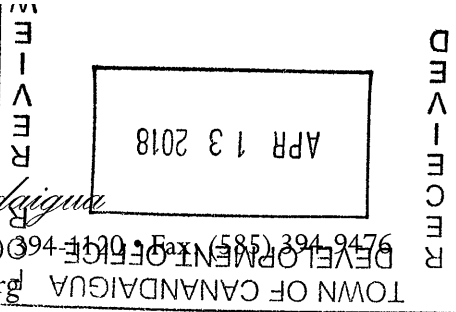


Town of Canandaigua

5440 Route 5 & 20 • Canandaigua, NY 14424 • (585) 394-1110 • Fax (585) 394-9476
townofcanandaigua.org



SITE DEVELOPMENT / GENERAL BUILDING PERMIT APPLICATION

1. **Subject Property** Address: 4952 Adams Drive
Tax Map Number: 98.09-1-24.000 Zoning District: RUD

Name and Address of **Property Owner**: Betty Lockwood

Telephone: _____ Email: _____

3. Name and Address of **Applicant** if not property owner: Jeremy Clark
Twin Oaks Landscape
Telephone: 585 737 2825 Email: Jeremy@twinokandscape.net

4. Scope of work – including the **total square footage** of the project if applicable:
replace an existing retaining wall and steps. No additional
square footage added.

5. Contractor Information:
General Contractor: Twin Oaks Lawn & Landscape Inc.
Address: 2485 W. Walworth Rd. Macedon NY 14502
Telephone: 585 482 2990 Email: Jeremy@twinokandscape.net

CONTRACTOR INSURANCE CERTIFICATES REQUIRED PER NYS:
WORKER COMPENSATION (C-105.2 or U-26.3) and (DISABILITY) DB-120.1
OR
YOU MAY COMPLETE A CERTIFICATE OF ATTESTATION OF EXEMPTION (CE-200)
OR

AFFIDAVIT OF EXEMPTION - INSURANCE COVERAGE FOR AN OWNER-OCCUPIED RESIDENCE (BP-1)

*PLEASE NOTE THAT WE CANNOT ACCEPT ACORD FORMS AS PROOF OF INSURANCE. THANK YOU.

6. IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST

(Required by NYS General Municipal Law § 809)

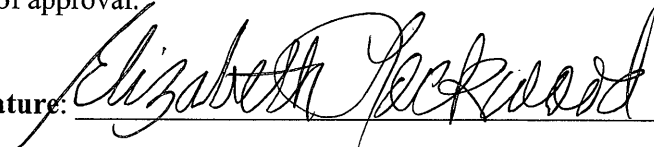
- a. **If the Applicant is an Individual:** Is the applicant or any of the immediate family members of the applicant (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) related to any officer or employee of the Town of Canandaigua?
YES NO
- b. **If the Applicant is a Corporate Entity:** Are any of the officers, employees, partners, or directors, or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua?
YES NO
- c. **If the Applicant is a corporate entity:** Are any of the stockholders or partnership members (holding 5% or more of the outstanding shares), or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua?
YES NO
- d. **If the Applicant has made any agreements contingent upon the outcome of this application:** If the applicant has made any agreements, express or implied, whereby said applicant may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of this application, petition, or request, are any of the parties to said agreement officers or employees of the Town of Canandaigua?
YES NO

If the answer to any of the above questions is YES, please state the name and address of the related officer(s) or employee(s) as well as the nature and extent of such relationship:

Property Owner is responsible for any consultant fees
(Town Engineer, Town Attorney, etc.) incurred during the application process.

