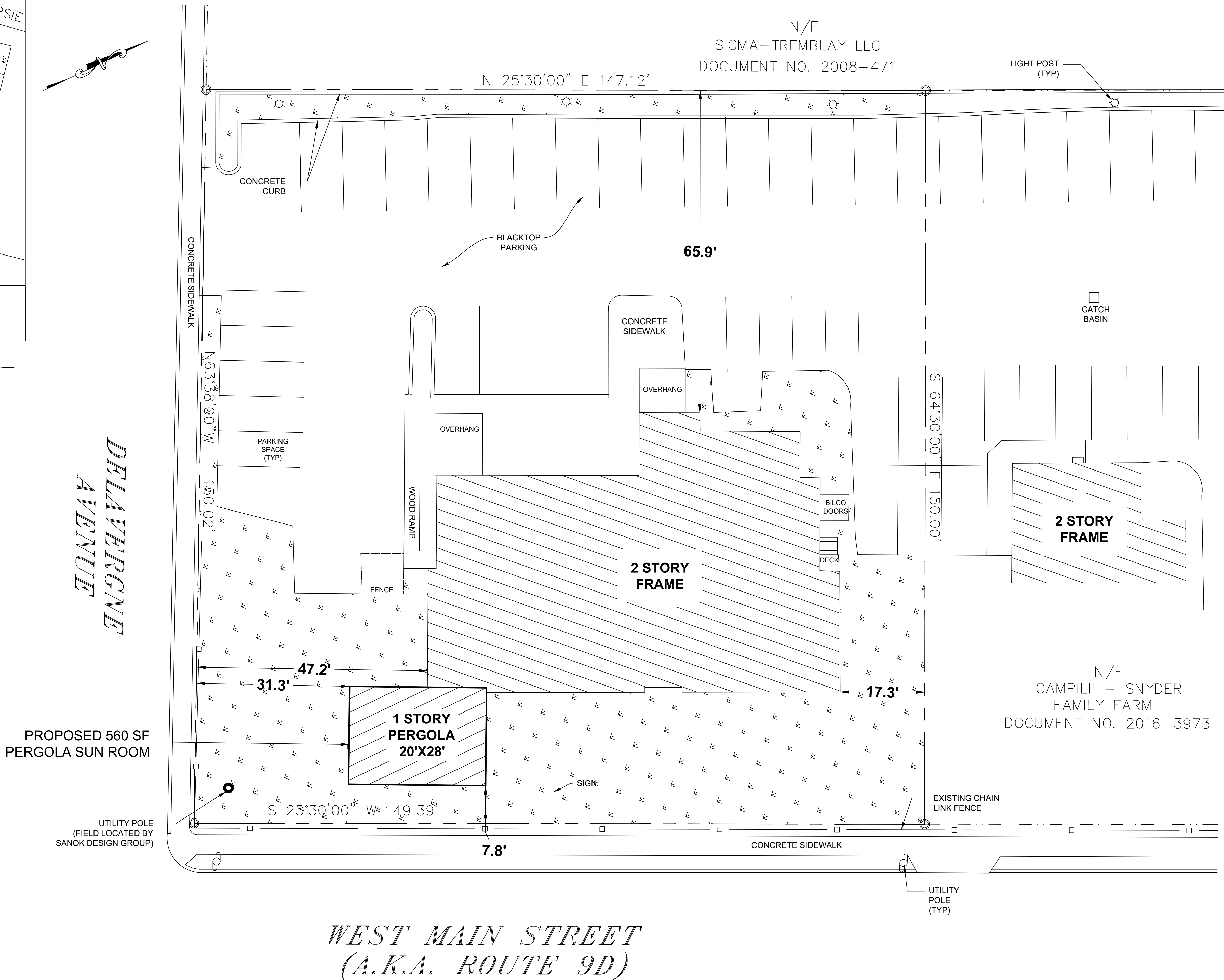
SITE DIMENSIONS

	REQUIRED	PROPOSED
MIN LOT AREA:	N/A	0.51 AC
MAX BUILDING HT.:	3 STORY	1 STORY
MIN LOT WIDTH:	25 FT.	147.12 FT.
MIN FRONT SETBACK:		
PRIMARY:	10 FT.	31.3 FT.
SECONDARY:	10 FT.	7.8 FT.
MIN SIDE SETBACK:	0 FT.	65.9 FT.
MIN REAR SETBACK:	10 FT.	17.3 FT.
MAX LOT COVERAGE:	75%	70.6%
BUILDING COVERAGE:	N/A	21.6%
MIN. GREENSPACE:	10%	29.4%

VARIANCES REQUIRED TO BE OBTAINED FROM THE VILLAGE ZONING BOARD:
 • VARIANCE TO ALLOW 7.8 FT SECONDARY FRONT SETBACK

BOUNDARY AND EXISTING CONDITIONS INFORMATION SHOWN HEREON TAKEN FROM A PLAN ENTITLED "MAP OF SURVEY FOR THE LANDS OF CHRISTOPHER CAMPILII", PREPARED BY ROBERT V. OSWALD LAND SURVEYING, DATED 5/9/22

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



DELAVERGNE AVENUE

**WEST MAIN STREET
(A.K.A. ROUTE 9D)**

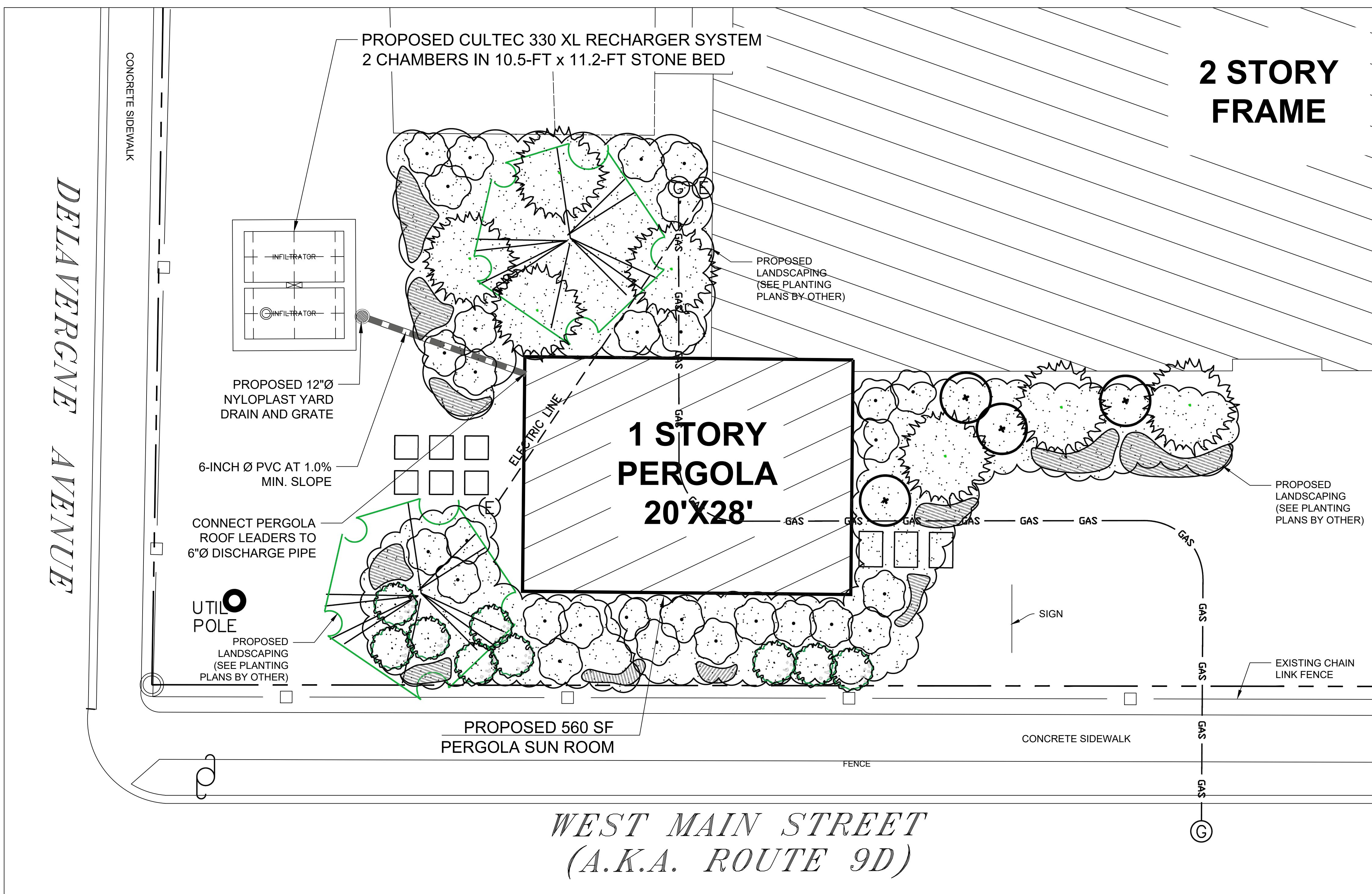
LAWRENCE J. PAGGI, PE, PC
 CONSULTING ENGINEERING
 43 BROAD STREET
 FISHKILL, NEW YORK 12524
 TELEPHONE: (845) 897-2375

FINAL	DATE
CP	8/16/2022
CP	11/17/2022

CAMPILII-SNYDER FMLY FARM LLC
 2 DELAVERGNE AVE, WAPPINGERS FALLS, NY 12590
 VILLAGE OF WAPPINGERS FALLS
 COUNTY OF DUTCHESS, STATE OF NEW YORK
 AMENDED SITE PLAN

DATE: JUNE 8, 2022
SCALE: 1" = 10'
JOB NUMBER:
SHEET NUMBER:

C100



GENERAL NOTES:

- EXISTING KNOWN UTILITIES ON THE PROJECT SITE HAVE BEEN LOCATED/MARKED BY CENTRAL HUDSON GAS & ELECTRIC, CHARTER COMMUNICATIONS HUDSON VALLEY, NYS DOT 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.
- CONTRACTOR SHALL VERIFY LOCATION, BURIAL DEPTH AND SIZE/MATERIAL OF ALL EXISTING UTILITIES WITHIN THE WORK AREA PRIOR TO COMMENCING WORK.

STORMWATER DESIGN NOTES:

- INCREASES IN IMPERVIOUS AREA (560-SF PERGOLA) ARE PROPOSED TO BE MITIGATED VIA SUBSURFACE INFILTRATION.
- 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.
- DESIGN PARAMETERS:
 - EXISTING SOIL TYPES (DUTCHESS COUNTY, NEW YORK SOIL SURVEY):
 - K/A - 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 TESTING.
- 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
- SYSTEM DESIGN:
 - TWO (2) CULTEC 330 XL RECHARGERS IN 10.5-FT BY 11.2-FT STONE TRENCH RESULTS IN 100% MITIGATION OF 100-YR DESIGN STORM BASED ON ASSUMED 1.0 IN/HR INFILTRATION RATE (SEE CALCULATIONS BELOW).
 - ROOF RUNOFF FROM NEW PERGOLA STRUCTURE TO BE DIRECTED TO SUBSURFACE CULTEC SYSTEM.

2DelavergneAve_HydroCAD 2DelavergneAve 24-hr S1 100-yr 100-yr Rainfall=8.18"
 Prepared by (enter your company name here) Printed 8/16/2022
 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

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
560		100.00% Impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
1.0					Direct Entry,

2DelavergneAve_HydroCAD 2DelavergneAve 24-hr S1 100-yr 100-yr Rainfall=8.18"
 Prepared by (enter your company name here) Printed 8/16/2022
 HydroCAD® 10.00 s/n 07219 © 2011 HydroCAD Software Solutions LLC

Summary for Pond 2P: CULTEC 330

Inflow Area = 560 sf, 100.00% Impervious, Inflow Depth > 7.94" for 100-yr event
 Inflow = 0.12 cfs @ 11.97 hrs, Volume= 371 cf
 Outflow = 0.00 cfs @ 14.96 hrs, Volume= 231 cf, Atten= 97%, Lag= 179.9 min
 Discarded = 0.00 cfs @ 14.96 hrs, Volume= 231 cf

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

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)

Volume	Invert	Avail. Storage	Storage Description
#1	0.50'	75 cf	Cultec R-330XL Inside #2
			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
#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 Available Storage

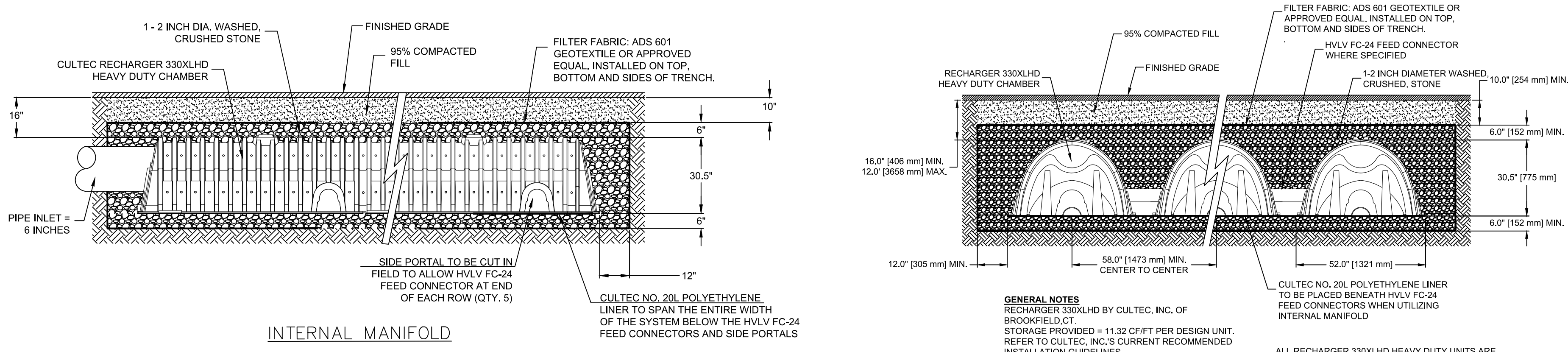
Elevation (feet)	Surf. Area (sq-ft)	Inc. Store (cubic-feet)	Cum. Store (cubic-feet)
0.00	117	0	0
0.50	117	59	59
1.00	117	59	117
1.50	117	59	176
2.00	117	59	234
2.50	117	59	293
3.00	117	59	351
3.50	117	59	410
4.00	0	29	439

Device	Routing	Invert	Outlet Devices
#1	Discarded	0.00'	1.000 in/hr Exfiltration over Surface area 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)

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STORMWATER MANAGEMENT PLAN
 SCALE: 1" = 5'



NOTES:

- 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.
- 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
 RECHARGER 330XLHD BY CULTEC, INC. OF BROOKFIELD, CT.
 STORAGE PROVIDED = 11.32 CF/FT PER DESIGN UNIT. REFER TO CULTEC, INC.'S CURRENT RECOMMENDED INSTALLATION GUIDELINES.
 MAXIMUM ALLOWED COVER OVER TOP OF UNIT SHALL BE 12" (3.05m)
 THE CHAMBER WILL BE DESIGNED TO WITHSTAND TRAFFIC LOADS WHEN INSTALLED ACCORDING TO CULTEC'S RECOMMENDED INSTALLATION INSTRUCTIONS

ALL RECHARGER 330XLHD HEAVY DUTY UNITS ARE MARKED WITH A COLOR STRIPE FORMED INTO THE PART ALONG THE LENGTH OF THE CHAMBER. ALL RECHARGER 330XLHD CHAMBERS MUST BE INSTALLED IN ACCORDANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS.

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LAWRENCE J. PAGGI, PE, PC
 CONSULTING ENGINEERING
 43 BROAD STREET
 FISHKILL, NEW YORK 12524
 TELEPHONE: (845) 897-2375

DATE	BY	DESCRIPTION
11/17/2022	CP	RESPONSES TO PLANNING BOARD COMMENTS

CAMPILII-SNYDER FMLY FARM LLC
 2 DELAVERGNE AVE, WAPPINGERS FALLS, NY 12590
 VILLAGE OF WAPPINGERS FALLS
 COUNTY OF DUTCHESS, STATE OF NEW YORK

DATE: **AUGUST 16, 2022**
 SCALE: **AS NOTED**
 JOB NUMBER:
 SHEET NUMBER:

C200

LEGEND:

- x 99.8 EXISTING SPOT GRADE
- + 100.0 PROPOSED SPOT GRADE
- UTILITY LINES

NOTES:

1. 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 EXCAVATE 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.

No.	Date	Revision
3	10-27-22	RE-ISSUED FOR REVIEW
2	08-15-22	RE-ISSUED FOR REVIEW
1	06-06-22	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.

Stamp



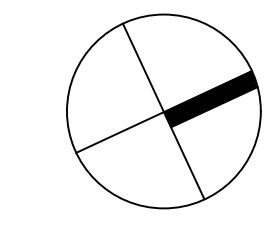
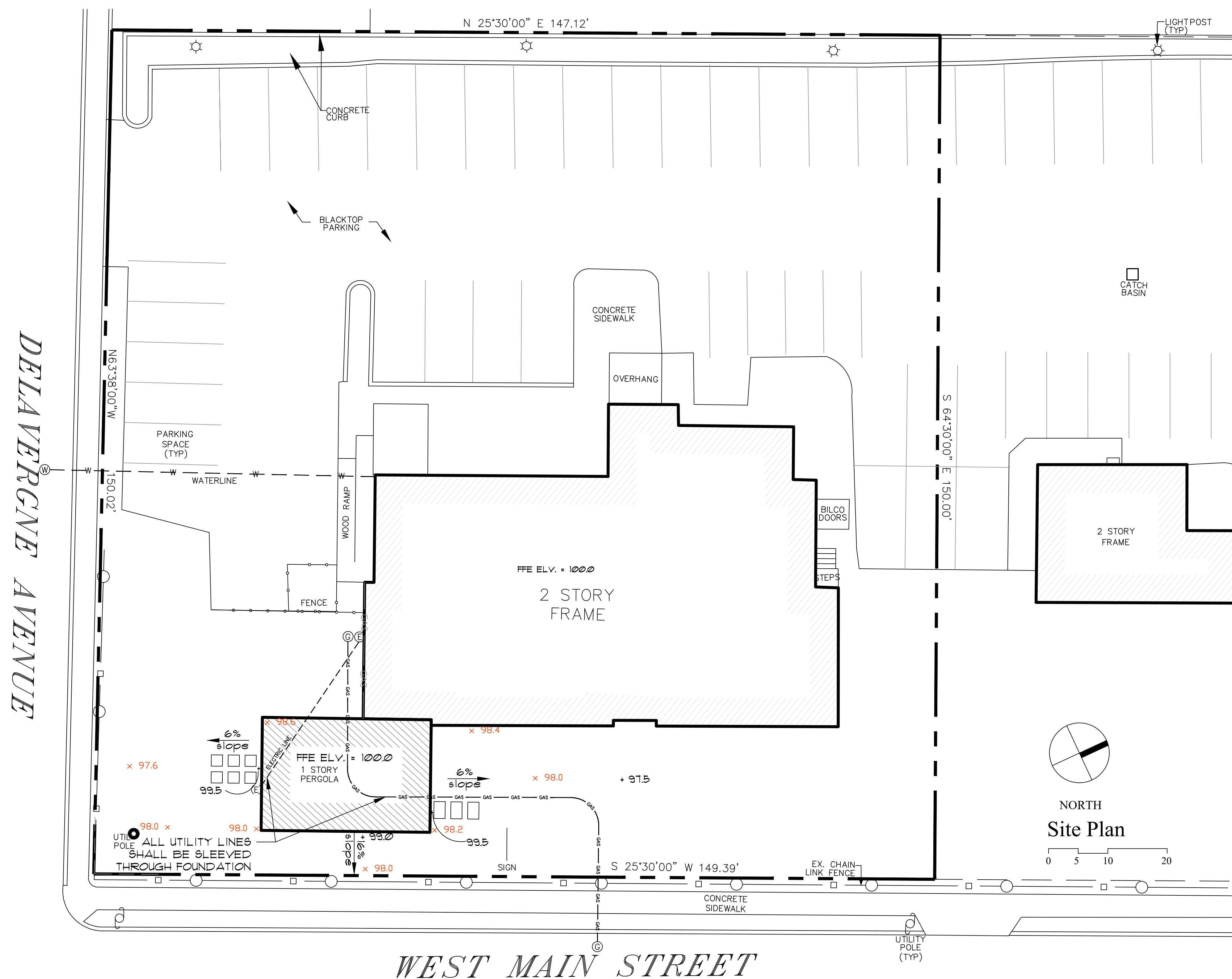
Project Title
CAMPILII OFFICE

Drawing Title
UTILITY AND GRADING PLAN

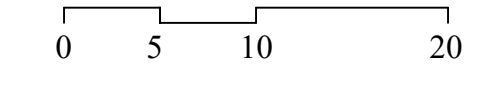
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Drawn	Checked	Approved	
JS	AS	JS	

