

DEVELOPMENT OFFICE
Town of Canandaigua, Ontario County, New York

PERMIT

This Permit Shall Be Posted On The Premises

Date Issued: 11/12/15

Permit Number: 15-532

Expiration Date: 11/12/16

PERMIT EXPIRES IN 6 MONTHS IF PROJECT IS NOT STARTED.

THE CODE ENFORCEMENT OFFICER SHALL BE NOTIFIED IMMEDIATELY OF CHANGES OCCURRING DURING CONSTRUCTION.

ALL CONSTRUCTION WILL CONFORM TO NEW YORK STATE CODE AT THE TIME OF INSPECTIONS REGARDLESS OF APPROVED PLANS.

NO CERTIFICATES WILL BE ISSUED WITHOUT ALL REQUIRED DOCUMENTATION.

Permission is hereby granted to APPLICANT: TSH LLC

2070 Lyell Avenue, Ste. 100
Rochester, NY 14606


With permission of the property OWNER: Tim & Dierdre Pierce

To: Construct a new house: 2400sq.ft. 1st floor, 400sq.ft. attached garage, 400sq.ft. deck, plus a 160sq.ft. shed & soil erosion and sediment control permit.

On the property located at: 4475 County Road 16

Tax Map Number: 126.20-1-1.112

Fee: \$ 1,880.00


Code Enforcement Officer

Date

11/12/2015

BUILDING PERMIT CONDITIONS OF APPROVAL

- All work shall be completed in accordance with the plan(s) submitted to the Town Code Enforcement Office. Any and all changes to the approved plan(s) shall be immediately submitted, in writing, for review and approval prior to the actual work being conducted.
- It is understood that this permit will not grant the right or privilege to erect any structure or to use any premises herein described in a manner prohibited by the Town zoning ordinance.
- Prior to beginning any excavation, the applicant shall contact UFPO (Underground Facilities Protective Organization) at 1-800-962-7962 for the location of buried utilities.
- The Town Code Enforcement Office shall be notified of inspection requests at least 24 hours in advance.
- The area/equipment approved for construction cannot be used or occupied in any way until a Final Certificate authorizing such use or occupancy has been issued by the Town Code Enforcement Office.

RECEIVED	TOWN OF CANANDAIGUA DEVELOPMENT OFFICE	FOR REVIEW
	OCT 14 2015	
	15-532	

Town of Canandaigua

NEW HOUSE PERMIT APPLICATION (VACANT LAND)

AR-1, AR-2, RR-3, SCR-1, R-1-20, R-1-30, RLD Zoning Districts

- Subject Property** Address: 4475 County Road 16, Canandaigua 14424
 Subject Property Tax Map Number: 126.20-1-1.112 Zoning District: R130
 Lot Size (in square feet or acres): 1.90 acres.
- Name and Address of **Property Owner**: Tim + Diedre Pierce
8305 Hammocks Dr. Canandaigua 14424
 Telephone Number / E-mail Address: 315 243-8872
dpierce@sjfc.edu
- Name and Address of **Applicant** if not property owner: TSH LLC (Robert Fallone)
2070 Lyell Ave Suite 100, Roch NY 14606
 Telephone Number / E-mail Address: 585-704-9991
hlm@rfallone.com.
- New Structure Information:

NEW STRUCTURES	
1. What is the sq. ft. of the proposed 1 st floor?	<u>2400</u>
2. What is the sq. ft. of the proposed 2 nd floor?	<u>N/A</u>
3. What is the sq. ft. of the proposed garage?	<u>400</u>
4. What is the sq. ft. of the finished basement?	<u>N/A</u>
5. What is the sq. ft. of the proposed deck(s)?	<u>400</u>
6. What is the sq. ft. of the proposed porch(s)?	<u>N/A</u>
7. What is the sq. ft. of any proposed accessory structure(s)?	<u>shed 10x16.</u>
What is the total square footage of items 1 - 7?	<u>3400</u>

6. Earthwork:

Cubic yards (CY) to be excavated: 400
 (length (ft) x width (ft) x depth (ft) divided by 27 = CY

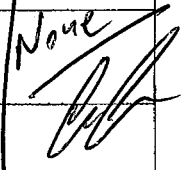
Square feet (SF) of area to be disturbed: 3500
 (length (ft) x width (ft) = SF

7. Site Plan Minimum Submission Requirements (§220-99-C):

- (1) All applications made to the Town for new uses or development to be reviewed for compliance with this chapter shall contain at a minimum:
- (a) Completed application form(s) signed by the applicant.
 - (b) A sketch plan in compliance with requirements of section Town Code §220-66.
 - (c) Plans for development in excess of 1,000 square feet shall be prepared by a New York State licensed professional engineer and/or surveyor.
 - (d) Additional information as may be required by the Zoning Officer or Code Enforcement Officer.
- (2) For administrative reviews to be completed by staff only, these minimum submission requirements may be waived or modified by the Zoning Officer or CEO as appropriate.