7. Please note that the **Property Owner** is responsible for all consultant fees during the review of this application including legal, engineering, or other outside consultants. Applications submitted to the Town of Canandaigua Planning Board will normally receive chargeback fees of at least five hours to ten hours for planning services including intake, project review, resolution preparation, SEQR, and findings of fact. PLEASE NOTE that the number of hours will be SIGNIFICANTLY INCREASED due to incomplete applications, plans lacking detail, or repeated continuations. Subdivision applications and larger commercial or industrial projects traditionally require more hours of engineering, legal, and other consultant review and preparation and will incur higher costs. Applications for new construction may be referred to the Town Engineer for engineering review which may include at least an additional eight to twelve hours of review time. The **Property Owner** will also be responsible for legal fees for applications submitted to the Town of Canandaigua Planning Board, Zoning Board of Appeals, or the Town of Canandaigua Development Office. Fees for engineering and legal expenses traditionally range between one hundred and one hundred fifty dollars per hour. A copy of the Town's annual fee schedule is available upon request from the Development Office or the Town Clerk's Office. The **Property Owner's** signature below indicates that the **Property Owner** understands that the **Property Owner** will be responsible for all outside consultant fees incurred as a result of the submitted application, and consents to these charges. Additionally projects approved by the Town of Canandaigua Planning Board may be required to pay a parks and recreation fee as established by the Town Board (currently \$1,000 per unit) if required as part of the conditions of approval.

Owner's Signature:



Date:

4/13/18

8. Per Article 145 of NYS Education Law - To alterations to any building or structure costing more than ten thousand dollars or to projects which involve changes affecting the structural safety or public safety - No official of NY state, or of any city, county, town or village therein, charged with the enforcement of laws, ordinances or regulations shall accept or approve any plans, specifications, or geologic drawings or reports that are not stamped.

Project Cost (Including Labor) exceeds \$20,000?

YES

NO

9. Earthwork:

Square feet (SF) of area to be disturbed:

150 SF
(length (ft) x width (ft) = SF

Cubic yards (CY) to be excavated:

11 CY
(length (ft) x width (ft) x depth (ft) divided by 27 = CY

**PLEASE INCLUDE APPLICABLE CONSTRUCTION PLANS
AND A SITE PLAN DETAILING THE PROPOSED PROJECT.**

The undersigned represents and agrees as a condition to the issuance of this permit that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, and the plans and specifications annexed hereto.

Owner's Signature:

E. Peckwood

Date:

4/11/18

PERMIT WILL NOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE.

Please **DO NOT** send payment with this application.
Payment shall not be made until the fee is determined and the permit is issued.

For Office Use Only

Application requires review by Planning Board and/or Zoning Board of Appeals?

YES

NO

Zoning Officer

Date

Floodplain Development Permit Required?

YES

NO

Flood Hazard Area: _____ FEMA FIRM Panel # _____

Within environmentally sensitive, open, deed restricted or conservation easement area?

YES

NO

Comments:

Permit Approved?

YES

NO

Code Enforcement Officer

Date

Permit Issued	Permit Number	Fee
Building Permit Fee (non-refundable)		



**Workers'
Compensation
Board**

CERTIFICATE OF INSURANCE COVERAGE **under the NYS 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

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>TWIN OAKS LAWN AND LANDSCAPE INC 2455 WEST WATWORTH ROAD MACEDON, NY 14502</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</p> <p>1c. Federal Employer Identification Number of Insured Or Social Security Number</p> <p>16-1473966</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town Of Canandaigua 5440 Route 5 & 20 Canandaigua, NY 14424</p>	<p>3a. Name of Insurance Carrier</p> <p>WESCO INSURANCE COMPANY</p> <p>3b. Policy Number of entity listed in box "1a.":</p> <p>0218872</p> <p>3c. Policy effective period:</p> <p>4/11/2018 to 12/31/2019</p>

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 4/11/2018 By Kathleen Kalia
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 800-535-2711 Title Vice President

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 _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ 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.

DB-120.1 (9-17)





**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & Address of Insured (use street address only) TWIN OAKS LAWN & LANDSCAPE INC 2455 WEST WALWORTH RD MACEDON, NY 14502</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 585-482-2990</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 4571366</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 161473966</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) THE TOWN OF CANANDAIGUA 5440 ROUTE 5 & 20 CANANDAIGUA, NY 14424</p>	<p>3a. Name of Insurance Carrier TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA</p> <p>3b. Policy Number of entity listed in box "1a" UB-2J329805-18</p> <p>3c. Policy effective period 04/01/2018 to 04/01/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers 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".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? ☒ YES ☐ NO

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.

Approved by: Paul Kujawski

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

Approved by: Paul Kujawski

(Signature)

04/11/2018

(Date)

Title: Senior Insurance Service Representative

Telephone Number of authorized representative or licensed agent of insurance carrier: (877) 362-6785

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.