3 Recco Drive
Brewster, New York 10509
845-279-0198
Landscape Architects

SANOK DESIGN GROUP

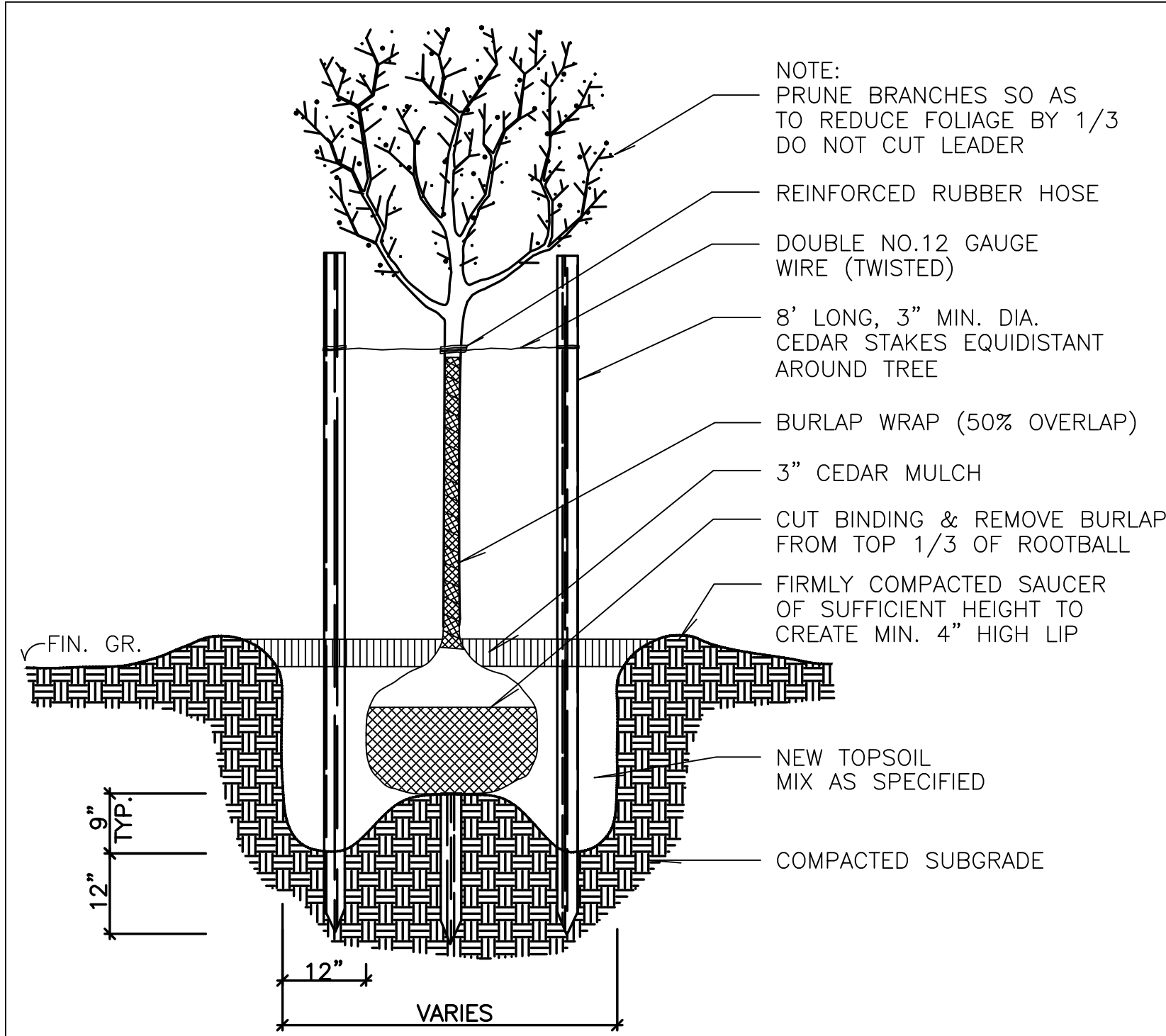


NORTH
Site Plan



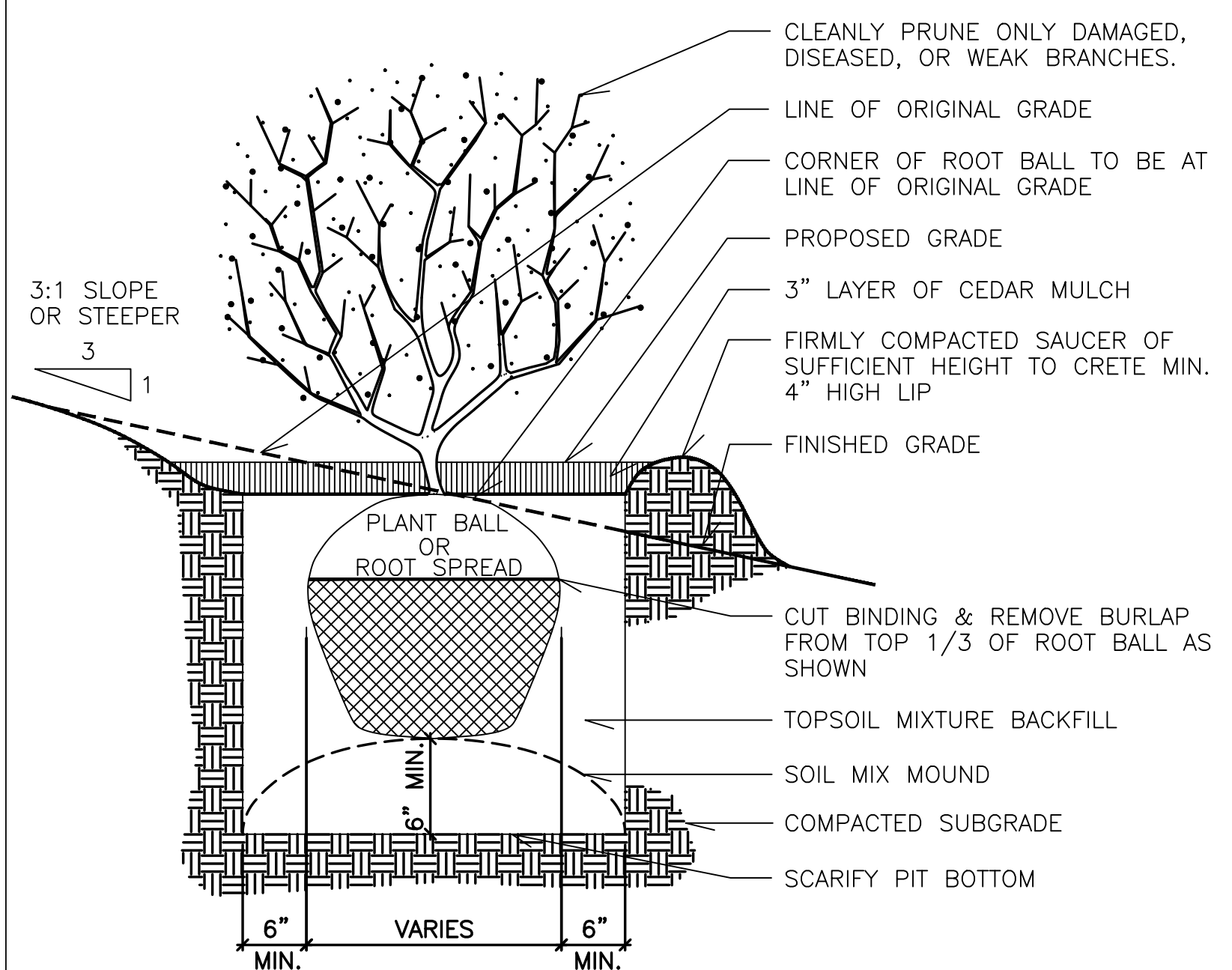
DELAVERGNE AVENUE

WEST MAIN STREET



1 DECIDUOUS PLANTING

SCALE: N.T.S.



4 SHRUB PLANTING

SCALE: 4

NOTE:
WATER THOROUGHLY SUBSEQUENT TO INSTALLATION.

8" LONG 3" MIN. DIA. CEDAR STAKE PLACED 12" FROM TRUNK ON SIDE OF PREVAILING WIND & FASTENED TO TREE WITH DOUBLE #12 GA. WIRE (TWISTED) & REINFORCED RUBBER HOSE.

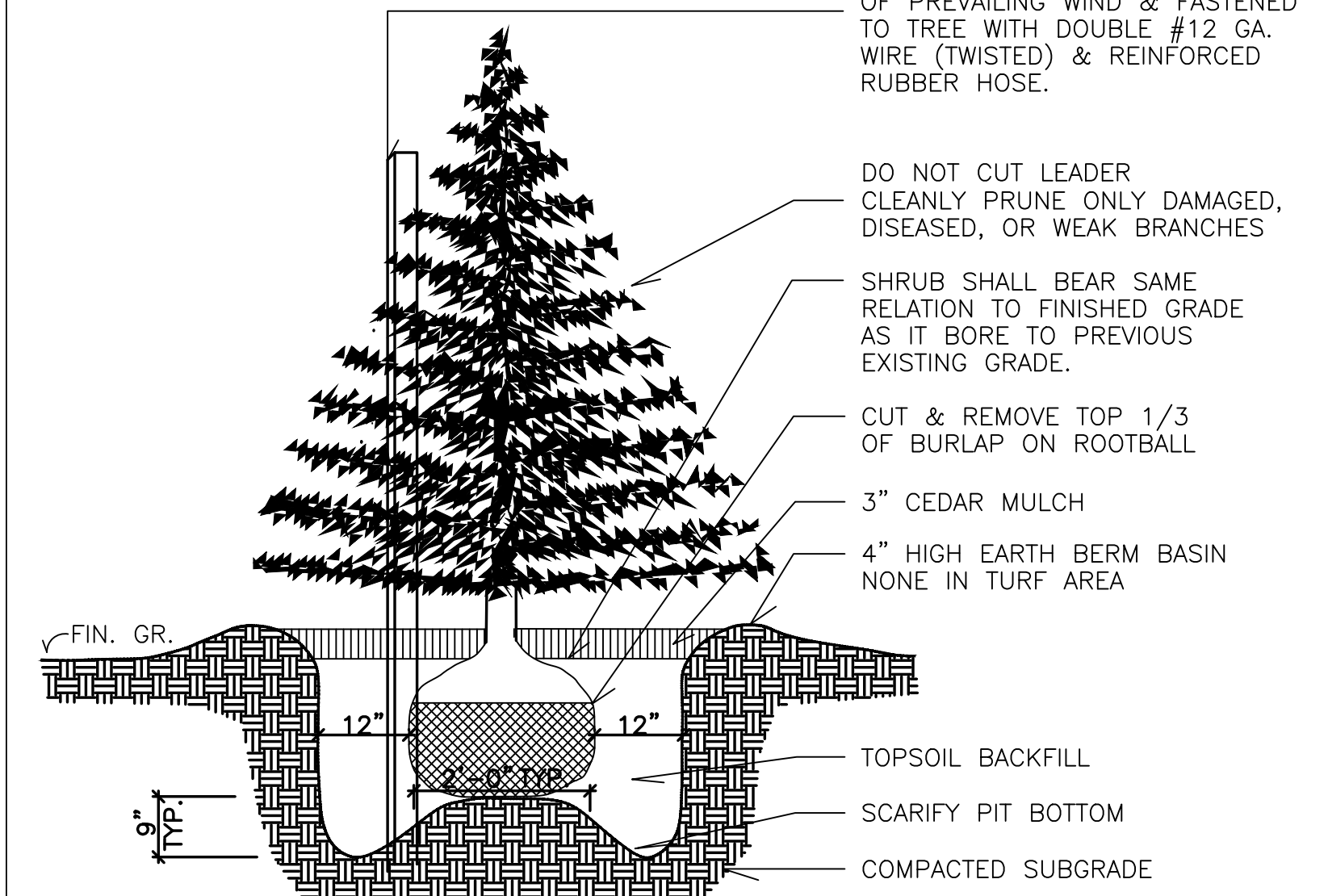
DO NOT CUT LEADER
CLEANLY PRUNE ONLY DAMAGED, DISEASED, OR WEAK BRANCHES

SHRUB SHALL BEAR SAME RELATION TO FINISHED GRADE AS IT BORE TO PREVIOUS EXISTING GRADE.

CUT & REMOVE TOP 1/3 OF BURLAP ON ROOTBALL

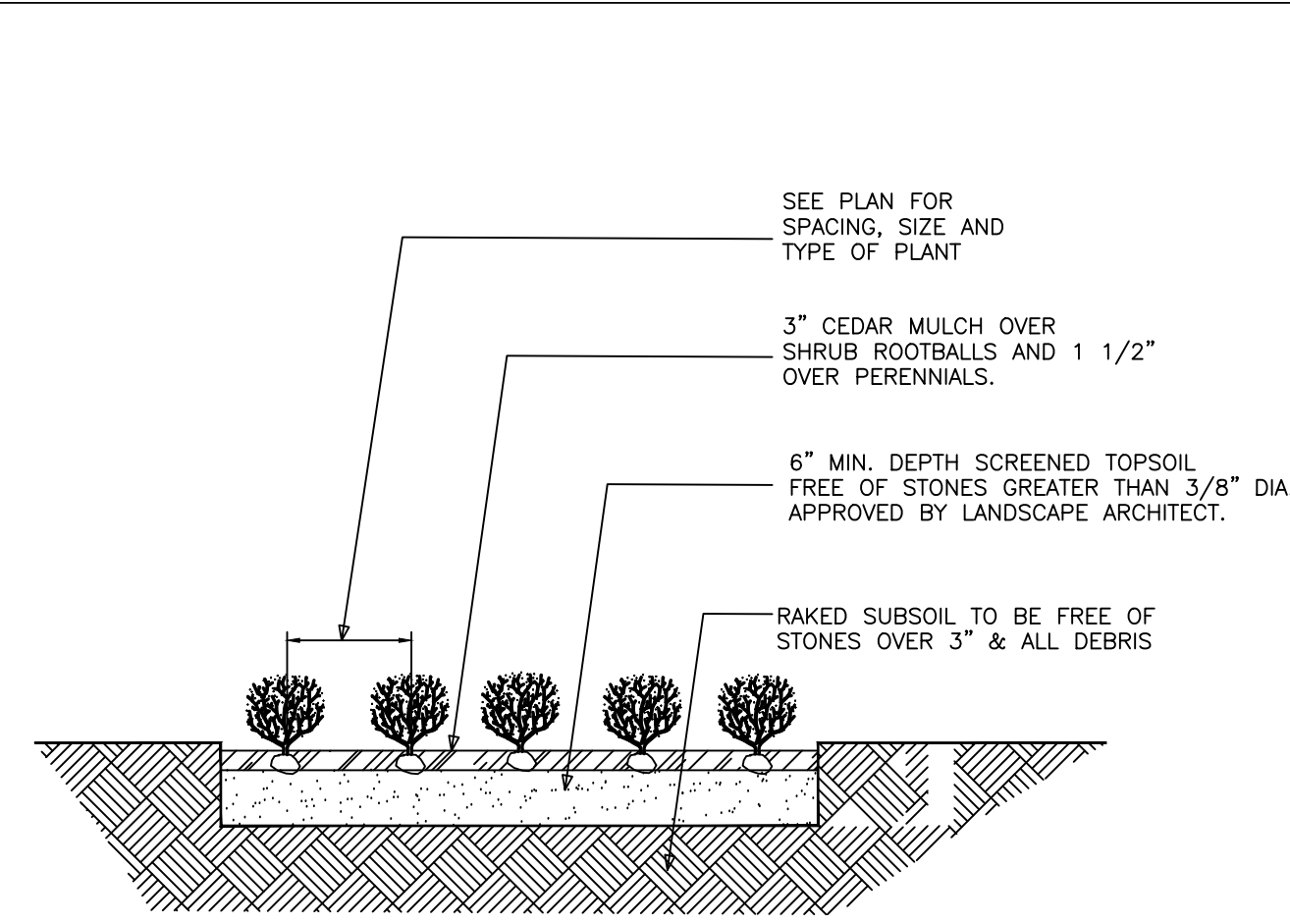
3" CEDAR MULCH

4" HIGH EARTH BERM BASIN NONE IN TURF AREA



6 EVERGREEN PLANTING

SCALE: N.T.S.



2 PERENNIAL PLANTING

SCALE: N.T.S.

PLANTING NOTES CONT:

7. THE ACTUAL LOCATION OF PLANT MATERIALS MAY VARY DUE TO THE FIELD CONDITIONS. FINAL PLACEMENT OF PLANT MATERIAL SHALL BE APPROVED BEFORE THE PITS ARE DUG. IF INITIAL PLACEMENT IS NOT SATISFACTORY, PLANTS SHALL BE RELOCATED IN THE FIELD AT THE DIRECTION OF THE LANDSCAPE ARCHITECT OR OWNER, AT NO ADDITIONAL COST TO THE OWNER.

8. THE CONTRACTOR IS TO USE CARE DURING EXCAVATION AND PLANTING TO AVOID DISTURBING OR DAMAGING ANY ADJACENT OR UNDERGROUND UTILITIES. ANY DAMAGE RESULTING FROM THIS CONSTRUCTION WILL BE THE CONTRACTOR'S RESPONSIBILITY AND SHALL BE RESTORED AT HIS EXPENSE TO THE SATISFACTION OF THE LANDSCAPE ARCHITECT OR OWNER.

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

10. ALL EVERGREEN TREES SHALL BE 'DEAD MANNED'. PROVIDE 3 8" X 30" CEDAR STAKES. BURY STAKES 30" BELOW FINISH GRADE AND GUY TO TREE.

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 OR OWNER.

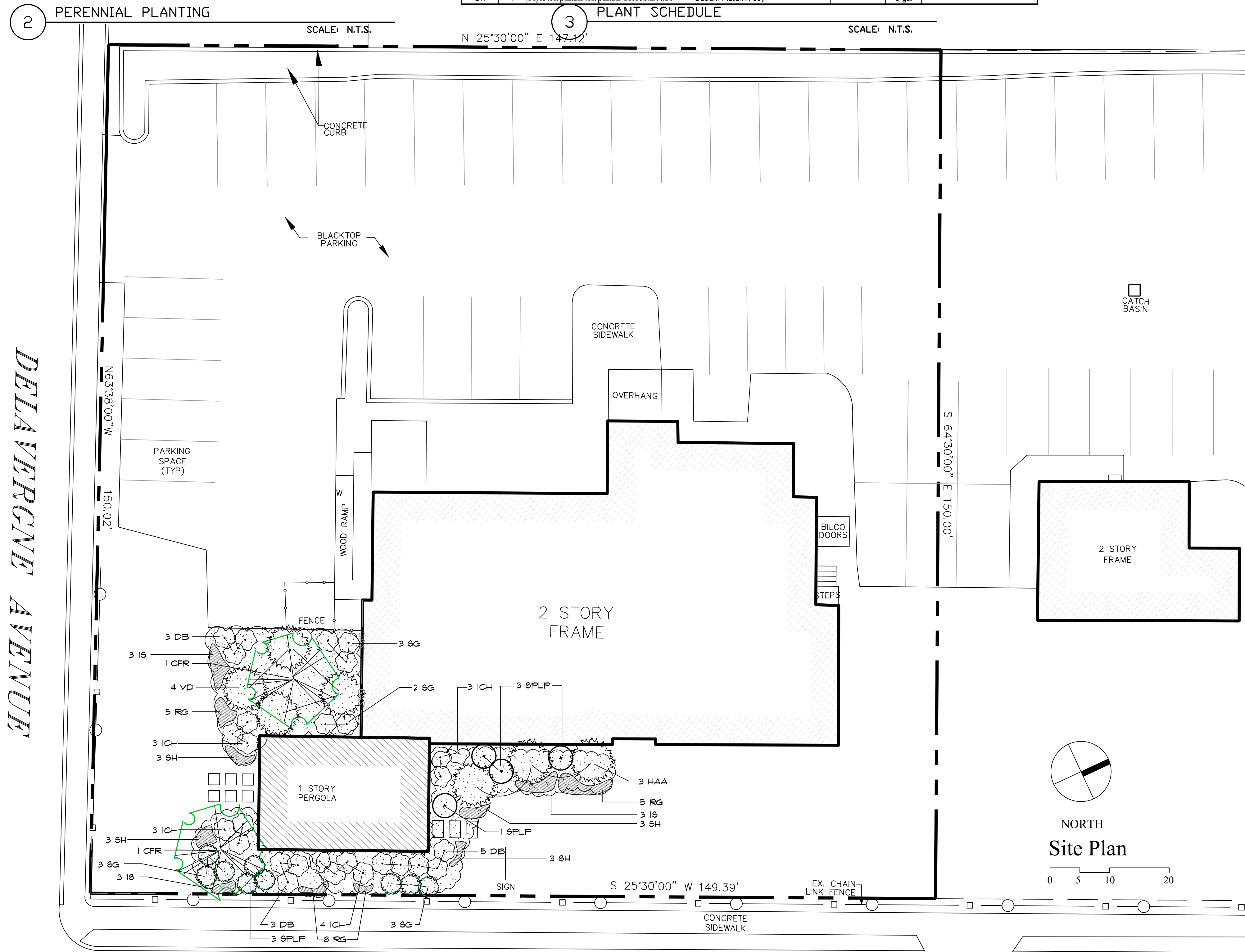
13. REFER TO DETAIL #3, SHEET L-400 FOR PLANT LIST.

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, INCLUDING BUT NOT LIMITED TO WATER AND SHADE. ANY PLANTS DEEMED NOT IN SATISFACTORY HEALTH OR CONDITION AT TIME OF PLANTING SHALL BE REPLACED AT THE CONTRACTOR'S EXPENSE.

