

# Town of Canandaigua

## SIGN PERMIT APPLICATION (Complete a separate form for each proposed sign.)

R E E I V E D	TOWN OF CANANDAIGUA DEVELOPMENT OFFICE	F O R  R E V I E W
	MAY 11 2018	

### SECTION I – APPLICANT / PROPERTY INFORMATION:

- Subject Property** Address: \_\_\_\_\_  
Subject Property Tax Map Number: 112.19-1-500.000 Zoning District: R130 SCP-1
- Name and address of **Property Owner**: MORRELL BUILDERS  
1501 PITTSFORD-VECTOR ROAD SUITE 100 VECTOR NY 14564  
Telephone Number / E-mail Address: 585-249-1330
- Name and Address of **Applicant** if not property owner: \_\_\_\_\_  
Telephone Number / E-mail Address: \_\_\_\_\_
- Briefly describe the current structures on and use of the property: RESIDENTIAL DEVELOPMENT

### SECTION II – EXISTING SIGNS

Describe All Existing Signs on the Property: N/A

### SECTION III – DIMENSIONS FOR PROPOSED SIGN

DIMENSIONAL DESCRIPTION		ZONING OFFICER TO COMPLETE	
	APPLICANT TO COMPLETE	Allowed By Code	Variance Needed
Square Footage of Display Area	<u>50 50 FT.</u>		
Ground Sign:			
Front Setback (measured from the road right-of-way)	<u>16' 15'</u>	15 ft	
Left Side Setback	<u>16' 15'</u>	15 ft	
Right Side Setback	<u>16' 15'</u>	15 ft	
Height of Proposed Sign (ground to top of supporting structure)	<u>67"</u>		
Building Sign:			
Existing Building Frontage	<u>—</u>		
Height of Proposed Sign	<u>—</u>		

### SECTION IV – DESCRIPTION DETAILS FOR PROPOSED SIGN

Proposed Wording of Sign: LAKEWOOD TOWNHOMES

Type of Installation: ☒ Ground Sign ☐ Building Sign ☐ Other ( Explain )

Material: ☐ Plastic ☐ Metal ☒ Wood ☒ Other

Illumination of Sign: ☐ Back – Lit ☐ Overhead (Down Lighting) ☒ Ground Lit (Up Lighting) ☐ Internal

☐ None

**SECTION V – SITE INFORMATION:** Per § 220-80-A: A sketch site plan shall be attached to this permit application showing the following information:

- Location of building, structure, or land to which or upon which the sign is to be erected; and
- Location and setbacks of any existing or proposed ground sign and the location and setbacks of all other signs and/or buildings on the property; and
- Location (drawn to scale not exceeding one inch equals 20 feet) and position of the sign on any buildings or structures, including a depiction of the building front view or elevation; and
- Detailed drawing or blueprint (to a scale not exceeding one inch equals one foot) showing the construction details of the sign, the lettering and/or pictorial matter and color of each, and the position of lighting or other extraneous devices; and
- Identification of all other signs existing on said parcel of land and whether each other sign is conforming or legally nonconforming.

Upon a determination of compliance, a sign permit shall be issued by the Zoning Officer. The applicant shall have 120 days from the date of issuance to install the sign and submit a request for a certificate of sign compliance or the sign permit will expire.

Within five business days of the placement of any approved sign the applicant shall request for a certificate of sign compliance and provide two sets of photographs of the site and the sign to the Development Office. Upon verification of compliance with this chapter and/or previous Town approval(s), the Zoning Officer shall issue a certificate of sign compliance.

Should the Zoning Officer, upon inspection, find the sign not to be in compliance with this chapter or previous Town approval(s), the applicant shall be so notified by certified mail. The applicant shall, within 30 days from the date of the notification letter, correct the cited deficiencies and notify the Zoning Officer of the corrections. In no event shall said thirty day period extend the one-hundred twenty day validation period for the sign permit prescribed within this subsection.

**SECTION VI – CONTRACTOR AND INSURANCE INFORMATION:**

General Contractor: S & J MORRIS BUILDERS

Address: 1501 PITTSFORD-VICTOR ROAD SUITE 100 VICTOR NY 14564

Telephone: 585-249-1330

**CONTRACTOR INSURANCE CERTIFICATES REQUIRED:** ☐ C-105.2 / U-26.3 and DB-120.1 or ☐ CE-200 / BP-1



# New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

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

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

\*\*\*\*\* 161560659  
S & J MORRELL INC TA  
MORRELL BUILDERS  
1501 PITTSFORD VICTOR RD SUITE 100  
VICTOR NY 14564



Scan to Validate

<b>POLICYHOLDER</b> S & J MORRELL INC TA MORRELL BUILDERS 1501 PITTSFORD VICTOR RD SUITE 100 VICTOR NY 14564		<b>CERTIFICATE HOLDER</b> TOWN OF CANANDAIGUA 5504 RT 5 & 20 WEST CANANDAIGUA NY 14424	
<b>POLICY NUMBER</b> R2245 504-2	<b>CERTIFICATE NUMBER</b> 903022	<b>POLICY PERIOD</b> 11/26/2017 TO 11/26/2018	<b>DATE</b> 10/19/2017

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2245 504-2, 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 CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

SCOTT MORRELL, PRESIDENT &  
JEFF MORRELL, VICE PRESIDENT OF  
S & J MORRELL INC  
2 OF 2

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: 21523039



**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)  
S & J MORRELL INC

1501 PITTSFORD VICTOR ROAD SUITE 100  
VICTOR, NY 14564

1b. Business Telephone Number of Insured

585-249-1330

1c. NYS Unemployment Insurance Employer Registration  
Number of Insured

2881827

1d. Federal Employer Identification Number of Insured  
or Social Security Number

161560659

2. Name and Address of the Entity requesting Proof of Coverage  
(Entity being listed as the Certificate Holder)

Town of Canandaigua

5440 Rt. 5 & 20 West

Canandaigua, NY 14424

3a. Name of Insurance Carrier

ShelterPoint Life Insurance Company

3b. Policy Number of Entity listed in box "1a":

DBL155896

3c. Policy effective period:

01/01/2017

to

12/31/2018

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 12/6/2017

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.

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

**\*See Town Clerk for current Fee Schedule**

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.

SCOTT MORRELL  
(property owner)

JEFF MORRELL  
(property owner)

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 sheet, and the plans and specifications annexed hereto.

**PERMIT CANNOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE**

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

5/11/2018

**Please DO NOT send payment with this application.**

**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

Proposed signage complies with the Town's Sign regulations.

Yes

No

Planning Board and/or Zoning Board of Appeals requirements have been met.

Yes

No

N/A

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date

Permit # \_\_\_\_\_

Total Permit Fee \_\_\_\_\_ per sign (Non-Refundable)