

TOWN OF CANANDAIGUA DEVELOPMENT OFFICE		F O R R E V I D
RECEIVED	DEC 1 2021	

Town of Canandaigua
 5440 Route 5 & 20 • Canandaigua, NY 14424 • (585) 394-1120 • Fax: (585) 394-9476
 townofcanandaigua.org

NEW STRUCTURE/ADDITION BUILDING PERMIT APPLICATION

- Subject Property Address:** 5173 Overlook Lane, Canandaigua NY 14424
Tax Map Number: 83.10 -1-146.000 **Zoning District:** _____
- Property Owner: Name(s):** Melissa Copella
Address: 5173 Overlook Lane, Canandaigua NY 14424
Telephone: (585) 738-7911 **Email:** mcopella@yahoo.com
- Applicant (if not property owner): Name(s):** Matt VanVleck
Address: 1127 Corporate Drive East, Farmington, NY 14425
Telephone: 585-433-2515 **Email:** mvanvleck@homepowersystems.net
- Scope of work – including the total square footage of the project if applicable:**
Install a 22kw Generac generator (model 7043-3) remaining
18" inches from structure and 5' feet from windows, doors, &
vents.
- Contractor Information:**
General Contractor: Home Power Systems
Address: 1127 Corporate Drive East
Telephone: (585) 433-2515 **Email:** mvanvleck@homepowersystems.net

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 ?	
4. What is the area (ft ²) of the finished basement ?	
5. What is the area (ft ²) of the proposed deck(s) ?	
6. What is the area (ft ²) of the proposed porch(es) ?	
7. What is the area (ft ²) of the proposed patio(s) ?	
8. What is the area (ft ²) of any proposed accessory structure(s) ?	8.33 sq. ft.
What is the total area (ft ²) of items 1 - 8?	8.33 sq. ft.

7. NEW STRUCTURE ZONING INFORMATION

CORNER LOT
2 FRONTS 2 REARS

Dimensional Description	Applicant to Complete	Development Office Staff to Complete	
	To New Structure	Required By Code	Variance Required
Distance from the road right-of-way	72' ft.		
Distance from rear property line	74' ft.		
Distance from right ^{rear} side property line	8.5' ft.	10	YES
Distance from left side property line	106' ft.		
Height of New Structure	29" inches		
Percentage Building Coverage (All existing and proposed structures)			
Percentage Lot Coverage RLD ZONING DISTRICT ONLY			

10/1/2021
[Signature]

8. EARTHWORK

Square feet (SF) of area to be disturbed:

8.33

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

Cubic yards (CY) to be excavated:

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

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, 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: _____

Melissa Capelle

Date: _____

11/2/21

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: Melissa Capella Date: 11/2/21

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: 5173 Overlook DESCRIPTION: generator

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: 12/1/2021

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		100.00
Soil Erosion Permit Fee		
Recreation Fee		
Total Permit	(non-refundable)	



**Workers'
Compensation
Board**

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

1a. Legal Name and address of Insured (Use street address only) Home Power Systems LLC dba Commercial Power Systems 1127 Corporate Drive Farmington, NY 14425-9570 <i>Work Location of Insured (Only required if coverage is specifically limited to certain location in New York State, i.e. a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 585-433-2511 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 20-0242662
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Canandaigua 5540 Route 5 & 20 Canandaigua, NY 14424	3a. Name of Insurance Carrier Utica Specialty Risk Insurance Company 3b. Policy Number of entity listed in box "1a": 4464855 3c. Policy effective period: 11/11/21 to 11/11/22 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

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 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. (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.

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: William Lawley Jr.
(Print name of authorized representative or licensed agent of insurance carrier)

Approved By: [Signature] 11/9/2021
(Signature) (Date)

Title: Managing Partner

Telephone Number of authorized representative or licensed agent of insurance carrier: CarrierPhone

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.



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) Home Power Systems LLC dba Commercial Power Systems 1127 Corporate Drive East Farmington, NY 14425 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) 433-2511
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Canandaigua 5540 Route 5 & 20 Canandaigua NY 14424	1c. Federal Employer Identification Number of Insured or Social Security Number 20-0242662
	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company
	3b. Policy Number of Entity Listed in Box "1a" D634381
	3c. Policy effective period 1/1/2022 to 1/1/2023

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 November 29, 2021 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (716) 849-8618 Name and Title William Lawley, Jr., Principal

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.