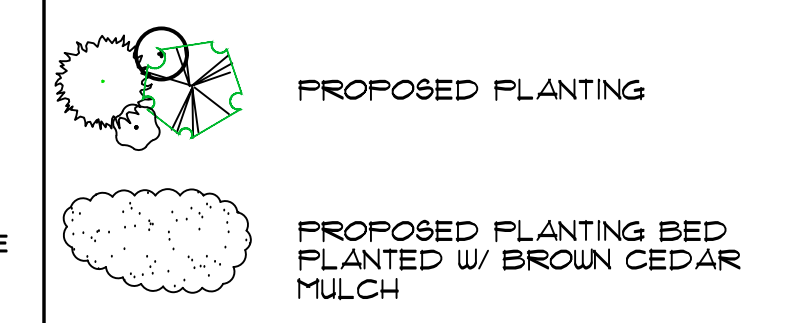
PLANT LIST:	KEY	QNT.	BOTANICAL NAME	COMMON NAME	SIZE	CONT.	REMARKS
TREES							
DECIDUOUS							
CFR	2		Cornus florida 'Cherokee Chief'	Cherokee Chief Dogwood Tree			full multi trunk specimen selected by LA
EVERGREEN							
SHRUBS							
DB	11		Daphne x burkwoodii 'Carol Mackie'	Carol Mackie Daphne	3'-4'	B&B	
HAA	3		Hydrangea arborescens 'Annabelle'	Annabelle Hydrangea	36"-38"	B&B	
SG	12		Spiraea 'Gold Mound'	Gold Mound Spirea	30"-36"	B&B	
SPLP	7		Spiraea 'Little Princess'	Little Princess Spirea	30"-36"	B&B	
ICH	13		Ilex crenata 'shamrock'	Shamrock Holly	3'-4'	B&B	
VD	4		Viburnum dentatum 'Chicago Lustre'	Arrowood Dentatum	5'-6'	B&B	
PERENNIALS/ GRASSES							
IS	9		Iris siberica	Purple Iris		3 gal	
RG	18		Rudbeckia fulgida 'Goldstrum'	Goldstrum Black-Eyed Susan		3 gal	
SH	7		Hylotelephium telephium 'Herbstreude'	Sedum Autumn Joy		3 gal	

3 PLANT SCHEDULE

SCALE: N.T.S.



LEGEND:

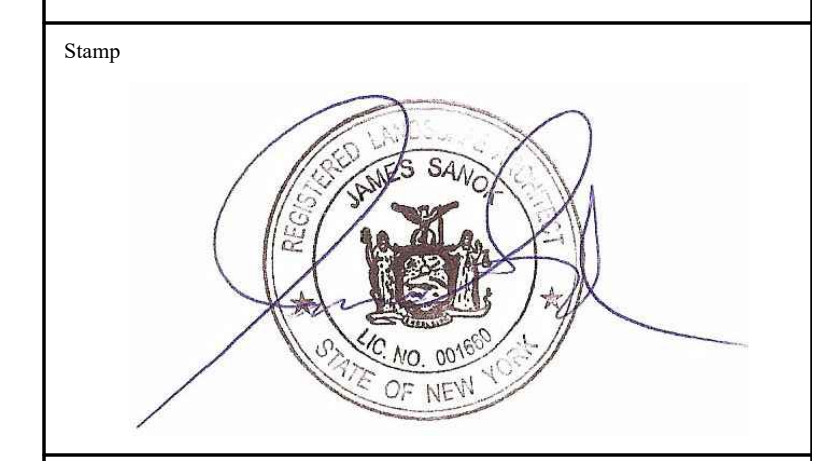


PLANTING NOTES:

- 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.
- ALL LANDSCAPE ELEMENTS (PLANTING, PATIOS, DECKS AND ETC.) SHALL BE LAID OUT, REVIEWED AND APPROVED PRIOR TO INSTALLATION.
- PRIOR TO COMMENCING PLANTING OPERATIONS THE CONTRACTOR SHALL STAKE OUT THE EXACT LOCATION OF ALL TREES FOR THE LANDSCAPE ARCHITECT'S OR OWNER'S APPROVAL. ALL PLANTING OPERATIONS AND LAYOUT SHALL PROCEED UNDER CLOSE COORDINATION WITH THE LANDSCAPE ARCHITECT OR OWNER. TREE LOCATIONS MAY VARY AS DIRECTED BY THE LANDSCAPE ARCHITECT OR OWNER.
- CONTRACTOR SHALL EDGE ALL PLANTING BEDS A MINIMUM OF 6" BELOW ADJACENT LAWN. PROVIDE TOPSOIL AND FEATHER TO MEET BOTTOM OF EDGE. WHERE PLANTS ARE TO BE PLANTED ON A GRADED BERM PROVIDE TOPSOIL TO FORM BERM. PROVIDE GRASS SEED AND SALT HAY MULCH BETWEEN EDGE OF EXISTING LAWN AND FORMED EDGE OF PLANTED AREA.
- CONTRACTOR SHALL ENHANCE ALL PLANTING BED SOILS WITH COMMERCIAL FERTILIZERS AND ADDITIVES TO PROVIDE THE BEST POSSIBLE PLANTING ENVIRONMENT FOR THE INDIVIDUAL PLANT SPECIES.
- CONTRACTOR SHALL INSTALL A MINIMUM OF A 3" LAYER OF DARK CEDAR MULCH IN ALL PLANTING BEDS AND PERENNIAL GARDENS. MULCH TO BE APPROVED BY LANDSCAPE ARCH.

No.	Date	Revision
3	10-21-22	RE-ISSUED FOR REVIEW
2	08-15-22	RE-ISSUED FOR REVIEW
1	06-06-22	ISSUED FOR REVIEW

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Project Title
CAMPILII OFFICE

Drawing Title
PLANTING PLAN

Scale	Job No.	Date	Drawing No.
1"=10'-0"	2218	06-06-22	L-400
Drawn	Checked	Approved	
JS	AS	JS	

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

Landscape Architects

SANOK DESIGN GROUP



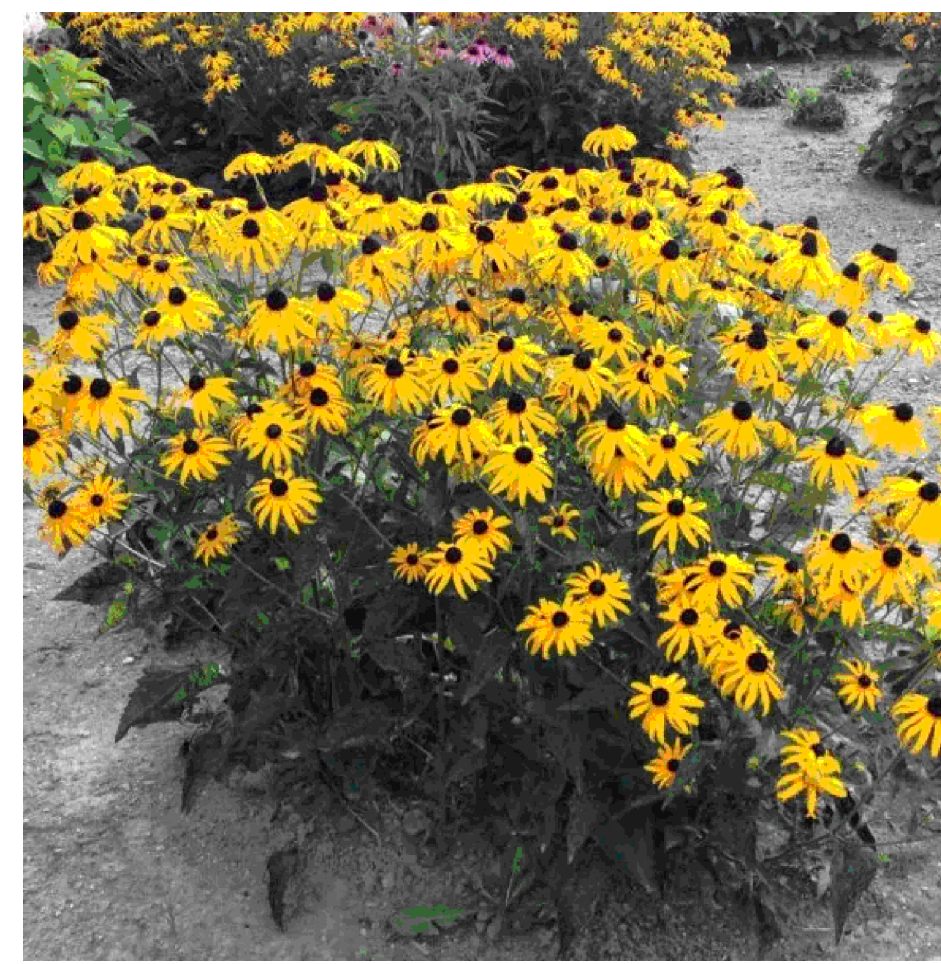
CFR:
CORNUS FLORIDA 'CHEROKEE CHIEF'
CHEROKEE CHIEF DOGWOOD TREE
EARLY SPRING BLOOM
LATE SUMMER RED FRUIT
FALL CRIMSON COLOR



DB:
DAPHNE x BURKWOODII 'CAROL MACKIE'
CAROL MACKIE DAPHNE
SEMI EVERGREEN
SPRING AND FALL FLOWER
FALL CRIMSON COLOR



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



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

PLANTING NOTES CONT:

9. SHOULD THERE BE ANY DISCREPANCIES BETWEEN THE QUANTITIES CALLED FOR ON THE PLANT LIST AND THOSE INDICATED ON THE PLAN, THE GREATER QUANTITY SHALL GOVERN.
10. ALL EVERGREEN TREES SHALL BE 'DEAD MANNED'. PROVIDE 3" x 3" CEDAR STAKES. BURY STAKES 30" BELOW FINISH GRADE AND GUY TO TREE.
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 OR OWNER.
13. REFER TO DETAIL #3, SHEET L-400 FOR PLANT LIST.
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, INCLUDING, BUT NOT LIMITED TO, WATER AND SHADE. ANY PLANTS DEEMED NOT IN SATISFACTORY HEALTH OR CONDITION AT TIME OF PLANTING SHALL BE REPLACED AT THE CONTRACTOR'S EXPENSE.

LEGEND:

- PROPOSED PLANTING
- PROPOSED PLANTING BED PLANTED W/ BROWN CEDAR MULCH

PLANTING NOTES:

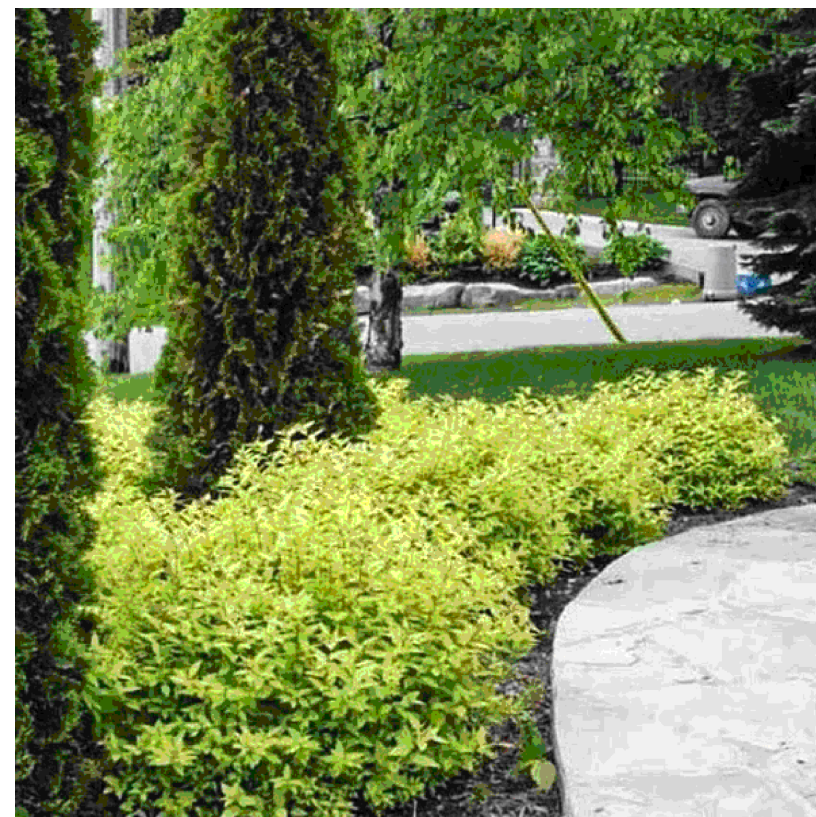
1. ALL BASE SURVEY INFORMATION IS COMPLEMENTARY. THE CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL INFORMATION PRIOR TO EXECUTION OF ANY WORK. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE OWNER BEFORE ANY ACTION TAKEN.
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6. CONTRACTOR SHALL INSTALL A MINIMUM OF A 3" LAYER OF DARK CEDAR MULCH IN ALL PLANTING BEDS AND PERENNIAL GARDENS. MULCH TO BE APPROVED BY LANDSCAPE ARCH.
7. THE ACTUAL LOCATION OF PLANT MATERIALS MAY VARY DUE TO THE FIELD CONDITIONS. FINAL PLACEMENT OF PLANT MATERIAL SHALL BE APPROVED BEFORE THE PITS ARE DUG. IF INITIAL PLACEMENT IS NOT SATISFACTORY, PLANTS SHALL BE RELOCATED IN THE FIELD AT THE DIRECTION OF THE LANDSCAPE ARCHITECT OR OWNER, AT NO ADDITIONAL COST TO THE OWNER.
8. THE CONTRACTOR IS TO USE CARE DURING EXCAVATION AND PLANTING TO AVOID DISTURBING OR DAMAGING ANY ADJACENT OR UNDERGROUND UTILITIES. ANY DAMAGE RESULTING FROM THIS CONSTRUCTION WILL BE THE CONTRACTOR'S RESPONSIBILITY AND SHALL BE RESTORED AT HIS EXPENSE TO THE SATISFACTION OF THE LANDSCAPE ARCHITECT OR OWNER.



SH:
SEDUM 'HERBSTFREUDE'
SEDUM AUTUMN JOY
GREEN LEAVES
LATE SUMMER FLOWER BLOOM
EARLY FALL FLOWER BLOOM



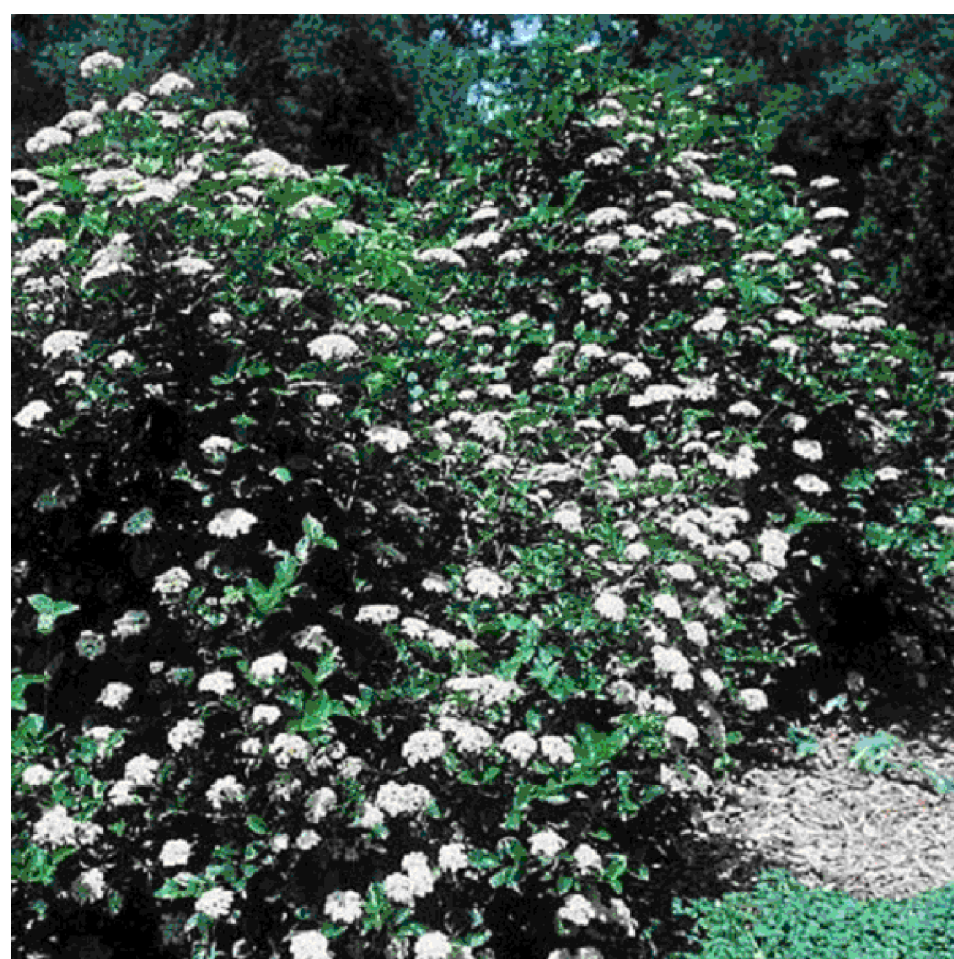
HAA:
HYDRANGEA ARBORESCENS 'ANNABELLE'
ANNABELLE HYDRANGEA
JULY TO SEPTEMBER BLOOM
FALL TO WINTER FLOWER HEADS DRY
AND PROVIDES A STALKY WINTER TEXTURE



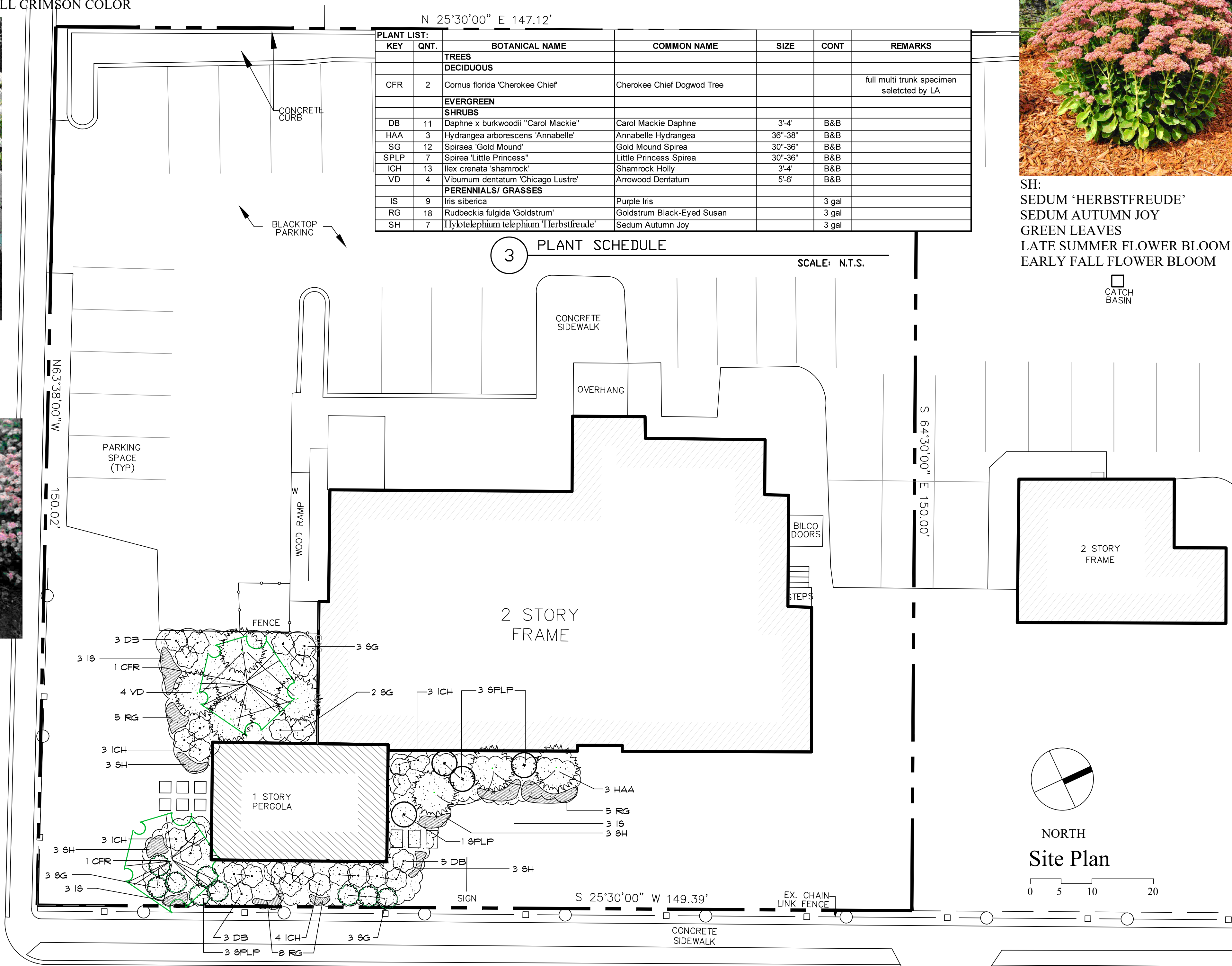
SG:
SPIREA 'GOLD MOUND'
GOLD MOUND SPIREA
SHOWY CHARTREUSE, LIGHT GREEN LEAVES
MAY TO JUNE PINK FLOWERED BLOOM
FALL LEAF CHANGE TO DARKER GREEN
WINTER STALKY TEXTURE



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

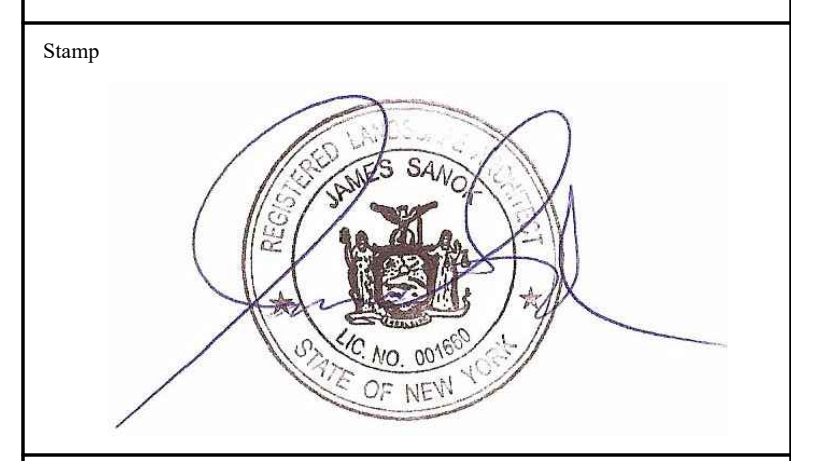


VD:
VIBURNUM DENTATUM 'CHICAGO LUSTRE'
ARROWWOOD DENTATUM
DARK GREEN LEAVES
CRAEY WHITE FLOWERS IN SPRING
FOLLOWED BY MASSES OF ROYAL BLUISH-BLACK BERRIES
RED LUSTROUS LEAVES TURN A GOOD FALL COLOR



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Project Title
CAMPILII OFFICE

Drawing Title
PLANTING PLAN WITH PLANT DESCRIPTION

Scale	Job No.	Date	Drawing No.
1"=10'-0"	2218	06-06-22	L-401

3 Recco Drive
Brewster, New York 10509
845-279-0198
Landscape Architects

SANOK DESIGN GROUP

WEST MAIN STREET

artistic conception



Sanok Design Group | James Sanok

Campili

artistic conception



artistic conception



Sanok Design Group | James Sanok

Campili

artistic conception



artistic conception



GENERAL NOTES

- THESE PLANS ARE PREPARED IN ACCORDANCE WITH THE EXISTING BUILDING CODE OF NEW YORK STATE.
- 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.
- 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.
- 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.
- 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

- CLEARING OF TREES IF ANY SHALL BE AS PER CONTRACT DIRECTION OR AS MINIMUM AS POSSIBLE TO ACCOMMODATE NEW GARAGE AND DRIVEWAY.
- TOP SOIL IN CLEARED AREA TO BE REMOVED AND STORED FOR REUSE.
- PROTECT ANY EXISTING LANDSCAPING OR TREES AGAINST DAMAGE.
- 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.
- CERTIFY THAT ALL PROPER SETBACKS HAVE BEEN MET AFTER FOOTINGS HAVE BEEN FORMED AND PRIOR TO CONCRETE BEING POURED.