Will this structure be built within:

- 100 ft of the bed of a stream carrying water on an average 6 months of the year? Yes No
- 100 ft of a NYS DEC wetland? Yes No
- Close proximity to a federal wetland? Yes No (If yes, setback to wetland? ___ ft)
- Steep slopes equal to or greater than 15%? Yes No
- A wooded area greater than 5 acres? Yes No

Dimensional Description	Applicant to Complete	Development Office Staff to Complete	
	To New Dwelling	Required By Code	Variance Required
Distance from the road right-of-way		60	
Distance from rear property line			
Distance from right side property line	SEE 8/6/15 plan	25	None 
Distance from left side property line		25	
Height of House (measured from the average finished grade to highest peak)		35	
Percentage Building Coverage (calculated by the total square footage of the footprint of all existing and proposed structures divided by the lot size)		/	

ORIGINAL SUBDIVISION/SITE PLAN APPROVED IN 2012.
8/6/15 plan revised FOOTPRINT.

8. Utility Information:

Water Information:

Public

Private Well

If a private well will serve the subject property, owner must provide a copy of New York State Certification from well digger before permit can be issued.

Sewer Information:

Public

Private Onsite Wastewater Treatment System

If a private onsite wastewater treatment system, the system shall be designed by a NYS licensed professional engineer.

9. Contractor Information:

General Contractor:

TSH LLC

Address:

2070 Lyell Ave suite 100, Roch N.Y. 14606

Telephone / E-mail:

585-704-9991hlm@r-fallone.com

Contractor Insurance Certificates Required:

C-105.2 or U-26.3 Worker Compensation and DB-120.1 Disability or CE-200 / BP-1

The undersigned represents and agrees as a condition to the issuance of these permits that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, approvals/conditions described on the ZBA / PB decision sheets, and the plans and specifications annexed hereto.

Owner's Signature:

Timothy Lere

Date:

10/13/15

PERMIT CANNOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE

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

For Office Use Only

FURTHER
 Application requires review by Planning Board and/or Zoning Board of Appeals. Yes ☒ No

[Signature]

 Reviewed By

10/29/2015

 Date

Flood Zone */* FEMA Panel # */* Floodplain Development Permit Required? Yes / ☒ No

Within environmentally sensitive, open, deed restricted or conservation easement area? Yes / ☒ No

[Signature]

 Code Enforcement Officer

10/29/2015

 Date

3400

Permit Issued	Permit Number	Fee
Building Permit Fee		<i>730—</i>
Soil Erosion Permit Fee		<i>150—</i>
Recreation Fee		<i>1000—</i>
Drainage District Fee		
Total Permit	(non-refundable)	<i>1880—</i>

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) TSH LLC 2070 LYELL AVE ROCHESTER, NY 14606 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 585-704-9991 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) TOWN OF CANANDAIGUA 5440 ROUTES 5 & 20 W CANANDAIGUA, NY 14424	3a. Name of Insurance Carrier ERIE INSURANCE CO OF NY 3b. Policy Number of entity listed in box "1a" Q93-8000363 3c. Policy effective period 09/30/2015 to 09/30/2016 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.

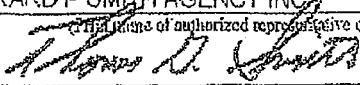
This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation 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 one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

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: GERARD P SMITH AGENCY INC.
(Print name of authorized representative or licensed agent of insurance carrier)

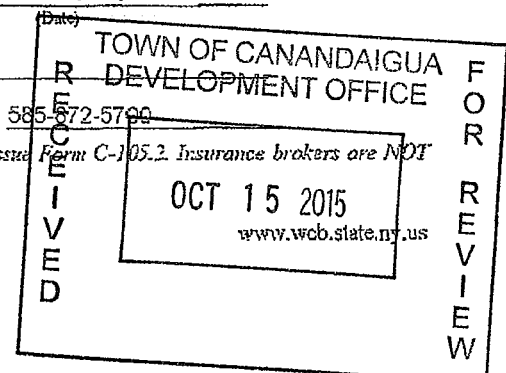
Approved by:  10/14/2015
(Signature) (Date)

Title: Authorized Representative

Telephone Number of authorized representative or licensed agent of insurance carrier: 585-572-5700

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.

C-105.2 (9-07)



**STATE OF NEW YORK
WORKER'S COMPENSATION BOARD**

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

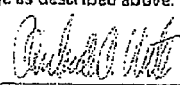
PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name and Address of Insured (Use street address only) TSH LLC 2070 LYELL AVE ROCHESTER, NY 14606	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 270101589
2. Name and Address of the Entity requesting Proof of Coverage (Entity being listed as the Certificate Holder) TOWN OF CANANDAIGUA 5440 ROUTES 5 & 20 W CANANDAIGUA, NY 14424	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity listed in box "1a": DBL418099 3c. Policy effective period: 01/01/2015 to 12/31/2016

4. Policy covers:

- a. ☒ All of the employer's employees eligible under the New York Disability Benefits Law
 b. ☐ Only the following class or classes of the 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 Benefits insurance coverage as described above.

