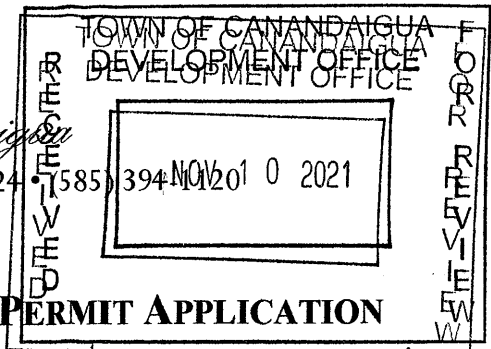


Town of Canandaigua

5440 Route 5 & 20 • Canandaigua, NY 14424 • (585) 394-1000
townofcanandaigua.org



NEW STRUCTURE/ADDITION BUILDING PERMIT APPLICATION

1. **Subject Property** Address: 5692 Bunnell Rd Canandaigua NY 14424
Tax Map Number: 125.00-1-61.200 Zoning District: RR3

2. **Property Owner:** Name(s): MARI D. NAVICKAS
Address: 5692 Bunnell Rd Canandaigua, NY 14424
Telephone: 714-329-6923 Email: jnavickas2008@gmail.com

3. **Applicant (if not property owner):** Name(s): Jim NAVICKAS
Address: Same
Telephone: 714-329-6795 Email: jnavickas2008@gmail.com

4. **Scope of work – including the total square footage of the project if applicable:**

Detached Garage - ~~approx 1056~~ 24x30 720^{sq}
UNINHABITABLE ACCESSORY STRUCTURE

5. **Contractor Information:**

General Contractor: Kenka Valley Builders LLC
Address: 1930 Friend Rd Penn Yan, NY 14527
Telephone: 585-554-5549 Email: KenkaValley@yahoo.com

CONTRACTOR INSURANCE CERTIFICATES REQUIRED PER NYS:

WORKER COMPENSATION (C-105.2 or U-26.3) and (DISABILITY) DB-120.1

OR

CONTRACTORS & HOMEOWNERS MAY COMPLETE A CERTIFICATE OF ATTESTATION OF EXEMPTION (CE-200)

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

6. NEW STRUCTURE INFORMATION

1. What is the area (ft ²) of the proposed 1st floor ?	
2. What is the area (ft ²) of the proposed 2nd floor ?	
3. What is the area (ft ²) of the proposed garage ?	24x30 720sf (1056 w/ upstairs)
4. What is the area (ft ²) of the UNFINISHED basement/crawlspace ?	
5. What is the area (ft ²) of the FINISHED basement ?	
6. What is the area (ft ²) of the proposed deck(s) ?	
7. What is the area (ft ²) of the proposed porch(es) ?	
8. What is the area (ft ²) of any proposed accessory structure(s) ?	720 (footprint)
What is the total area (ft ²) of items 1 - 8?	

7. NEW STRUCTURE ZONING INFORMATION

Dimensional Description	Applicant to Complete	Development Office Staff to Complete	
		To New Structure	Required By Code
Distance from the road right-of-way	193 ft		
Distance from rear property line	1475 ft		
Distance from right side property line	140 ft		
Distance from left side property line	20 ft		
Height of New Structure	21 ft		
Percentage Building Coverage (All existing and proposed structures)			
Percentage Lot Coverage RLD ZONING DISTRICT ONLY			

8. EARTHWORK

Square feet (SF) of area to be disturbed:

$$\frac{34 \times 28 = 952}{(\text{length (ft)} \times \text{width (ft)}) = \text{SF}}$$

Cubic yards (CY) to be excavated:

$$\frac{212}{(\text{length (ft)} \times \text{width (ft)} \times \text{depth (ft)}) \text{ divided by } 27 = \text{CY}}$$

9. ENVIRONMENTAL IMPACT

Will this structure be built within:

- a. 100 ft of the bed of a stream carrying water on an average 6 months of the year?

YES

NO

- b. 100 ft of a NYS DEC wetland?

YES

NO

- c. Close proximity to a federal wetland?

YES

NO

(If yes, setback to wetland? _____ ft.)

- d. Steep slopes equal to or greater than 15%?

YES

NO

- e. A wooded area greater than 5 acres?

YES

NO

- f. Is an existing structure over 50 years old to be demolished?

YES

NO

(If yes, please contact Town Historian at
585-944-1506)

10. PROFESSIONALLY PREPARED PLANS

Per Article 145 of NYS Education Law - To alterations to any building or structure costing more than twenty 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

11. 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.***

12. 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, SEQOR, 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: _____

All applications made to the Town for new uses or development will be reviewed for compliance to the Town of Canandaigua Code and Uniform Code. Additional information may be required by the Zoning Officer or Code Enforcement Officer to complete a review and issue permit.

**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:  Date: 11/10/2021

Owner's Signature: _____ Date: _____

PERMIT WILL NOT BE ISSUED WITHOUT PROPERTY OWNER(S) SIGNATURE.

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

ADDRESS: 5692 Bunnell Rd DESCRIPTION: Garage Build

For Office Use Only

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

YES NO

Application has been reviewed by Planning Board and all approval(s) required have been granted?

N/A YES NO Approval Date: _____

Application has been reviewed by Zoning Board and all variances(s) required have been granted?

N/A YES NO Approval Date: _____

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 Application Approved?

YES NO

Code Enforcement Officer

Date

Permit Issued	Permit Number	Fee
Building Permit Fee		
Soil Erosion Permit Fee		
Recreation Fee		
Total Permit	(non-refundable)	



New York State Insurance Fund

100 CHESTNUT STREET - SUITE 1000, ROCHESTER, NEW YORK 14604

| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 474693112
STORK INSURANCE AGENCY
136 MAIN ST C/O MATT TETTE
PO BOX 443
PENN YAN NY 14527



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER KEUKA VALLEY BUILDERS LLC 1930 FRIEND RD PENN YAN NY 14527		CERTIFICATE HOLDER TOWN OF CANANDAIGUA 5440 ROUTE 5 & 20 WEST CANANDAIGUA NY 14424	
POLICY NUMBER R2371 200-3	CERTIFICATE NUMBER 16833	POLICY PERIOD 09/15/2021 TO 09/15/2022	DATE 10/18/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2371 200-3, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 190176204



Workers'
Compensation
Board

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) KEUKA VALLEY BUILDERS LLC 1930 FRIEND ROAD PENN YAN, NY 14527 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 585-554-5549 1c. Federal Employer Identification Number of Insured or Social Security Number 474693112
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Canandaigua 5440 Route 5 & 20 West Canandaigua, NY 14424	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL472607 3c. Policy effective period 10/01/2021 to 09/30/2022


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 10/18/2021 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

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

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.