EXCAVATION

- EXCAVATE AS REQUIRED TO ALLOW FOR THE CONSTRUCTION OF RETAINING WALL AS SHOW ON PLANS.
- 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.
- FINISH GRADING SHALL BE ESTABLISHED TO PROVIDE SURFACE DRAINAGE IN ALL DIRECTIONS AWAY FROM THE HOUSE AND EXCAVATED AREAS.

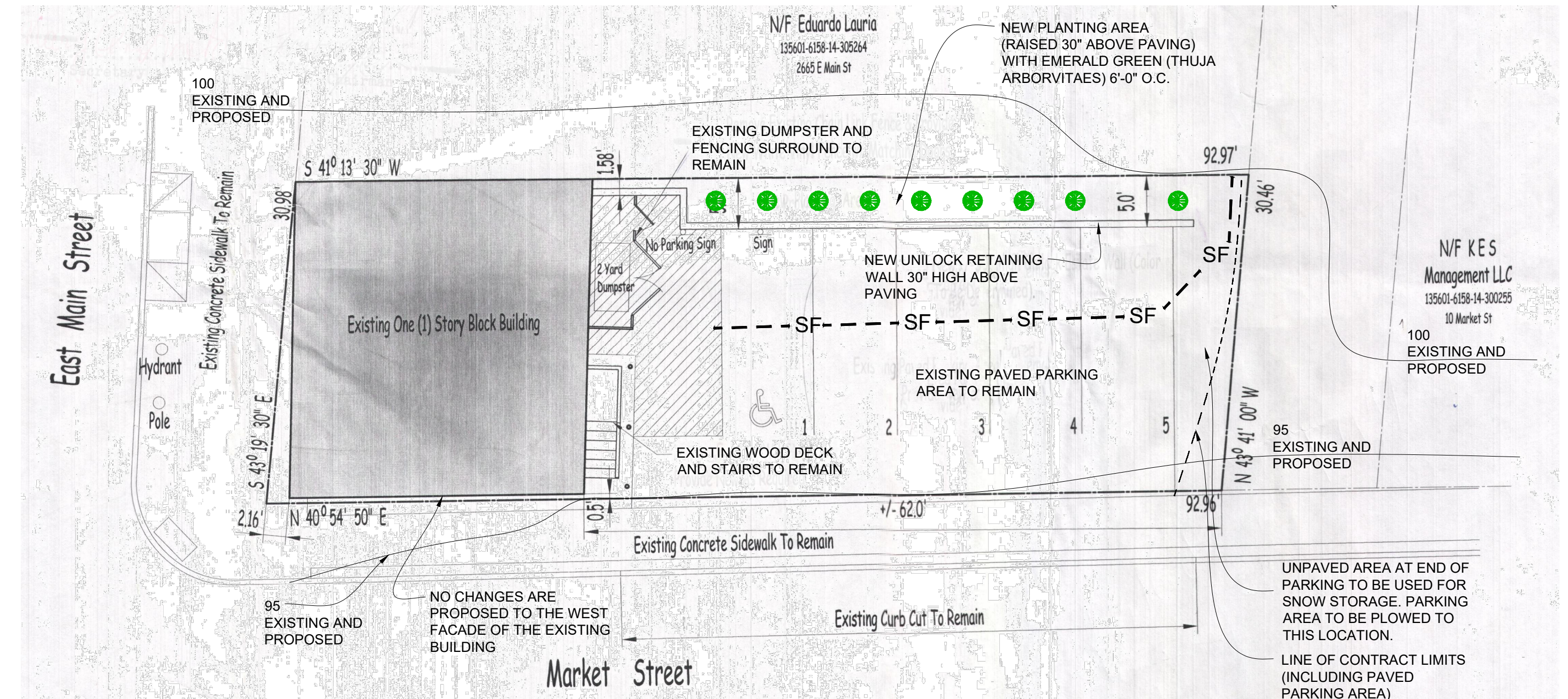
EXTERIOR FINISH

- FASCIA, TRIM AND EXTERIOR AS SHOWN ON ELEVATIONS.

ELECTRICAL

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

ZONING CALCULATIONS		
ADDRESS: 2667 E. MAIN ST. WAPPINGERS FALLS, NY.		
TAXMAP # 135601-6158-14-302265		
ZONING DISTRICT: VC VILLAGE COMMERCIAL		
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)	5 SPACES
	NONE REQUIRED	

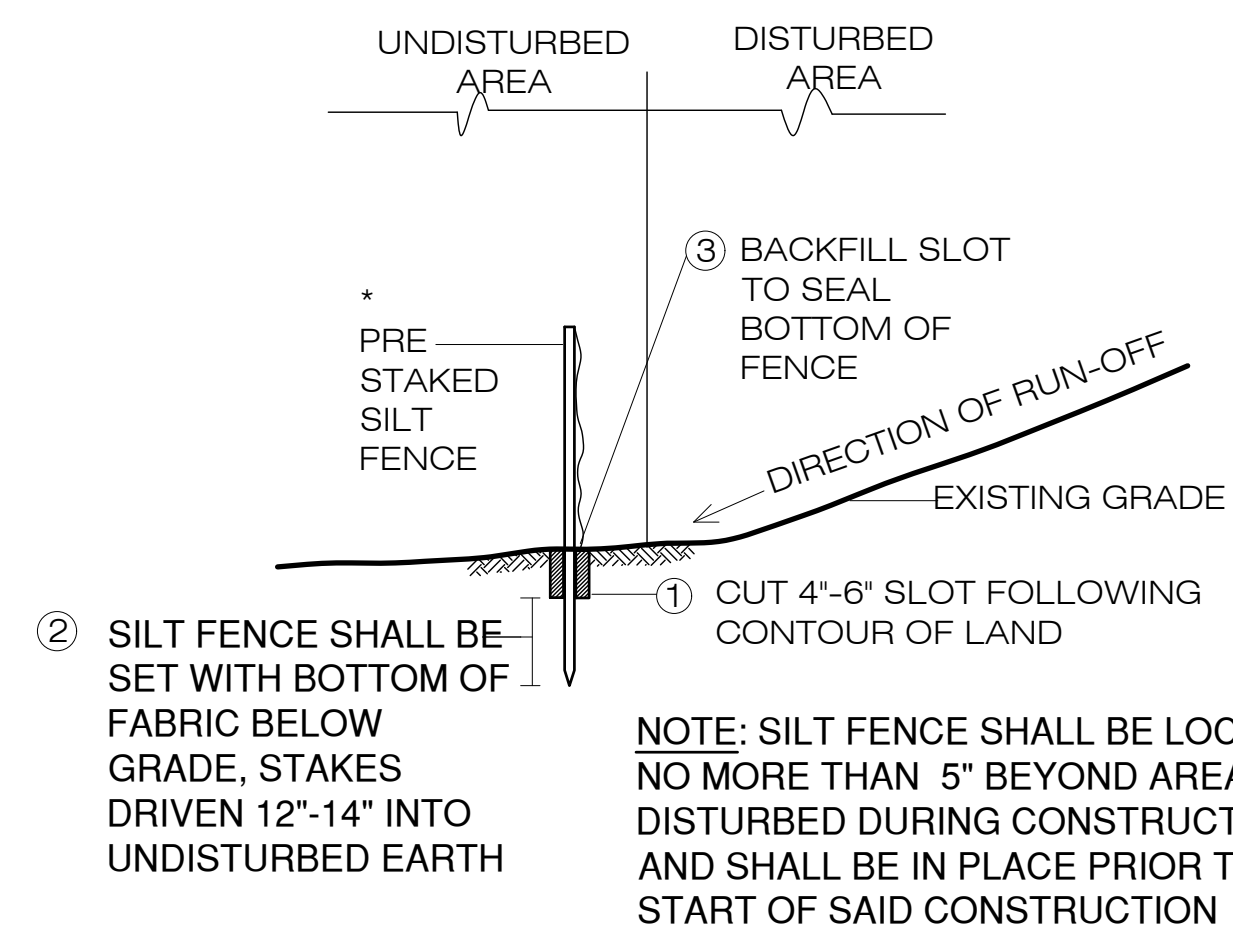


SITE PLAN

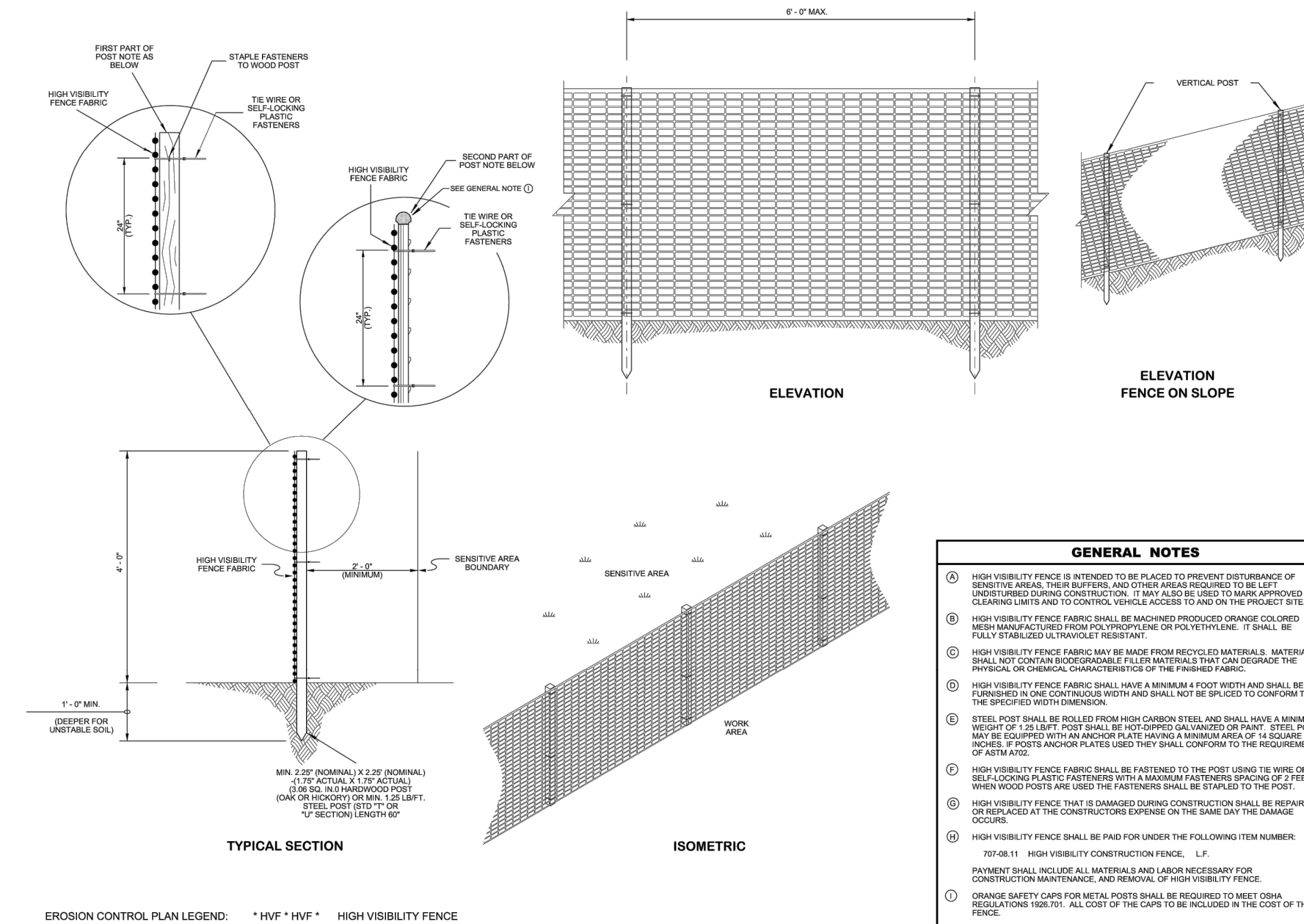
SCALE 1" = 10'

NOTES:

- 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).
- A GREASE TRAP WAIVER AND APPROVAL FOR AN INTERNAL GREASE INTERCEPTOR WAS APPROVED BY THE PLANNING BOARD ON MARCH 11, 2020.

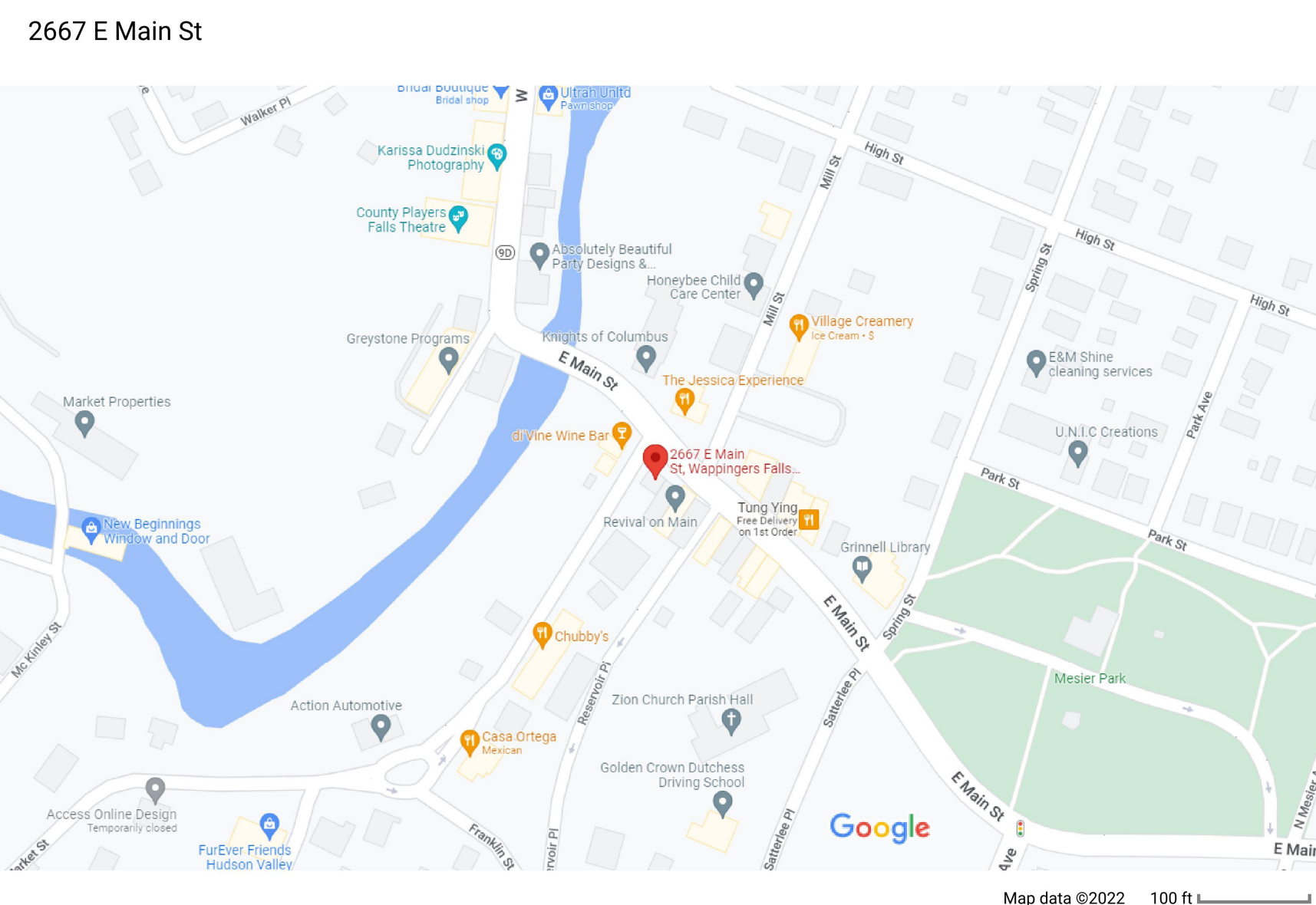


NOTE: SILT FENCE SHALL BE LOCATED NO MORE THAN 5' BEYOND AREA TO BE DISTURBED DURING CONSTRUCTION AND SHALL BE IN PLACE PRIOR TO THE START OF SAID CONSTRUCTION



GENERAL NOTES

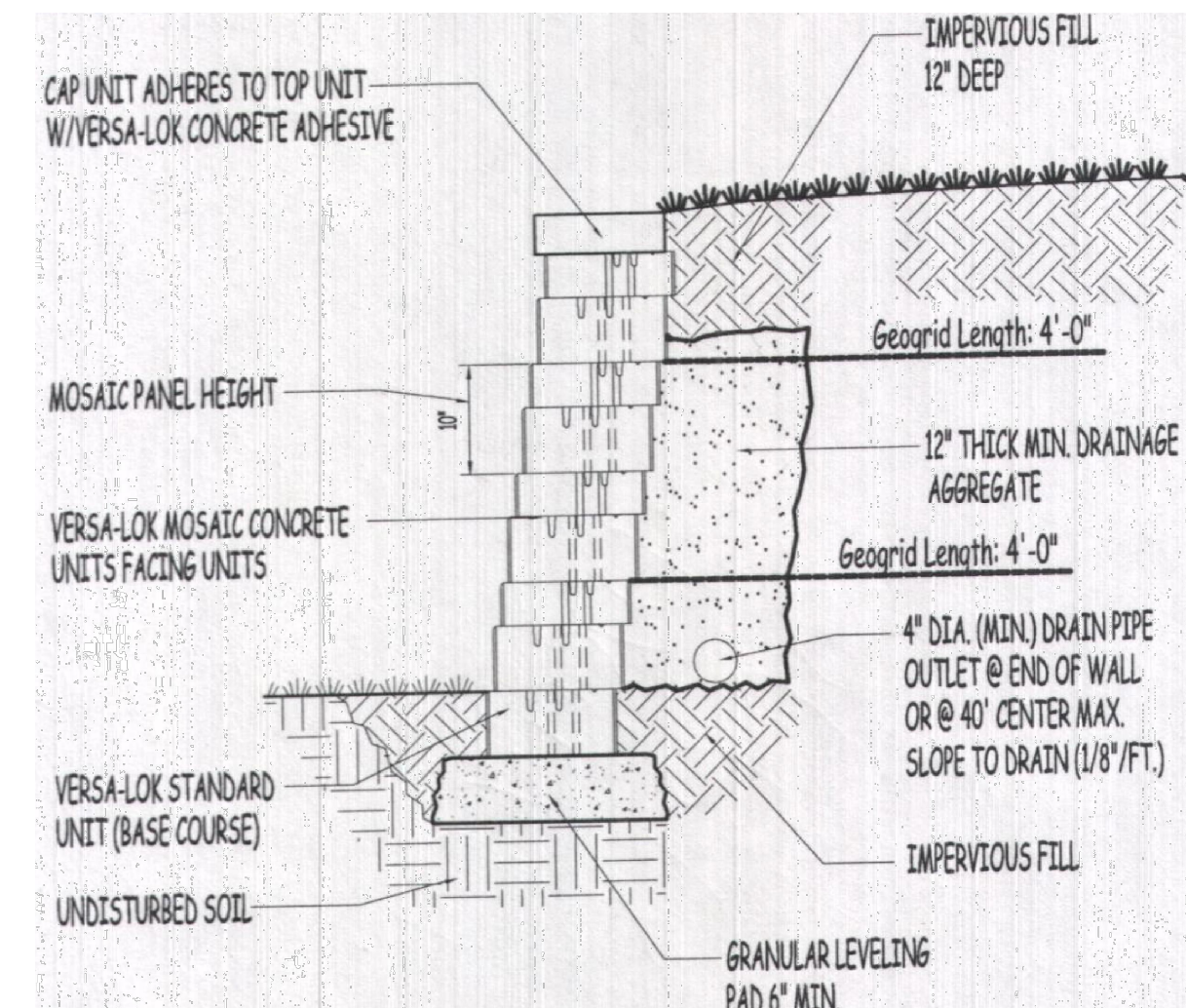
- HIGH VISIBILITY FENCE IS REQUIRED TO BE PLACED TO PREVENT ENCROACHMENT OF SENSITIVE AREAS. THE FABRIC AND OTHER AREAS REQUIRED TO BE LEFT UNDISTURBED FROM CONSTRUCTION. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO FULLY ESTABLISH ULTRAVIOLET RESISTANT.
- HIGH VISIBILITY FENCE FABRIC SHALL BE SECURED TO THE POSTS WITH ULTRAVIOLET RESISTANT RINGS OR RINGS WITH ULTRAVIOLET RESISTANT FABRIC.
- HIGH VISIBILITY FENCE FABRIC SHALL BE MADE FROM RECYCLED MATERIALS. MATERIALS SHOULD BE IDENTIFIED BY THE CONTRACTOR WITH A LABEL THAT IS EASILY IDENTIFIABLE TO THE SPECIFIED PERFORMANCE.
- STEEL POST SHALL BE MADE FROM HIGH CARBON STEEL AND SHALL HAVE A MINIMUM WEIGHT OF 3.0 LBS PER FOOT. SHALL BE SET IN CONCRETE OR SHALL BE SET IN ANCHOR PLATES. SHALL BE SET IN ANCHOR PLATES USED THEY SHALL CONFORM TO THE REQUIREMENTS OF NEW YORK.
- HIGH VISIBILITY FENCE FABRIC SHALL BE FASTENED TO THE POSTS WITH ULTRAVIOLET RESISTANT RINGS OR RINGS WITH ULTRAVIOLET RESISTANT FABRIC.
- HIGH VISIBILITY FENCE SHALL BE MAINTAINED THROUGHOUT CONSTRUCTION. SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD ON THE SAME DAY THE DAMAGE OCCURS.
- HIGH VISIBILITY FENCE SHALL BE PAID FOR UNDER THE FOLLOWING ITEM NUMBER: PER 11 HIGH VISIBILITY CONSTRUCTION FENCE, I.F.
- PERMITS SHALL BE OBTAINED FROM THE APPROPRIATE AGENCIES FOR CONSTRUCTION MAINTENANCE AND REMOVAL OF HIGH VISIBILITY FENCE.
- OWNER SHALL OBTAIN PERMITS FROM THE APPROPRIATE AGENCIES FOR CONSTRUCTION MAINTENANCE AND REMOVAL OF HIGH VISIBILITY FENCE.