Date Signed 10/14/2015 By 
 (Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)

Telephone Number 516-829-8100 Title Chief Executive Officer

IMPORTANT: If box "4a" is 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" is checked, this certificate is NOT COMPLETE for the purposes of Section 220, Subd. 8 of the Disability Benefits Law.
 It must be mailed for completion to the Worker's Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.

PART 2. To be completed by NYS Worker's Compensation Board (Only if box "4b" of Part 1 has been checked)

**State of New York
Worker's Compensation Board**

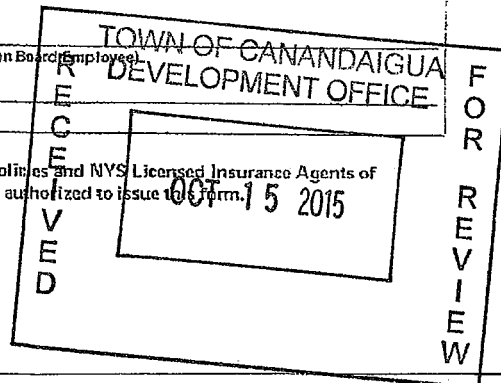
According to information maintained by the NYS Worker's Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
 (Signature of NYS Worker's Compensation Board Employee)

Telephone Number _____ Title _____

Please Note: Only insurance carriers licensed to write NYS Disability 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 (12-13)



Town of Canandaigua

5440 Routes 5 & 20 West • Canandaigua, NY 14424 • (585) 394-1120

Established 1789

DEVELOPMENT OFFICE FEES

DATE: 11/12/15

PERMIT # / CPN #: 15-532

APPLICANT / OWNER: TSH LLC / Tim & Dierdre Pierce

PROJECT ADDRESS: 4475 County Road 16

TAX MAP # 126.20-1-1.112

PARKS AND RECREATION Fees (A)

CM-2001

\$1000.00 Parks and Recreation Fee (Per Dwelling Unit) - \$1,000

SITE DEVELOPMENT FEES (B)

A.2590

\$ _____ Site Development Permit, Operating Permit, Special Use Permit, On-Site Waste Water System Permit, Minor Home Occupation Permit, Demolition Permit - \$50
\$ _____ Major Home Occupation Permit - \$150
\$ _____ Signage Permit (per sign) - \$150
\$ _____ Above Ground Pool Permit - \$100
\$ _____ Below Ground Pool Permit - \$150
\$ _____ Pool Permit Inspection/Re-inspection - \$50
\$ _____ Fire Inspector – Fire Safety Re-Inspection - \$100
\$ _____ Certificate of Compliance (without building permit), Certificate of Pre-Existing Non-Conformance, Certificate of Non-Conformance, Zoning Compliance Certificate - \$50
\$ _____ Building Permit Extension - \$100
\$ _____ Release of Stop-Work Order - \$100
\$ 730.00 Building Permit (reference 2015 Fee Schedule for associated fee)

SOIL EROSION & SEDIMENTATION CONTROL (C)

A.2120

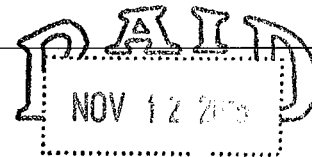
\$150.00 Soil Erosion & Sedimentation Control Permit, MS4 SWPPP Acceptance Certificate - \$150

ZONING FEE / BUILDING FEE (D)

A.2110

\$ _____ Planning Board – Site Plan (single family) - \$100
\$ _____ Planning Board – Sketch/Concept Plan Review - \$100
\$ _____ Special Use Permit Application (new/renewal)- \$100
\$ _____ Planning Board – Site Plan – all others - \$250 preliminary / \$250 final / \$250 Single Stage plus multiple residential or manufactured home park development \$10/unit
\$ _____ Planning Board – Minor Sub-division (Under 5 lots) - \$250 preliminary / \$250 final – plus \$50 per lot
\$ _____ Planning Board – Major Sub-division (Over 5 lots) - \$1,000 preliminary / \$1,000 final – plus \$100 per lot
\$ _____ Lot Line Adjustment - \$100 per lot
\$ _____ Petition to Amend Zoning – Per Parcel (Mixed Use Overlay Districts) - \$50
\$ _____ Formal Zoning Amendment Process - \$500
\$ _____ ZBA application (Area Variance, Use Variance, Interpretation) - \$100

TOTAL: \$1,880.00



BY W. C. 1006