LOCATION MAP

SILT FENCE DETAIL

NOT TO SCALE



PLANTER RETAINING WALL DETAIL

NOT TO SCALE

CONSTRUCTION FENCE DETAIL

NOT TO SCALE

CONSTRUCTION SEQUENCE:

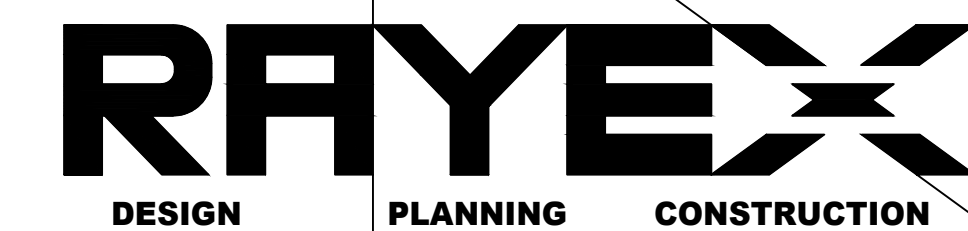
- PREPARE SITE WITH MEASURES TO PROTECT PEDESTRIAN TRAFFIC.
- REMOVE EXISTING STUCCO FINISH AND PREPARE SUBSURFACE TO RECEIVE NEW WALL FINISH.
- INSTALL NEW STONE APRON.
- INSTALL NEW HARDIE BOARD SIDING AND TRIM.
- INSTALL NEW SIGNS AND LIGHT FIXTURES
- PREPARE AREA AND INSTALL SILT AND CONSTRUCTION FENCES.
- EXCAVATE FOR RETAINING WALL AND HAVE IT INSPECTED.
- CALL FOR FOOTING INSPECTION IF REQUIRED.
- INSTALL UNILOCK RETAINING WALL AND BACKFILL.
- INSTALL TOP SOIL, MULCH, AND PLANT VEGETATION.
- 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 _____



ROY A. FREDRIKSEN, PE

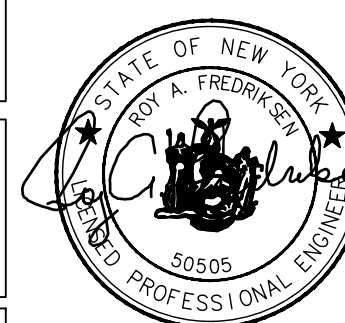
DESIGN • PLANNING • CONSULTING ENGINEERING
266 SHEAR HILL RD. • MAHOPAC, NY 10541 • 845-621-4000
RAYEXDESIGN@GMAIL.COM

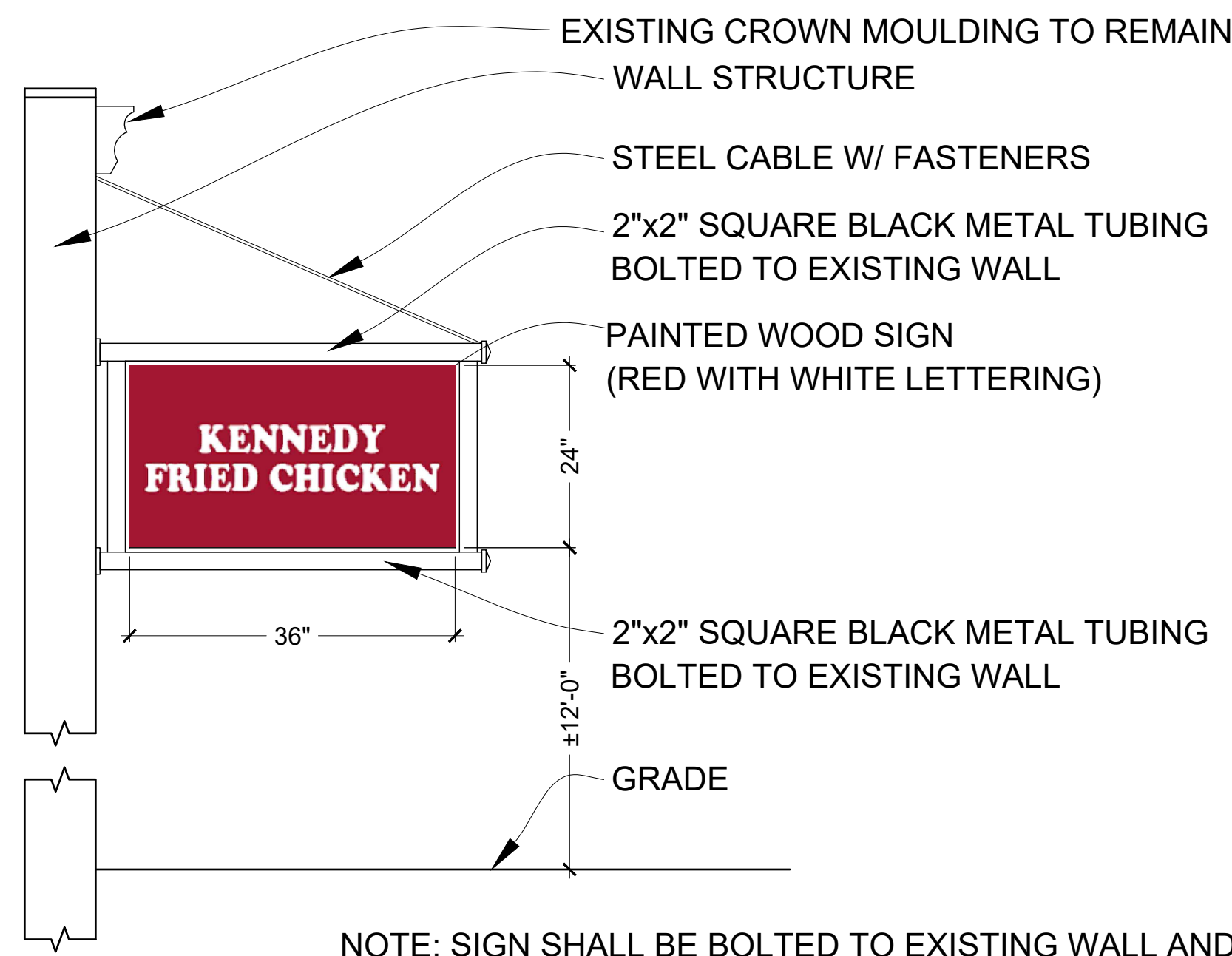
OWNER: MICHAEL TREYBICH
LEASEE: TARIQ MAHMOOD
DBA: KENNEDY FRIED CHICKEN

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

SHEET TITLE: PLOT PLAN & 1 OF 1 ELEVATION

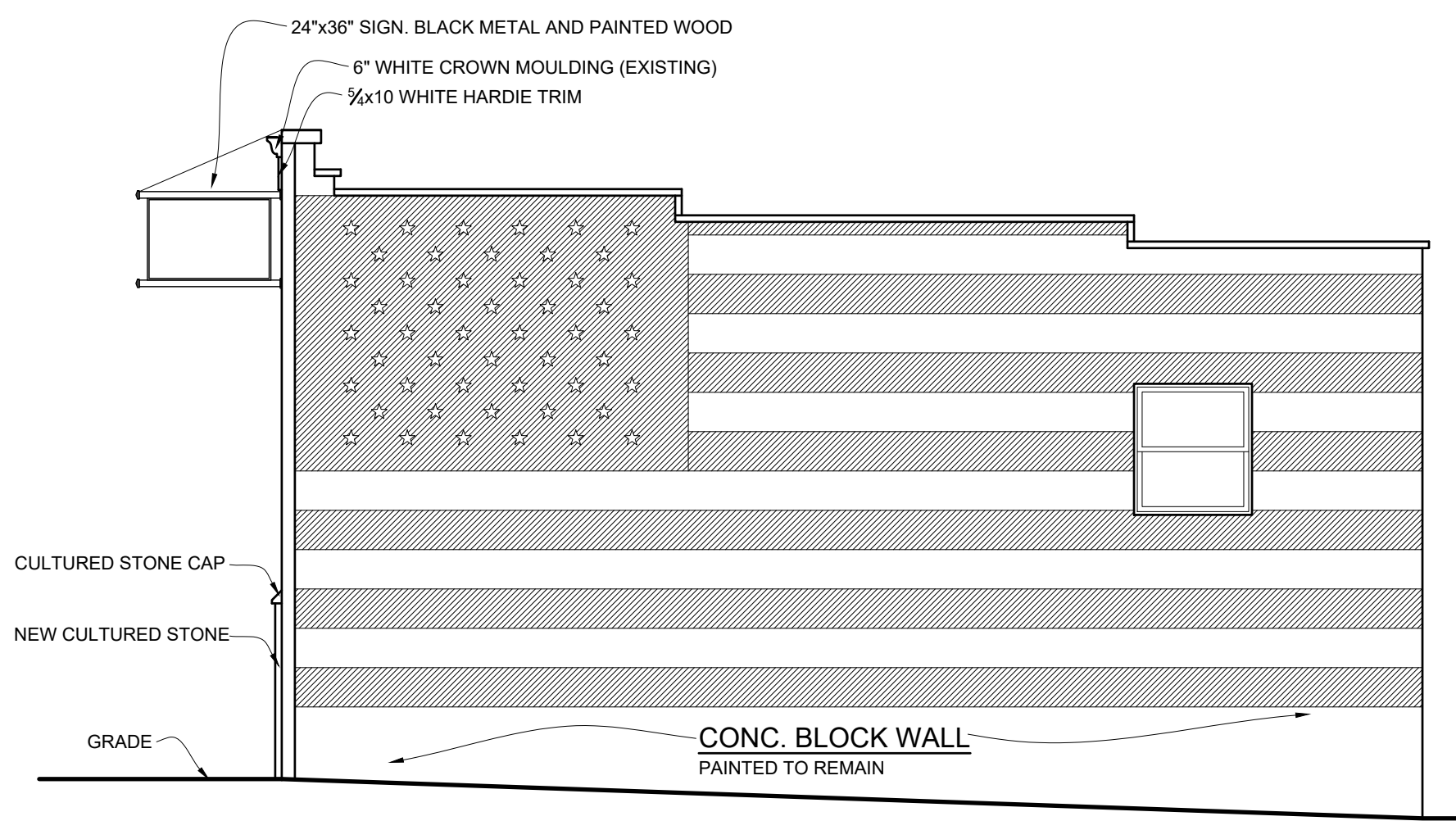
11/14/2022
8/23/2022
REVISIONS: _____ DATE: 7/29/2022





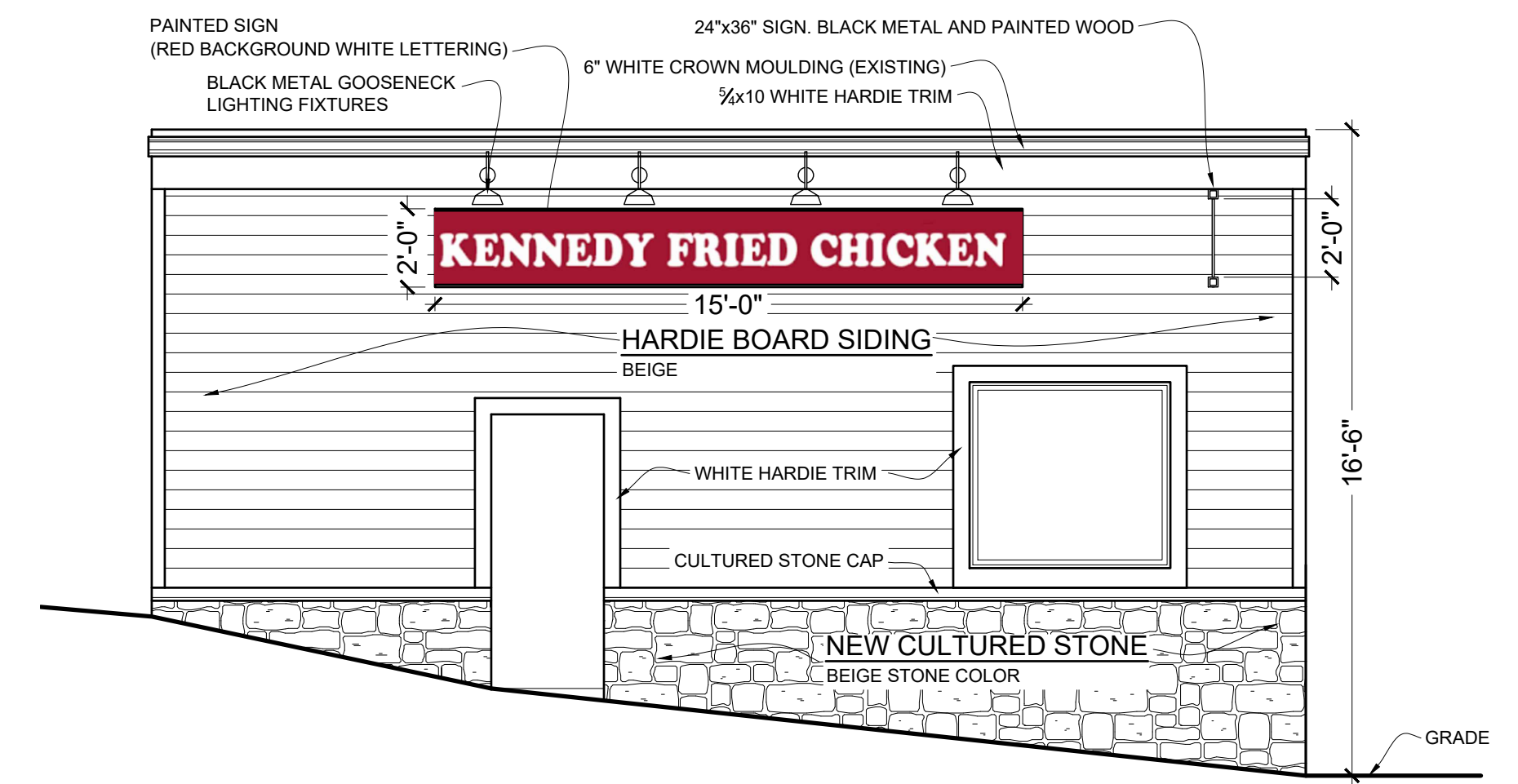
HANGING SIGN DETAIL

N.T.S.



RIGHT SIDE ELEVATION

SCALE 1/4" = 1'-0"



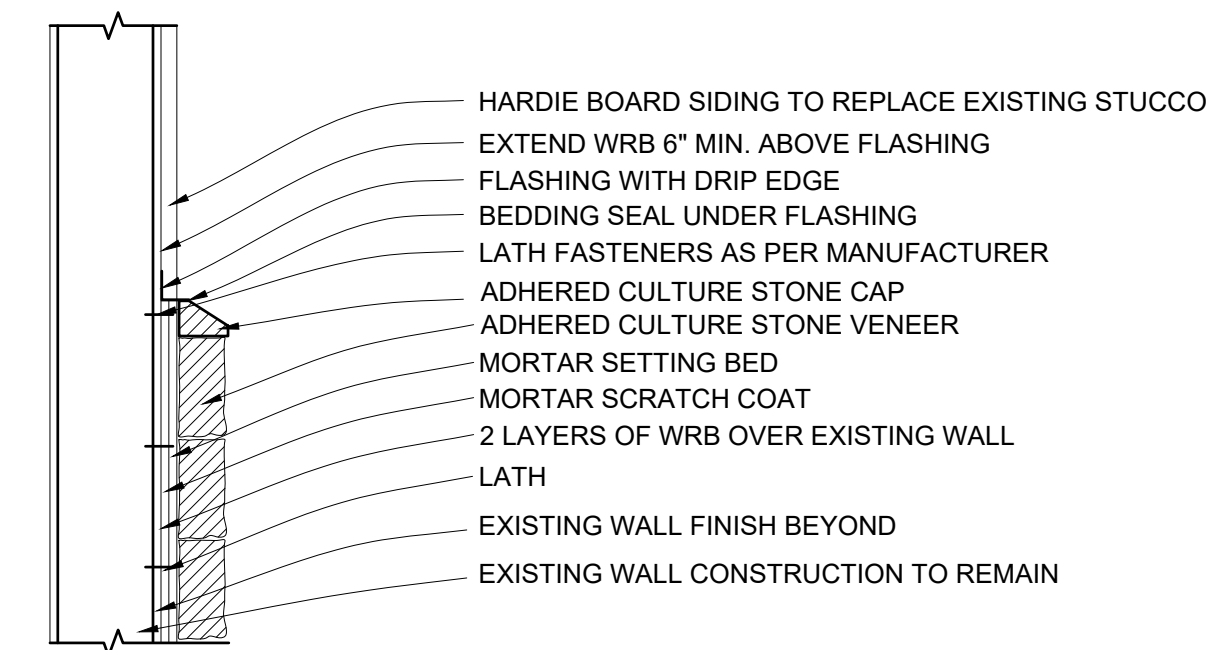
FRONT ELEVATION

SCALE 1/4" = 1'-0"

NOTES:

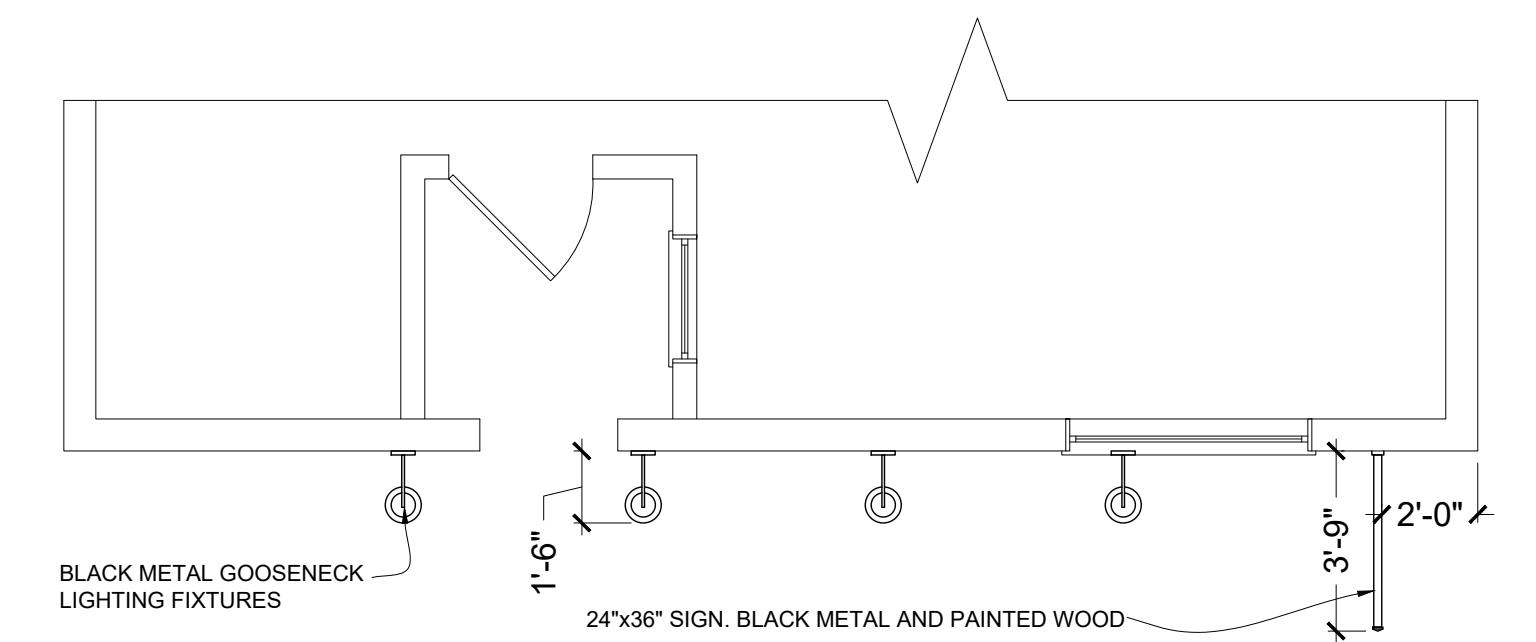
1. FIXTURES TO BE BLACK, 11" GOOSENECK WITH AN ANGLED REFLECTOR TO DIRECT LIGHTING ONTO SIGN AND WALL AND NOT ONTO SIDEWALK.
2. MAXIMUM LIGHTING COLOR TEMPERATURE TO BE 2700 KELVIN.

LIGHTING FIXTURE DETAIL



CULTURED STONE APRON DETAIL

NOT TO SCALE



FLOOR PLAN

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

CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA

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



ROY A. FREDRIKSEN, PE

DESIGN • PLANNING • CONSULTING ENGINEERING
266 SHEAR HILL RD. • MAHOPAC, NY 10541 • 845-621-4000
RAYEXDESIGN@GMAIL.COM

OWNER: MICHAEL TREYBICH
LEASEE: TARIQ MAHMOOD
DBA: KENNEDY FRIED CHICKEN

JOB #
DRN BY:
CHKD BY:

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

TAX MAP #: 135601-6158-14-302265

SHEET TITLE: FLOOR PLAN, 2 OF 2
ELEVATION, DETAILS

11/14/2022
REVISIONS: DATE: 7/29/2022





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,

A handwritten signature in cursive script that reads 'Illeana Tucker'.

Illeana Tucker, Associate Engineer
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, 2022 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 submission date.

Date Submitted: September 15, 2022 Date of Meeting: _____

Property Identification:

Address: 1572 Rt. 9, Imperial Plaza, Space 9-A, Wappingers Falls, NY, 12590

Zoning District: CMU Existing site area: _____

Owner Information:

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 applicant)

Name: Murat Gunes

Address: 9 Degamma Hill Rd.

City: Wappingers Falls State: NY Zip: 12590

Contact Numbers: (H) 914-703-5881 (C) _____

E-mail Address: dewran08@hotmail.com

Lead Design Professional: (If applicable)

(Indicate the primary design professional associated with this application)

Name: Michael Gillespie

Title: Professional Engineer

Architect Engineer

Company: M. Gillespie + Associates

Address: 847 Route 376, Wappingers Falls, NY 12590

Telephone #: (845) 227-6227

E-mail Address: mgillespie@mgaengrs.com



VILLAGE OF WAPPINGERS FALLS
APPLICATION FOR PLANNING BOARD REVIEW
(Continued)

Proposed Site:

(Property where improvements are proposed)

Existing Use(s): Bagel shop / closed

Proposed square footage: 1,800 sf

Project Description : (Please print or type)

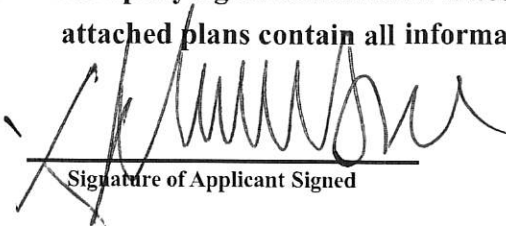
(Describe the project in detail indicating all areas of work, type(s) of improvement and materials to be used as a part of the proposed improvements. Use additional sheets if necessary.)

The applicant is proposing a new business in an existing unit. Interiorly, the applicant is proposing to replace 2 bathroom sinks w/ vanity sinks, 2 toilets, replace kitchen sink w/ new faucets, install new gas stove, remove electrical wall outlets from seating space, remove + replace flooring, paint whole restaurant, remove ceiling saffets of 10 sf + replace w/ sheet 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

9/15/22
Date

Office use only:

[] FEE : _____ Receipt No. : _____ Cash / Check # _____ Date: _____

Revised by : _____ 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

Name of property owner: Imperial Improvements, LLC

Address of property owner: 565 Taxter Rd.

City: Elmsford State: NY Zip: 10523

Phone number of property owner: (Include home, work, mobile number and e-mail address):

(H) _____ (C) _____

(W) 260-258-5188 (Email) gsladek@dlcmgmt.com

Address of site where work is being conducted: 1572 Rt 9, Imperial Plaza, Space 9-A

Wappingers Falls, NY 12590

Description of work: Remove & replace vinyl flooring, replace bathroom toilets, install new bathroom vanity sinks. Remove 10 ft ceiling soffets replacing w/sheetrock, Install new gas stove, install new kitchen sink & faucet. Paint whole resturant.

Name of person doing work: Gallegos Construction Corp

Address of person doing work: 1000 Lower South St.

City: Peekskill State: NY Zip: 10566

Phone number of person doing work (Include home, work, mobile numbers and e-mail address):

(H) _____ (C) 914-382-3759

(W) 914-930-1058 (Email) gmgfabricator@gmail.com

I, as property owner for the above mentioned property, am aware of all work described above and give my consent to the aforementioned person to do the work.

SLC


Signature of Property Owner

5/17/22

Date Signed

PART "A"
OWNER AFFIDAVIT

State of New York }
County of Westchester } ss:

Jordan Colick being duly sworn, deposes and says:

1. That I/we are the Owner(s) of the within property as described in the foregoing application 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 I/we hereby authorize Palazzo Business Services James Tyson to act as my/our representative in all matters regarding said application(s), and that I/we have the legal right to make or authorize the making of said application:
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.
4. 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.
5. 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 Town 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.
6. 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 have examined this affidavit and that it is true and correct.

Jordan Colick
Applicant/Owner

[Signature]
Applicant/Owner

Sworn to before me this 25 day of October, 2022

Marcelise Doran Watts
Notary Public

Marcelise Doran Watts
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01WA6419286
Qualified in Westchester County
Commission Expires July 6, 2025

PART "B"
APPLICANT / AGENT AFFIDAVIT

New York TB

State of Dutchess
County of Dutchess

ss:

Murat Gunes 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 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.

[Signature]
Applicant/Agent

Applicant/Agent

Sworn to before me this 17 day of
June, 2022.

[Signature]
Notary Public

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

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

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

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 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.

Approved by: ERIC UNTERREINER
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 5/4/2022
(Signature) (Date)

Title: AGENT

Telephone Number of authorized representative or licensed agent of insurance carrier: 914-737-0021

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	Type
2/17/2022	2/17/2022	\$24,076.90	\$24,076.90	\$0.00	\$0.00	Mail	Full Payment - Multi-Payment
Tax Bill #		SWIS		Tax Map #		Status	
000513		135601		6158-15-589264-0000		Payment Posted	
Address			Municipality			School	
1574-1576 Route 9			Town of Wappinger			Wappingers CSD	

Owners

Imperial Improvements
 Attn: DLC Mgmt Corp
 565 Taxter Rd Fl 4
 Elmsford, NY 10523

Property Information

Roll Section: 1
 Property Class: Nbh shop ctr
 Lot Size: 7.00

Assessment Information

Full Market Value: 5600000.00
 Total Assessed Value: 5600000.00
 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	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	Penalty	Surcharge	Via	Type
2/17/2022	2/17/2022	\$1,386.14	\$1,386.14	\$0.00	\$0.00	Mail	Full Payment - Multi-Payment
Tax Bill #		SWIS		Tax Map #		Status	
000514		135601		6158-15-589264-0001		Payment Posted	
Address			Municipality			School	
18 New Hackensack Rd			Town of Wappinger			Wappingers CSD	

Owners	Property Information	Assessment Information
Imperial Improvements	Roll Section: 1	Full Market Value: 322400.00
Attn: DLC Mgmt Corp	Property Class: Auto carwash	Total Assessed Value: 322400.00
565 Taxter Rd Fl 4	Lot Size: 0.41	Uniform %: 100.00
Elmsford, NY 10523		

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	Penalty	Surcharge	Via	Type
2/17/2022	2/17/2022	\$14,308.56	\$14,308.56	\$0.00	\$0.00	Mail	Full Payment - Multi-Payment
Tax Bill #		SWIS		Tax Map #		Status	
000515		135601		6158-19-575182-0000		Payment Posted	
Address			Municipality			School	
1572 Route 9			Town of Wappinger			Wappingers CSD	

Owners	Property Information	Assessment Information
Imperial Improvements	Roll Section: 1	Full Market Value: 3328000.00
Attn: DLC Mgmt Corp	Property Class: Nbh shop ctr	Total Assessed Value: 3328000.00
565 Taxter Rd Fl 4	Lot Size: 4.60	Uniform %: 100.00
Elmsford, NY 10523		

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 Improvements, LLC	011822-46634	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 Improvements, LLC	011822-48978	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 Improvements, LLC	011922-17015	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 Improvements, LLC	011922-17502	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 Improvements, LLC	011922-18286	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 Improvements, LLC	011922-52459	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 Improvements, LLC	011922A17015	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 Improvements, LLC	021722-17130	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 Improvements, LLC	021722-17502	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 Improvements, LLC	021722-17668	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 #4010 3/29/2022)

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 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)

DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	041922-46634	04/19/2022	05/2022	a/c21002546634	CENTRAL HUDSON GAS & ELECTRIC CORP	\$33.08	05/03/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4054 5/3/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	041922-48978	04/19/2022	05/2022	a/c21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$72.58	05/03/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #4055 5/3/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	121521-17130	12/15/2021	01/2022	a/c21003017130	CENTRAL HUDSON GAS & ELECTRIC CORP	\$40.63	01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3913 1/11/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	121521-17502	12/15/2021	01/2022	a/c21003017502	CENTRAL HUDSON GAS & ELECTRIC CORP	\$33.21	01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3914 1/11/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	121521-17668	12/15/2021	01/2022	a/c21003017668	CENTRAL HUDSON GAS & ELECTRIC CORP	\$36.61	01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3915 1/11/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	121521-18286	12/15/2021	01/2022	a/c21003018286	CENTRAL HUDSON GAS & ELECTRIC CORP	\$39.74	01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3916 1/11/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	121521-46634	12/15/2021	01/2022	a/c21002546634	CENTRAL HUDSON GAS & ELECTRIC CORP	\$33.05	01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3918 1/11/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	121521-52459	12/15/2021	01/2022	a/c21003052459	CENTRAL HUDSON GAS & ELECTRIC CORP	\$72.01	01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3921 1/11/2022)
DL60601000 (NON - CAM ELECTRIC)	Imperial Improvements, LLC	121621-48978	12/16/2021	01/2022	a/c21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$58.37	01/05/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3924 1/11/2022)
DL60601000 (NON - CAM ELECTRIC) Sub-Total:							\$1,939.85				
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	011822-48978	01/18/2022	01/2022	a/c21002548978	CENTRAL HUDSON GAS & ELECTRIC CORP	\$273.34	01/26/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3933 2/1/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	011922-17015	01/19/2022	01/2022	a/c21003017130	CENTRAL HUDSON GAS & ELECTRIC CORP	\$3.92	01/31/2022	Kevin Manganello	Kevin Manganello	Paid(CHK #3935 2/1/2022)
DL60602000 (NON - CAM GAS)	Imperial Improvements, LLC	011922-17502	01/19/2022	01/2022	a/c21003017502	CENTRAL HUDSON GAS & ELECTRIC CORP	\$27.55	01/31/2022	Kevin Manganello	Kevin Manganello	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)
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	031822-52459	03/18/2022	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	041922-48978	04/19/2022	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	121521-17130	12/15/2021	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	121521-17502	12/15/2021	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	121521-18286	12/15/2021	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	121521-52459	12/15/2021	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	121621-48978	12/16/2021	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 GAS) Sub-Total:							\$2,925.77				
DL60604000 (NON - CAM WATER/SEWER)	Imperial Improvements, LLC	013122-27400	01/31/2022	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. Date	Post Period	Line Description	Vendor	Line Amount	Submitted Date	Created By	Last Approved By	Status
DL60604000 (NON - CAM WATER/SEWER)	Imperial Improvements, LLC	013122-33900	01/31/2022	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	013122-34200	01/31/2022	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	013122-36000	01/31/2022	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 Improvements, LLC	013122-36800	01/31/2022	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 Improvements, LLC	013122-37300	01/31/2022	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 WATER/SEWER) Sub-Total:							\$937.77					
tal							\$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**

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

(HAK)

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ACORD 25 (2016/03)

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Short Environmental Assessment Form

Part 1 - Project Information

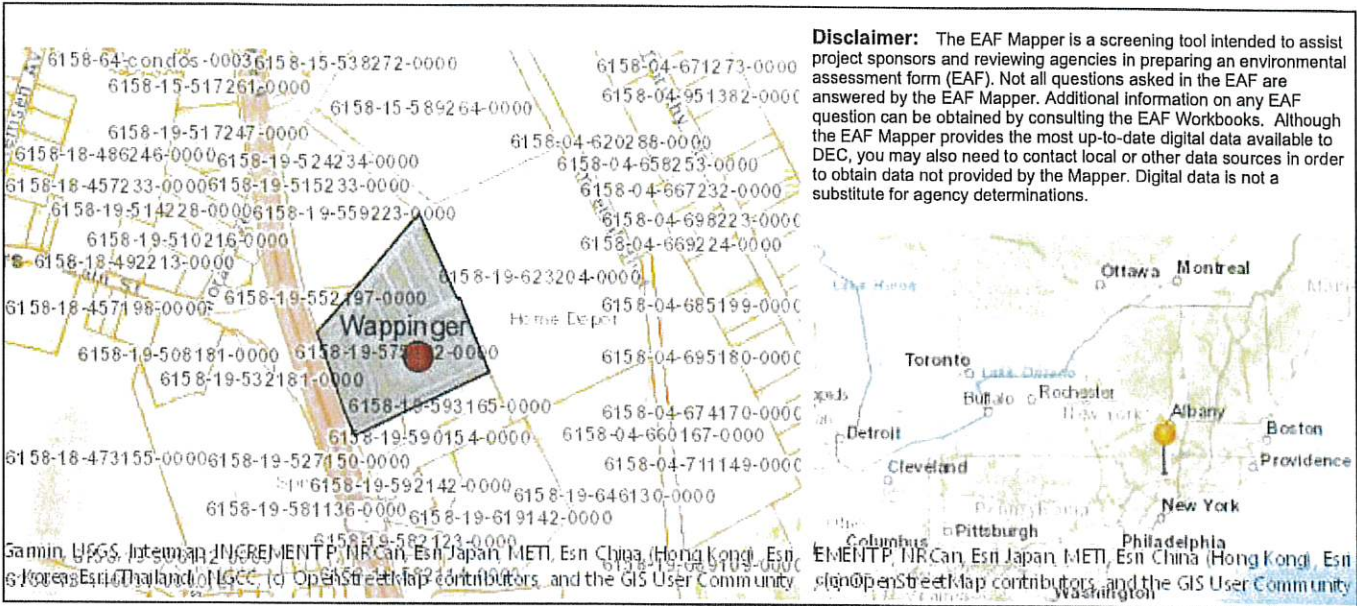
Instructions for Completing

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: Mediterranean Cuisine & Grill			
Project Location (describe, and attach a location map): 1572 Route 9 (Suite 9A), Wappingers Falls			
Brief Description of Proposed Action: The applicant is propose a new business in an existing plaza.			
Name of Applicant or Sponsor: Murat Gunes		Telephone: (845) 765-0710	
Address: 9 Degarmo Hills Roa		E-Mail: dewran08@hotmail.com	
City/PO: Wappingers Falls		State: NY	Zip Code: 12590
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 4.60 acres			
b. Total acreage to be physically disturbed? _____ 0.0 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: Meet energy code requirements _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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 Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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? 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: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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

DIVISION 1 - GENERAL CONDITIONS:

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 PRIOR TO THE START OF CONSTRUCTION.

ALL PERMITS ARE NOT THE RESPONSIBILITY OF THE ENGINEER.

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.

DIVISION 3 - CONCRETE:

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.

DIVISION 7 - THERMAL & MOISTURE PROTECTION:

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.

DIVISION 8 - DOORS & WINDOWS:

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.

DIVISION 9 - FINISHES:

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.

DIVISION 15 - MECHANICAL:

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

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

DIVISION 16 - ELECTRICAL:

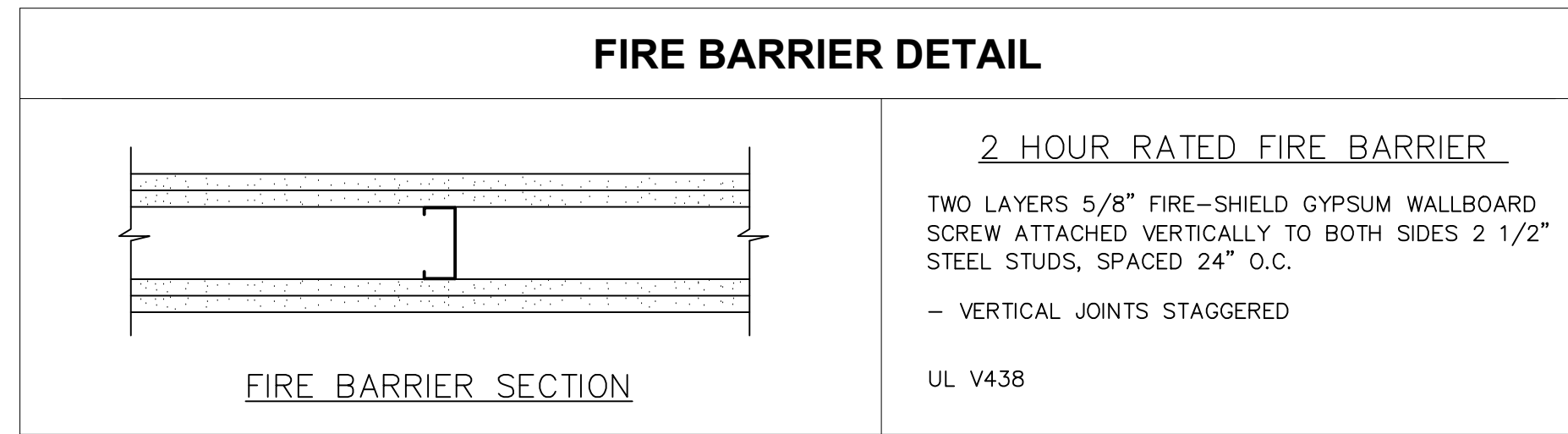
ALL ELECTRICAL WORK SHALL BE DONE IN STRICT CONFORMANCE WITH THE NATIONAL BOARD OF FIRE UNDERWRITERS AND LOCAL CODES.

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 WEIGHS 40 POUNDS OR LESS CAN BE INSTALLED SO THAT THE TOP IS NOT MORE THAN 5 FEET ABOVE THE FLOOR. EXTINGUISHER THAT WEIGHS MORE THAN 40 POUNDS SHALL BE INSTALLED SO THAT THE TOP IS NOT MORE THAN 3 1/2 FEET ABOVE THE FLOOR.

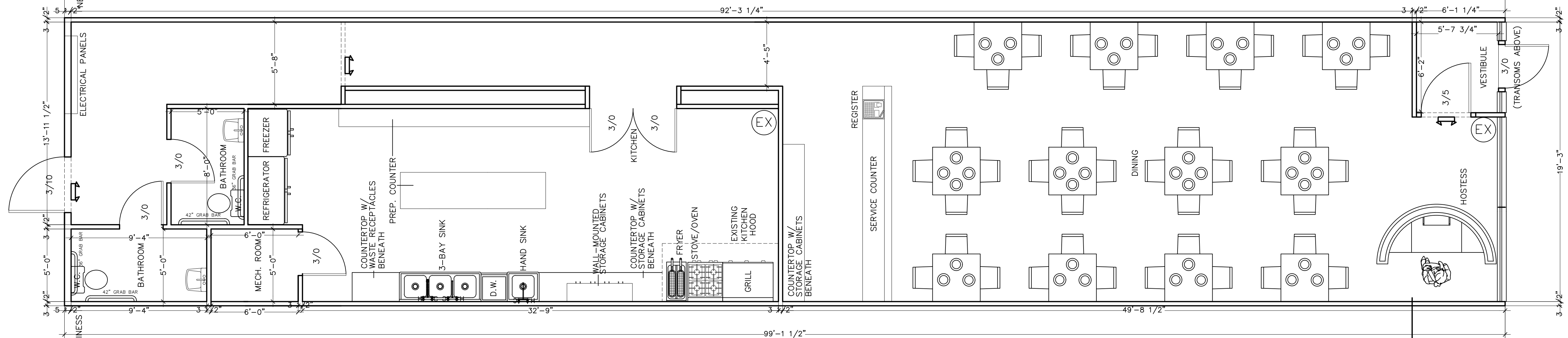
MINIMUM PLUMBING REQUIREMENTS (TABLE 2902.1)	
RESTAURANT	
WATER CLOSETS:	1 PER 75 (MALE & FEMALE)
LAVATORIES	1 PER 200 (MALE & FEMALE)
DRINKING FOUNTAINS:	1 PER 500**
OTHER:	1 SERVICE SINK

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



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 INSTALLATION. 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.

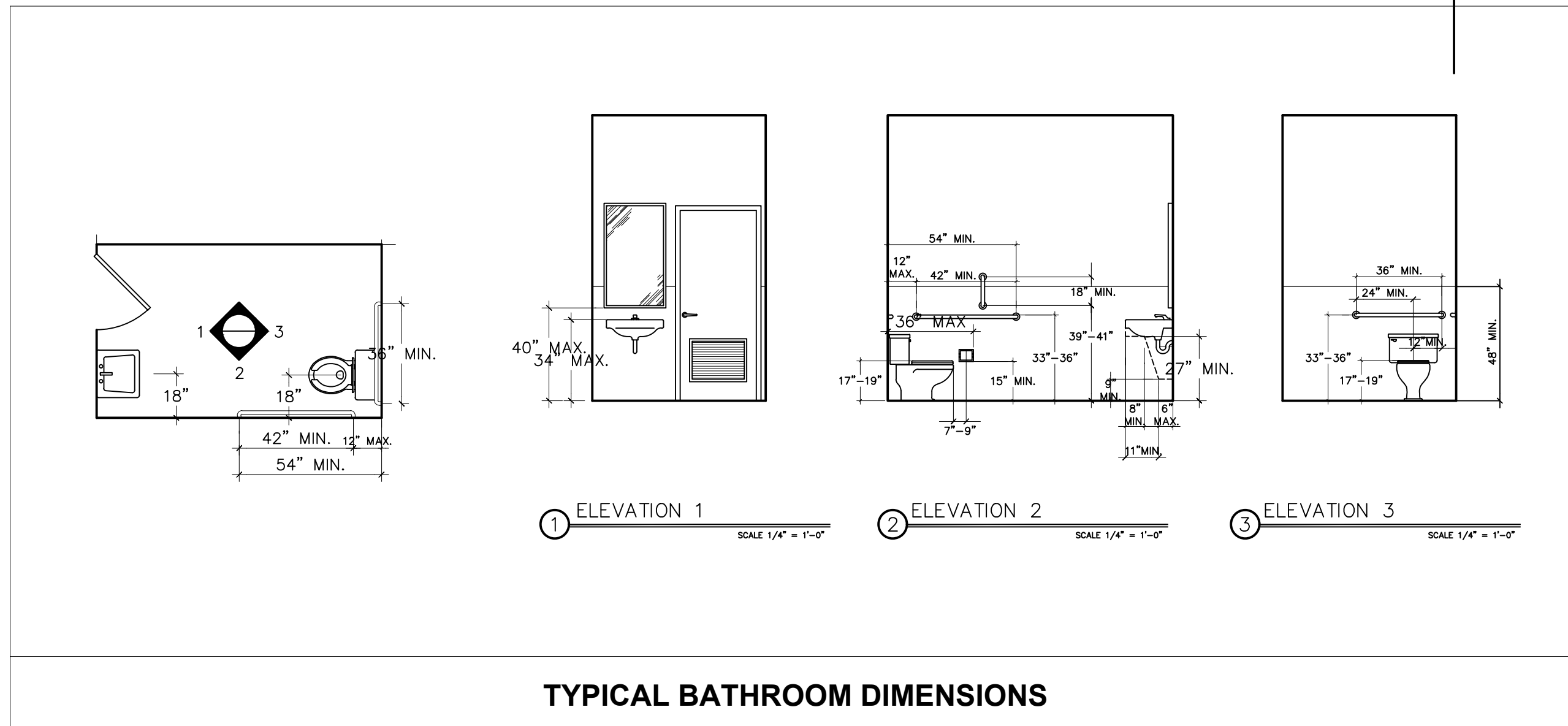
CODE CONFORMANCE	
2020 NEW YORK STATE BUILDING CODE:	
GROSS AREA OF NEW RESTAURANT SPACE:	1,919 SQ. FT.
OCCUPANCY CLASSIFICATION	ASSEMBLY GROUP "A-2" (303.3)
DINING AREA: ASSEMBLE UNCONCENTRATED NET AREA:	989 SQ.FT./15 SQ.FT. PER OCCUPANT = 65 OCCUPANTS, WHICH IS TO BE POSTED NEAR MAIN EXITS (TABLE 1004.1.1)
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), (1015.1)	
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 WILL BE EQUIPPED WITH BATTERY BACKUP. DETECTORS TO BE INTERCONNECTED AND TIED INTO THE BUILDINGS SECURITY SYSTEM.	
ALL DIMENSIONS ARE TO BE FIELD VERIFIED PRIOR TO THE START OF CONSTRUCTION.	



CONTRACTOR ENSURE THERE IS A FIRE BARRIER WITH 2-HOUR FIRE RATING BETWEEN THE "A-2" OCCUPANCY AND A "B" OCCUPANCY. PARTITION IS TO BE A METAL STUD WALL WITH TWO LAYERS OF 5/8" FIRE RATED GYPSUM BOARD INSTALLED ON EACH SIDE OF WALL. WALL TO EXTEND FROM TOP OF SLAB TO THE UNDERSIDE OF THE ROOF AND TO BE SECURELY ATTACHED. THE WALLS SHALL BE CONTINUOUS THROUGH THE SUSPENDED CEILING. (706.5)

ALL DIMENSIONS ARE APPROXIMATE AND WERE TAKEN FROM FIELD MEASUREMENTS, WHICH WERE COLLECTED BY THIS OFFICE ON JULY 27TH, 2022. ALL MEASUREMENTS ARE TO BE VERIFIED IN THE FIELD BY THE CONTRACTOR PRIOR TO THE START OF CONSTRUCTION.

PROPOSED FLOOR PLAN
SCALE: 1/4" = 1'-0"



TYPICAL BATHROOM DIMENSIONS

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

M. GILLESPIE & ASSOCIATES
 CONSULTING ENGINEERING, P.L.L.C.
 847 ROUTE 376 WAPPINGERS FALLS, NY 12590
 P: 518-486-1100
 WWW.GILLESPIEASSOCIATES.COM

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

NYSPE #074666

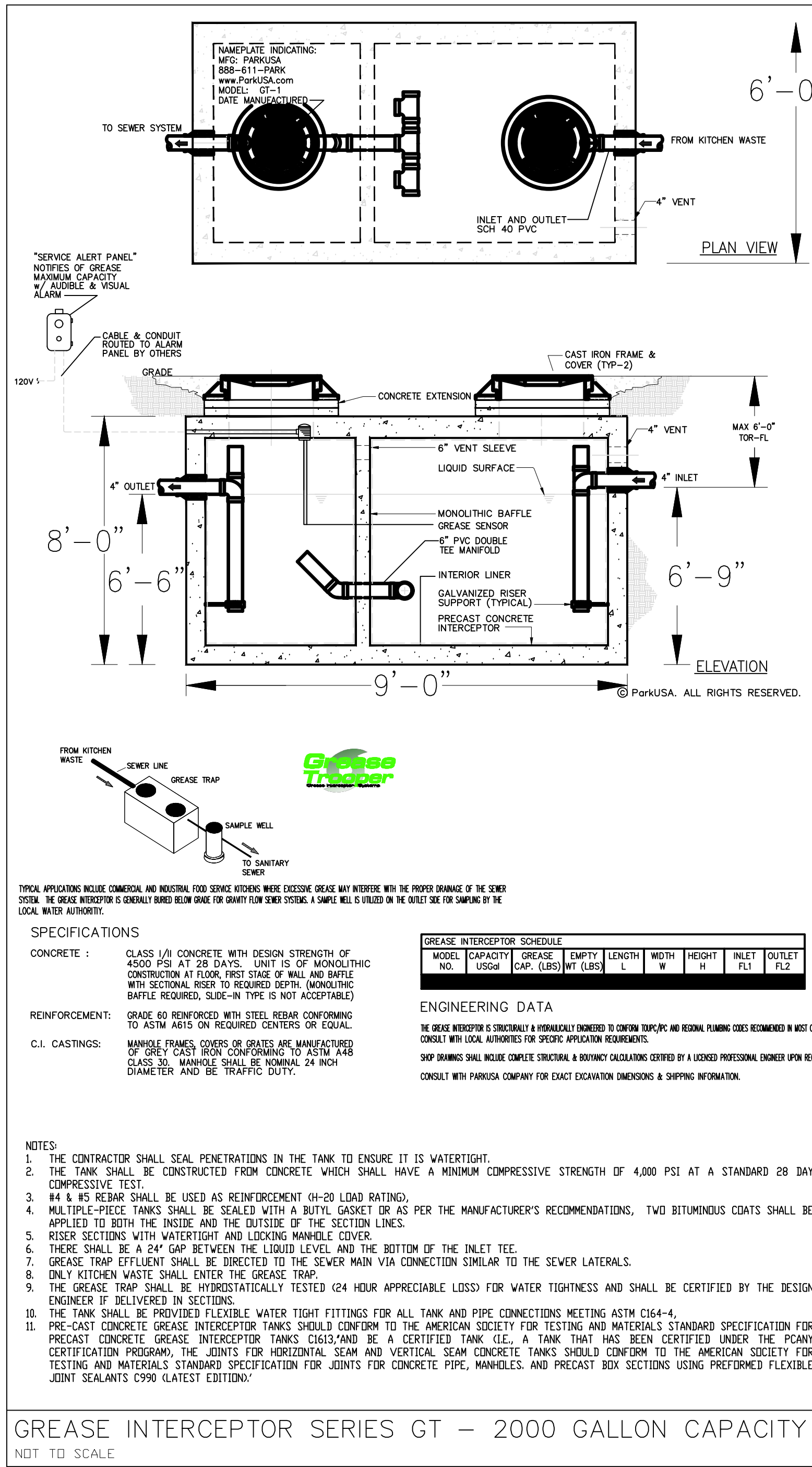
SHEET No.

P2



PARTIAL SITE PLAN

SCALE: 1" = 250'



GREASE INTERCEPTOR SCHEDULE

NO.	USGAL CAP.	WT (LBS)	LENGTH (L)	WIDTH (W)	HEIGHT (H)	INLET (FL1)	OUTLET (FL2)
1	2000	1000	9'-0"	6'-0"	6'-9"	4"	4"

ENGINEERING DATA
 THE GREASE INTERCEPTOR IS STRUCTURALLY HYDRAULICALLY ENGINEERED TO CONTROL TURBULENCE AND RETURN FLOWING SOLIDS RECOMMENDED IN MOST CASES. CONSULT WITH LOCAL AUTHORITIES FOR SPECIFIC APPLICATION REQUIREMENTS.
 SHOP DRAWINGS SHALL INCLUDE COMPLETE STRUCTURAL & BOTANY CALCULATIONS CERTIFIED BY A LICENSED PROFESSIONAL ENGINEER UPON REQUEST. CONSULT WITH PARKUSA COMPANY FOR EXACT EXCAVATION DIMENSIONS & SHIPPING INFORMATION.

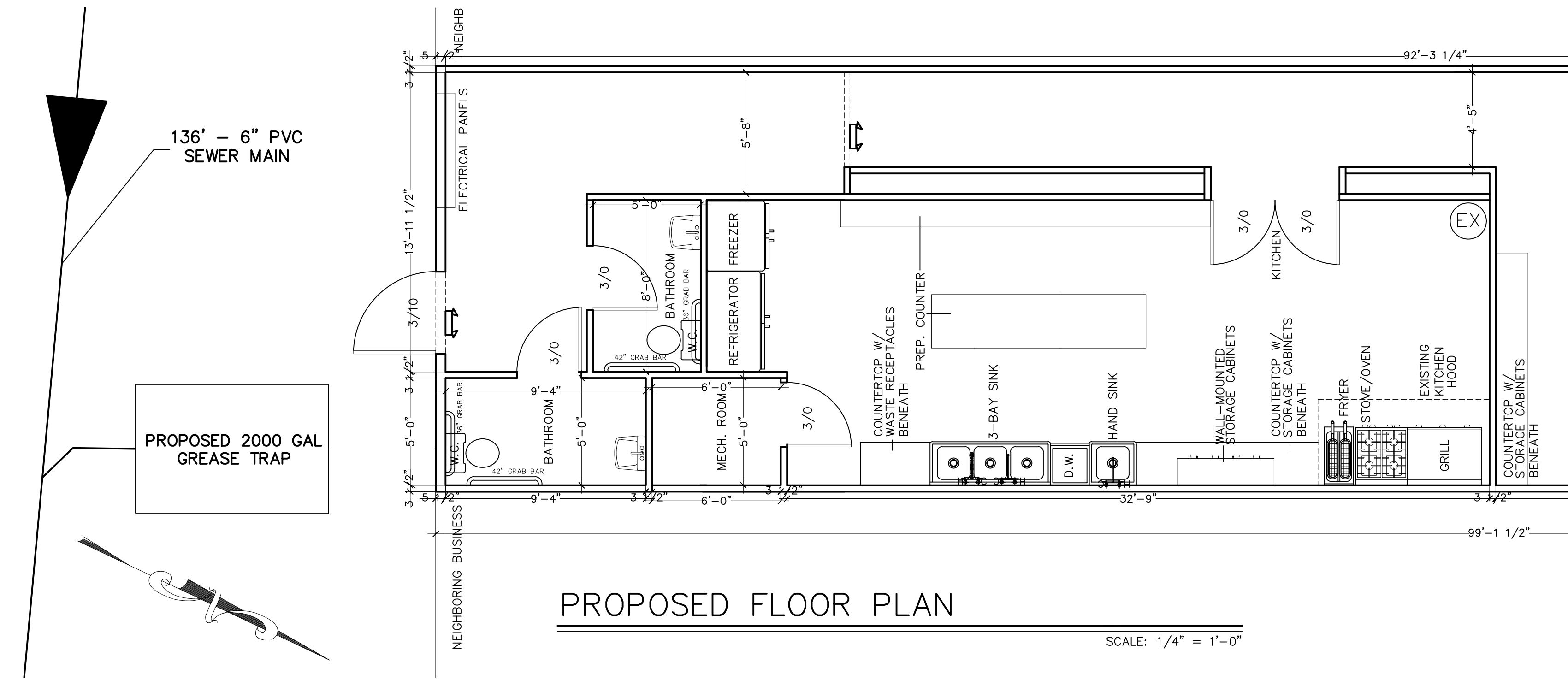
GREASE INTERCEPTOR SERIES GT - 2000 GALLON CAPACITY
 NDT TO SCALE



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

PARTIAL SITE PLAN & GREASE TRAP DETAILS
SARA'S MEDITERRANEAN GRILL
 1572 ROUTE 9, SUITE A, VILLAGE OF WAPPINGERS FALLS, NEW YORK- SEPTEMBER 15, 2022



PROPOSED FLOOR PLAN

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

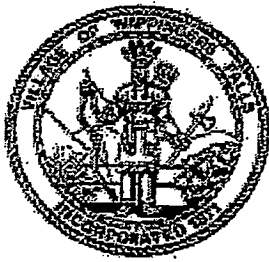
M. GILLESPIE & ASSOCIATES
 CONSULTING ENGINEERING, P.L.L.C.
 847 ROUTE 376 - WAPPINGERS FALLS, NY 12590
 WWW.MGILLIESPIEASSOCIATES.COM

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

NYSPE #074666

SHEET No.

P3



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 GUNES
 Address 9 DEGANIMA Hill Rd.
WAPPINGERS FALLS, NY 12590
 Email dewran08@hotmail.com
 Phone 914-703-5881

Owner of Property DLC Management Corp.
 Address 565 Taxter Rd, 4th FLR.
Elmsford, NY 10523
 Phone 260-258-5188

Location of Property 1572 Route 9, Imperial Plaza, Suite 9-A, Wappingers
 Near Frontage of building _____ Zoning District NY, 12590

Types of Signs
 Post & Arm Projecting Seasonal Multi-Tenant
 Wall Window Awning Free Standing Sidewalk

Sign 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 landscaping

Sign 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 lineal frontage of building (as appropriate), projection from building, if relevant, proposed signs position in relation to adjacent signs and lighting fixtures.

Sign Specifications
 Type WALL Placement BUILDING FACADE
 Landscaping ___ Yes ___ No Size of Sign 36^{INCH} 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:

- Application form (ten sets)
- Sign design drawings (ten sets)
- Color swatch (if any color other than black/white)
- Fee for sign permit of \$75.00 per side (to be paid after Planning Board Approval)

Applicant Name MUPAT GUNES

Applicant Signature [Signature] Date: 8-9-2022

Owner of Property Signature Stephanie Baldwin Date: 8/9/2022

THIS SECTION TO BE COMPLETED BY THE CODE ENFORCEMENT OFFICER

Permit Granted: Date _____ Permit # issued _____

Permit Fee \$ _____ Receipt # _____ Date _____

Permit Application referred to Planning Board Date _____

Comments: _____



143"



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:

- FONT
- COLOR
- SPELLING
- POSITIONING
- SIZE

SIGNATURE OF APPROVAL

DATE



8/9/22

File Name:

Order #:

68550

COLORS OF PRINT ARE NOT EXACT * CHANGES ARE CHARGED SEPARATELY



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 GUNES
Address 9 DEGAMMA Hill Rd.
Wappingers Falls, NY 12590
Email dewran08@hotmail.com
Phone 914-703-5881

Owner of Property DLC Management Corp.
Address 565 Taxter Rd. 4th FLR
Elmsford, NY 10523
Phone 260-258-5188 / 914-631-3131

Location of Property 1572 Route 9, Imperial Plaza, Suite 9-A, Wappingers Falls, NY 12590
Linear Frontage of building _____ Zoning District _____

Types of Signs Post & Arm Projecting Seasonal Multi-Tenant
 Wall Window Awning Free Standing Sidewalk

Sign 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 landscaping.

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Sign Specifications
Type Window Decor Placement Front Window
Landscaping Yes No Size of Sign 40" High Height 148 Width _____
 Single Faced Double Faced Lighted _____
Material _____ Wood _____ Metal Water paint other Durable _____

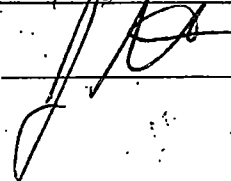
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Applicant Name Murat Guner

Applicant Signature  Date: 10-15-22

Owner of Property Signature  Date: 10/21/22

THIS SECTION TO BE COMPLETED BY THE CODE ENFORCEMENT OFFICER

Sign Permit Granted: Date _____ Permit # issued _____

Permit Fee \$ _____ Receipt # _____ Date _____

Sign Permit Application referred to Planning Board Date _____

Comments: _____

DLC
MANAGEMENT CORP.
LEASING - RESTAURANT
866-352-6468
WWW.DLCMGMT.COM



90.5"

74"

74"

30"

17"

17"

DLC
FOR LEASING CALL
866-352-6468
WWW.DLCMGMT.COM

OPEN

SOFT
Plu
Heating

We pay \$\$\$

HAMMOND



45"
Sara's
Mediterranean
Grill
27"

74"
40"
Grill Kabab

74"
Soup Salad

17"

17"



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 R1

Name of Applicant Vallesigns & Awnings Inc.
Address 55 Decker St Copiague, NY 11726 US
Email permits@cadsigns.net
Phone 201-267-0457 Ext 220

Owner of Property Imperial Improvements, LLC c/o DLC Management Corp Adam Greenburg
Address 565 Taxter Road, Suite 400
Elmsford NY 10523
Phone 470-264-1419

Location of Property 1568 Route 9, Wappingers Falls
Linear Frontage of building 79.82 **Zoning District** _____

Types of Signs Post & Arm Projecting Seasonal Multi-Tenant
 Wall Window Awning Free Standing Sidewalk

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Sign Specifications **Type** Replacement of a face **Placement** _____
Landscaping ___ Yes ___ No **Size of Sign** 11'-1" Height 3'-3" Width _____
Single Faced _____ **Double Faced** **Lighted** _____
Material _____ Wood _____ Metal Aluminum other Durable

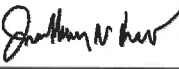
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- Sign design drawings (ten sets)
- Color swatch (if any color other than black/white)
- Fee for sign permit of \$75.00 per side (to be paid after Planning Board Approval)

Applicant Name Vallesigns & Awnings Inc. - Tania Molina

Applicant Signature  Date: 10/04/2022

Owner of Property Signature  Date: 11/02/2022

THIS SECTION TO BE COMPLETED BY THE CODE ENFORCEMENT OFFICER

Sign Permit Granted: Date _____ Permit # issued _____

Permit Fee \$ _____ Receipt # _____ Date _____

Sign Permit Application referred to Planning Board 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 R2

Name of Applicant Vallesigns & Awnings Inc.
Address 55 Decker St Copiague, NY 11726 US
Email permits@cadsigns.net
Phone 201-267-0457

Owner of Property Imperial Improvements, LLC c/o DLC Management Corp Adam Greenburg
Address 565 Taxter Road, Suite 400
Elmsford NY 10523
Phone 470-264-1419

Location of Property 1568 Route 9, Wappingers Falls
Linear Frontage of building 79.82 **Zoning District** _____

Types of Signs Post & Arm Projecting Seasonal Multi-Tenant
 Wall Window Awning Free Standing Sidewalk

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Sign Specifications **Type** Replacement of a face **Placement** _____
Landscaping Yes No **Size of Sign** 3'-1" **Height** 7'-1/8" **Width** _____
 Single Faced _____ **Double Faced** _____ **Lighted** _____
Material Flex Face Wood _____ Metal _____ other Durable

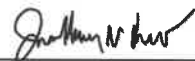
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Applicant Name Vallesigns & Awnings Inc. - Tania Molina

Applicant Signature  Date: 10/04/2022

Owner of Property Signature  Date: 11/02/2022

THIS SECTION TO BE COMPLETED BY THE CODE ENFORCEMENT OFFICER

Sign Permit Granted: Date _____ Permit # issued _____

Permit Fee \$ _____ Receipt # _____ Date _____

Sign Permit Application referred to Planning Board 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 R3

Name of Applicant Vallesigns & Awnings Inc.
Address 55 Decker St Copiague, NY 11726 US
Email permits@cadsigns.net
Phone 201-267-0457

Owner of Property Imperial Improvements, LLC c/o DLC Management Corp Adam Greenburg
Address 565 Taxter Road, Suite 400
Elmsford NY 10523
Phone 470-264-1419

Location of Property 1568 Route 9, Wappingers Falls
Linear Frontage of building 79.82 **Zoning District**

Types of Signs Post & Arm Projecting Seasonal Multi-Tenant
 Wall Window Awning Free Standing Sidewalk

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Sign Specifications **Type** Replacement of a face **Placement**
Landscaping Yes No **Size of Sign** 3'-1" Height 7'-1/8" Width
 Single Faced Double Faced Lighted
Material Flex Face Wood Metal other Durable

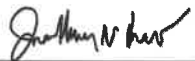
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Applicant Name Vallesigns & Awnings Inc. - Tania Molina

Applicant Signature  Date: 10/04/2022

Owner of Property Signature  Date: 11/02/2022

THIS SECTION TO BE COMPLETED BY THE CODE ENFORCEMENT OFFICER

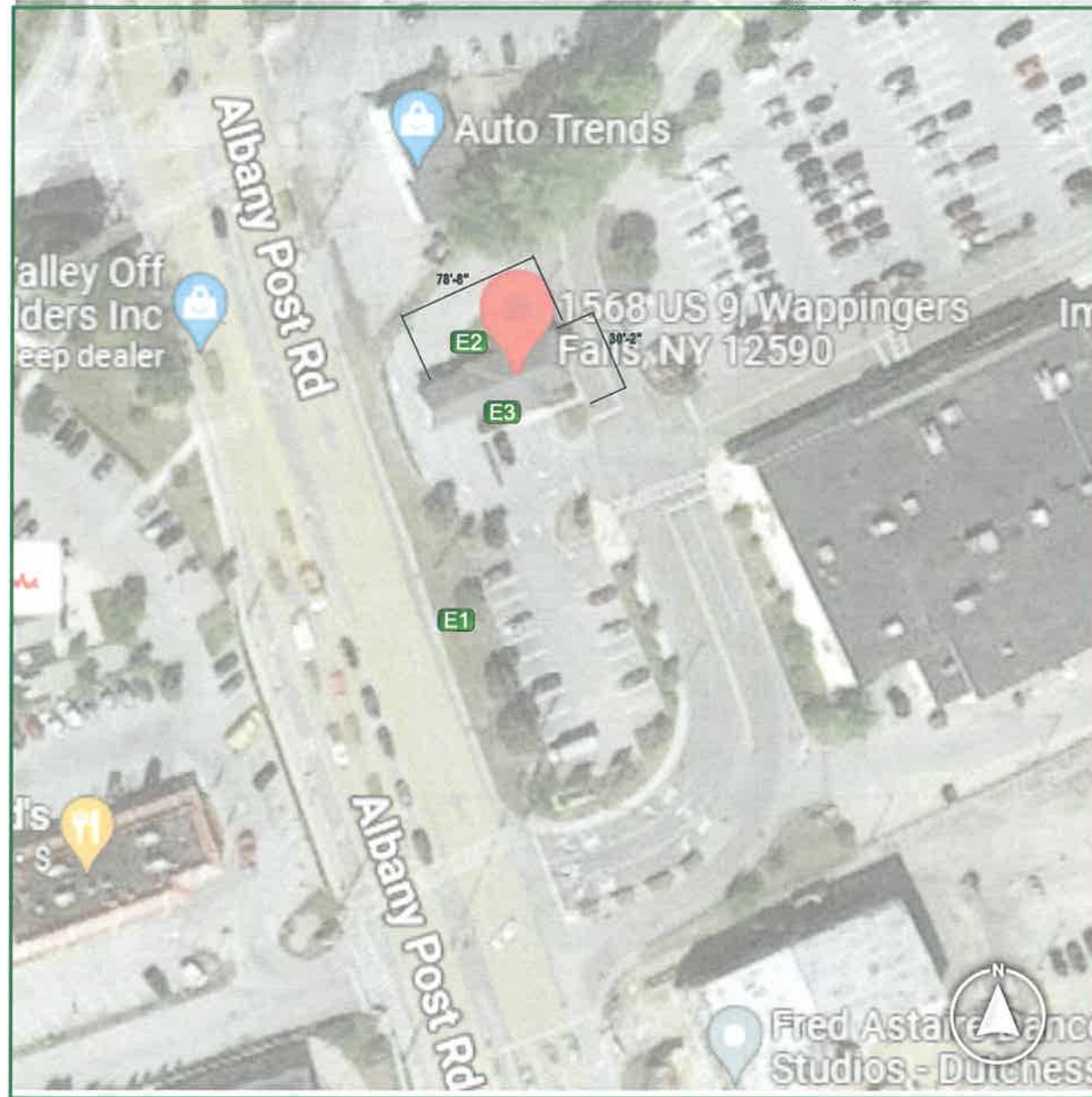
Sign Permit Granted: Date _____ Permit # issued _____

Permit Fee \$ _____ Receipt # _____ Date _____

Sign Permit Application referred to Planning Board Date _____

Comments: _____

SITE OVERVIEW | Aerial Map



SIGN INDEX

EXISTING SIGN

- E1 D/F ILLUM PYLON
- E2 ILLUM S/F WALL CABINET
- E3 ILLUM S/F WALL CABINET

RECOMMENDATION

- R1 REPLACEMENT FACE / LED RETROFIT / REFURB
- R2 REPLACEMENT FACE / LED RETROFIT / REFURB
- R3 REPLACEMENT FACE / LED RETROFIT / REFURB

VALLE
 SIGNS | AWNINGS | IMAGE
 55 Decker St. Copiague NY
 516.408.3440
 888.254.7322
 www.vallesigns.com

DATE
 09-22-2021

REVISION
 -

PROJECT NAME
M&T Bank

ADDRESS
 1568 Route 9,
 Wappingers Falls, NY 12590

SIGN TYPE
 Signage

PM
 Massiel

DESIGNER
 Orlando

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APPROVAL REQUIRED
 SCALE
 N.T.S
 P-1/4
 COLORS ON PROOF MAY VARY FROM ACTUAL PRODUCT USED

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

Print Name _____ Signature _____ Date ____/____/____

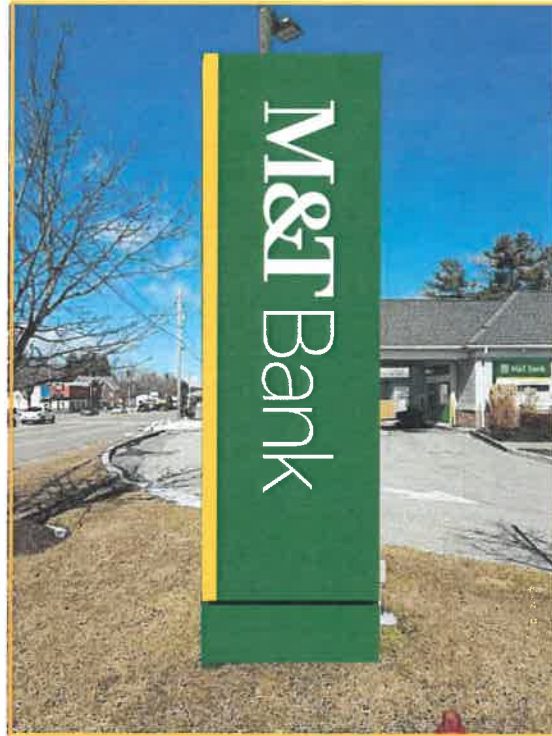
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EXISTING

RECOMMENDATION

RETROFIT / LED LAYOUT



E1

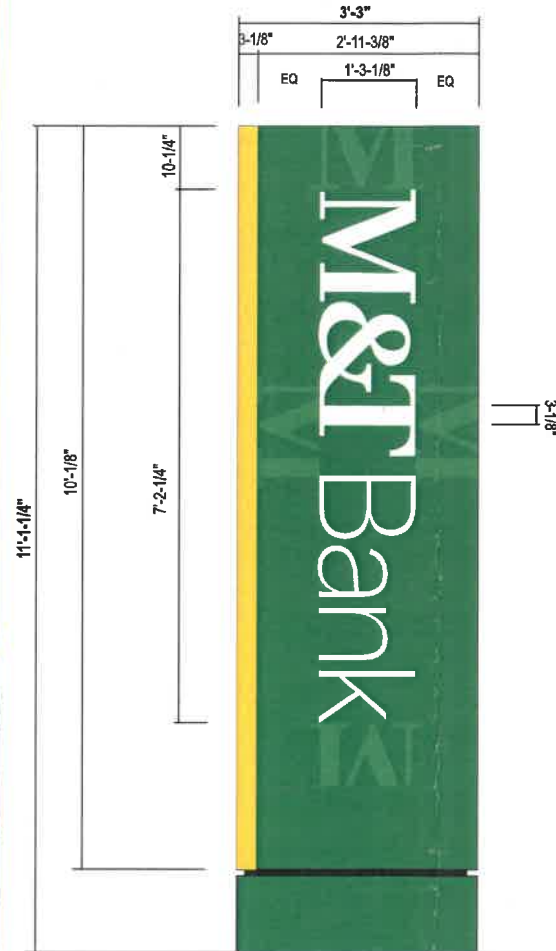
D/F ILLUM PYLON
32.6 SQ. FT

SURVEY NOTES:

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



SETBACK



SPECIFICATIONS

- EXTRUDED ALUMINUM CABINET & BLEED RETAINER PAINTED GREEN ©
- PANAFLEX III FACE W/ BLEED RETAINER
- VINYL GRAPHICS BACKGROUND ©
- VINYL ENERGY BAND ©
- COPY REVERSE WEEDED FROM BACKGROUND
- POLE CLADDING PAINTED GREEN ©
- REVEAL PAINTED BLACK ©

- ① 3M #3630-76 HOLLY GREEN
- ② 3M #3630-125 GOLDEN YELLOW
- ③ 3M #7725-41 DARK GREY
- ④ 3M #7725-10 WHITE
- ⑤ 3M #3635-20B BLOCKOUT
- ⑥ MATTHEWS BLACK(SATIN)
- ⑦ SW 5029 148510 GREEN

R1

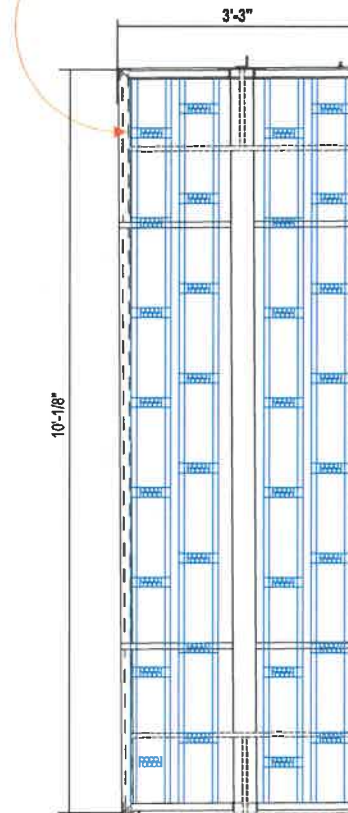
REPLACEMENT FACE / LED RETROFIT / REFURB

SCALE: 1/2" = 1'-0"

32.6 SQ. FT

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

SloanLEDs 6500k Double sided



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

Print Name _____ Signature _____ Date _____

PLEASE CHECK PROOF FOR CORRECT COLORS, SPELLING, SIZE, CORRECT LOGO AND PLACEMENT FOR ART.
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DATE	09-22-2021
REVISION	
PROJECT NAME	M&T Bank
ADDRESS	1568 Route 9, Wappingers Falls, NY 12590
SIGN TYPE	Signage
PM	Massiel
DESIGNER	Orlando

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APPROVAL REQUIRED

SCALE
N.T.S
P-2/4
COLORS ON PROOF MAY VARY FROM ACTUAL PRODUCT USED

EXISTING



E2

ILLUM S/F WALL CABINET
21.1 SQ. FT

SURVEY NOTES:

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

R2

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

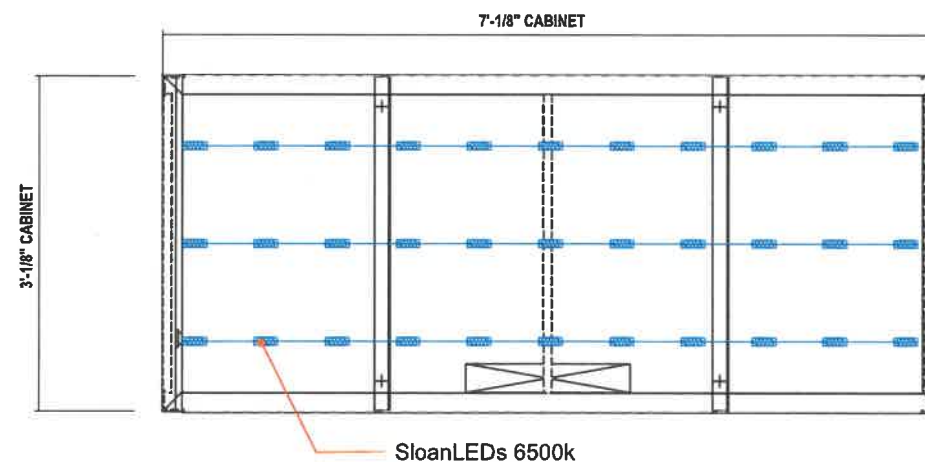
RECOMMENDATION



45'-6"

8'-8"
10'-0"

RETROFIT / LED LAYOUT



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

_____/_____/_____
Print Name Signature Date

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DATE
09-22-2021

REVISION

PROJECT NAME

M&T Bank

ADDRESS

1568 Route 9,
Wappingers Falls, NY 12590

SIGN TYPE

Signage

PM

Massiel

DESIGNER

Orlando

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SCALE
N.T.S

P-3/4
COLORS ON PROOF MAY VARY
FROM ACTUAL PRODUCT USED

EXISTING

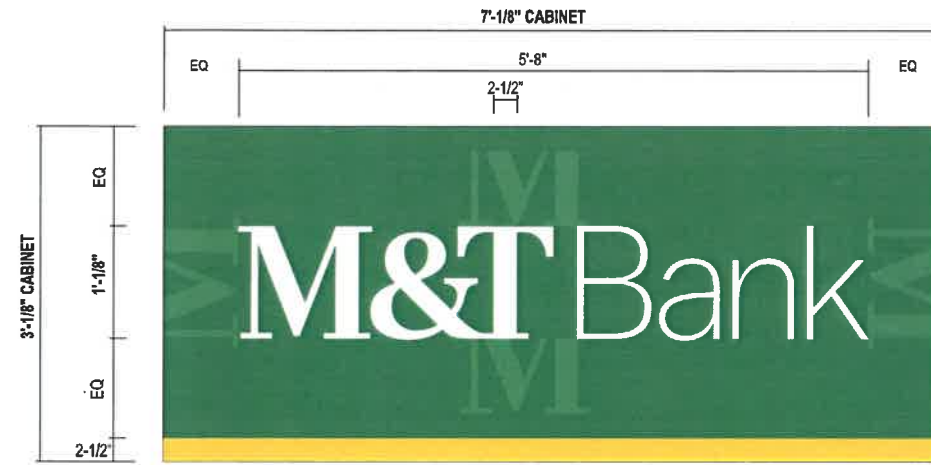


E3
ILLUM S/F WALL CABINET
21.1 SQ. FT

SURVEY NOTES:

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

RECOMMENDATION



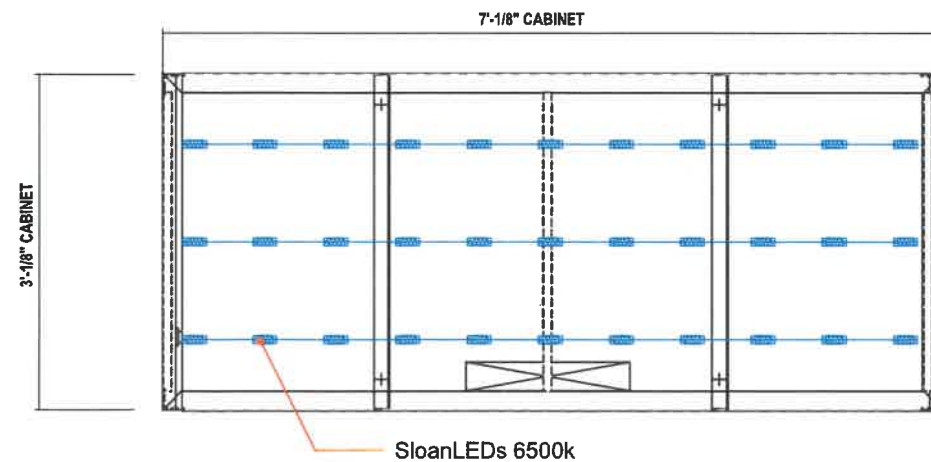
- 3M #3630-76 HOLLY GREEN
- 3M #3630-125 GOLDEN YELLOW
- 3M #7725-10 WHITE
- 3M #3635-20B BLOCKOUT
- SW 5029 148510 GREEN

R3 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

RETROFIT / LED LAYOUT



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

_____/_____/_____
Print Name Signature Date

**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.**

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

DATE	09-22-2021
REVISION	
PROJECT NAME	M&T Bank
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 copied, faxed, reproduced or exhibited to anyone outside your organization without the written permission from vallesigns & awnings.

APPROVAL REQUIRED

SCALE
N.T.S
P-4/4
COLORS ON PROOF MAY VARY FROM ACTUAL PRODUCT USED



October 4, 2022

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

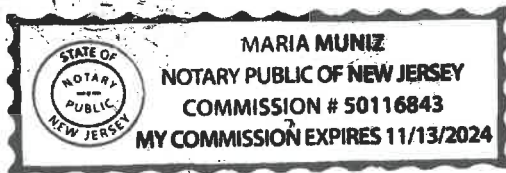
Dear Code Official,

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

10/04/22


Notary Public





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,

A handwritten signature in black ink that reads 'Jeffrey Levy'.

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

Enclosure: Approved tenant sign proposal

cc: Tenant File

DLC MANAGEMENT CORP.

WWW.DLCMGMT.COM





CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
VALLE SIGNS & AWNINGS INC
55 Decker Street, Copiague, NY 11726
1b. Business Telephone Number of Insured
516-408-3440
1c. Federal Employer Identification Number of Insured or Social Security Number
20-0976408
2. Name and Address of Entity Requesting Proof of Coverage
VILLAGE OF WAPPINGERS FALLS
Office of Building, Planning & Zoning
2582 South Avenue
Wappingers Falls, NY 12590
Phone: (845) 297-5277
3a. Name of Insurance Carrier
ShelterPoint Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
DBL542900
3c. Policy effective period
8/17/2022 to 8/17/2023

4. Policy provides the following benefits:
A. Both disability and paid family leave benefits.
B. Disability benefits only.
C. Paid family leave benefits only.
5. Policy covers:
A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
B. Only the following class or classes of employer's employees:

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 NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 11/03/2022 By [Signature]
Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed By
Telephone Number Name 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.





CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Form with 12 numbered sections (1a-1d, 2, 3a-3d) containing insurance details for Valle Signs & Awnings Inc. and Village of Wappingers Falls.

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.

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.

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)

Approved by: [Signature] 11/03/2022 (Signature) (Date)

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 NOT 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: _____

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)



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 submission date.

Date Submitted: _____ Date of Meeting: _____

Property Identification:

Address: 2674 W Main St

Zoning District: _____ Existing site area: _____

Owner Information:

Name: Orsi Property Holdings LLC (Matthew Miller, Austin Ackerbauer)

Address: 83 Hooker Ave

City: Poughkeepsie State: NY Zip: 12601

Contact Numbers: (H) 845-264-3095 (C) 845-242-4572

(E-mail) Matt @ Orsi Company. com

Applicant Information:

(Please provide if someone other than the property owner is the applicant)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: (H) _____ (C) _____

E-mail Address: _____

Lead Design Professional: (If applicable)

(Indicate the primary design professional associated with this application)

Name: _____

Title: _____

Architect Engineer

Company: _____

Address: _____

Telephone #: _____

E-mail Address: _____



VILLAGE OF WAPPINGERS FALLS

APPLICATION FOR PLANNING BOARD REVIEW

(Continued)

Proposed 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 improvement and materials to be used as a part of the proposed improvements. Use additional sheets if necessary.)

Paint the exterior of 2674 W Main St in Rookwood Shutter Green by Sherwin Williams

Paint exterior trim in Tivoli Black by Sherwin Williams

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.

M. Miller
Signature of Applicant Signed

11/11/22
Date

Office use only:

[] FEE : _____ Receipt No. : _____ Cash / Check # _____ Date: _____

Revised by : _____ Revision date : _____
Zoning Administrator/Code Enforcement Officer

617.20
Appendix B
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 Falls, NY, 12590		
Brief Description of Proposed Action: Paint Exterior of building		
Name of Applicant or Sponsor: Orsi Property Holdings LLC	Telephone: 845-242-4572 E-Mail: Matt @ Orsi Company . com	
Address: 83 Hooker Ave		
City/PO: Poughkeepsie	State: NY	Zip Code: 12601
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.	NO X	YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:	NO X	YES
3.a. Total acreage of the site of the proposed action?	<u> .04 </u> acres	
b. Total acreage to be physically disturbed?	<u> .04 </u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?	<u> .04 </u> acres	
4. Check all land uses that occur on, adjoining and near the proposed action.		
Urban	Rural (non-agriculture)	Industrial
		Commercial
		Residential (suburban)
Forest Agriculture Parkland	Aquatic	Other (specify): _____

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations?		<input checked="" type="checkbox"/>	
b. Consistent with the adopted comprehensive plan?		<input checked="" type="checkbox"/>	
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b. Are public transportation service(s) available at or near the site of the proposed action?			<input checked="" type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?			<input checked="" type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
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:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <u>Shoreline</u> Forest Agricultural/grassland Early mid-successional Wetland			
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?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
16. Is the project site located in the 100 year flood plain?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
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 water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: <u>Matthew Miller</u> Date: <u>9/6/22</u> Signature: <u>Miller</u>		

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 of land?	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? b. public / private wastewater treatment utilities?	X 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

State of New York }
County of Ulster } ss:

Matthew Miller being duly sworn, deposes and says:

1. That I/we are the Owner(s) of the within property as described in the foregoing application 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 I/we hereby authorize Matthew Miller, to act as my/our representative in all matters regarding said application(s), and that I/we have the legal right to make or authorize the making of said application.
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.
4. 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.
5. 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 Town 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.
6. 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 have examined this affidavit and that it is true and correct.

M Miller
Applicant/Owner

[Signature]
Applicant/Owner

Sworn to before me this 21st day of November, 2022.

[Signature]
Notary Public



PART "B"
APPLICANT / AGENT AFFIDAVIT

State of New York }
County of Ulster } 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 Wappingers Falls 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 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.

[Signature]
Applicant/Agent

[Signature]
Applicant/Agent

Sworn to before me this 21st day of
November, 2022.

[Signature]
Notary Public

