

Town of Canandaigua

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

TOWN OF CANANDAIGUA DEVELOPMENT OFFICE		FOR REVIEW
RECEIVED	NOV 8 2021	

SECTION I – APPLICANT / PROPERTY INFORMATION:

- Subject Property** Address: 4406 Route 5 & 20
Subject Property Tax Map Number: 84.00-1-26.120 Zoning District: CC / MU
- Name and address of **Property Owner**: TLC Properties INC
5321 Corporate Blvd. Baton Rouge, LA 70808
Telephone Number / E-mail Address: 888.308.5060 : migreene@lamar.com
- Name and Address of **Applicant** if not property owner: Mike Greene - Lamar Advertising
Telephone Number / E-mail Address: migreene@lamar.com
- Briefly describe the current structures on and use of the property: Two Static Advertising Signs 300 SqFt Each

SECTION II – EXISTING SIGNS

Describe All Existing Signs on the Property: Two Static Advertising Signs 300 SqFt Each

SECTION III – DIMENSIONS FOR PROPOSED SIGN		ZONING OFFICER TO COMPLETE	
DIMENSIONAL DESCRIPTION	APPLICANT TO COMPLETE	Allowed By Code	Variance Needed
Square Footage of Display Area	300 SqFt		
Ground Sign:			
Front Setback (measured from the road right-of-way)	25.5 Ft	15 ft	
Left Side Setback	63.7 ft	15 ft	
Right Side Setback	277.5 ft	15 ft	
Height of Proposed Sign (ground to top of supporting structure)	25 ft		
Building Sign:			
Existing Building Frontage	n/a		
Height of Proposed Sign	n/a		

SECTION IV – DESCRIPTION DETAILS FOR PROPOSED SIGN

Proposed Wording of Sign: n/a

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: Hunter Construction

Address: 3222 County Route 4, Fulton, NY 13069

Telephone: 315.380.6889

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

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.

TLC Properties INC
(property owner)

TLC Properties INC
(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: 09/07/2021

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

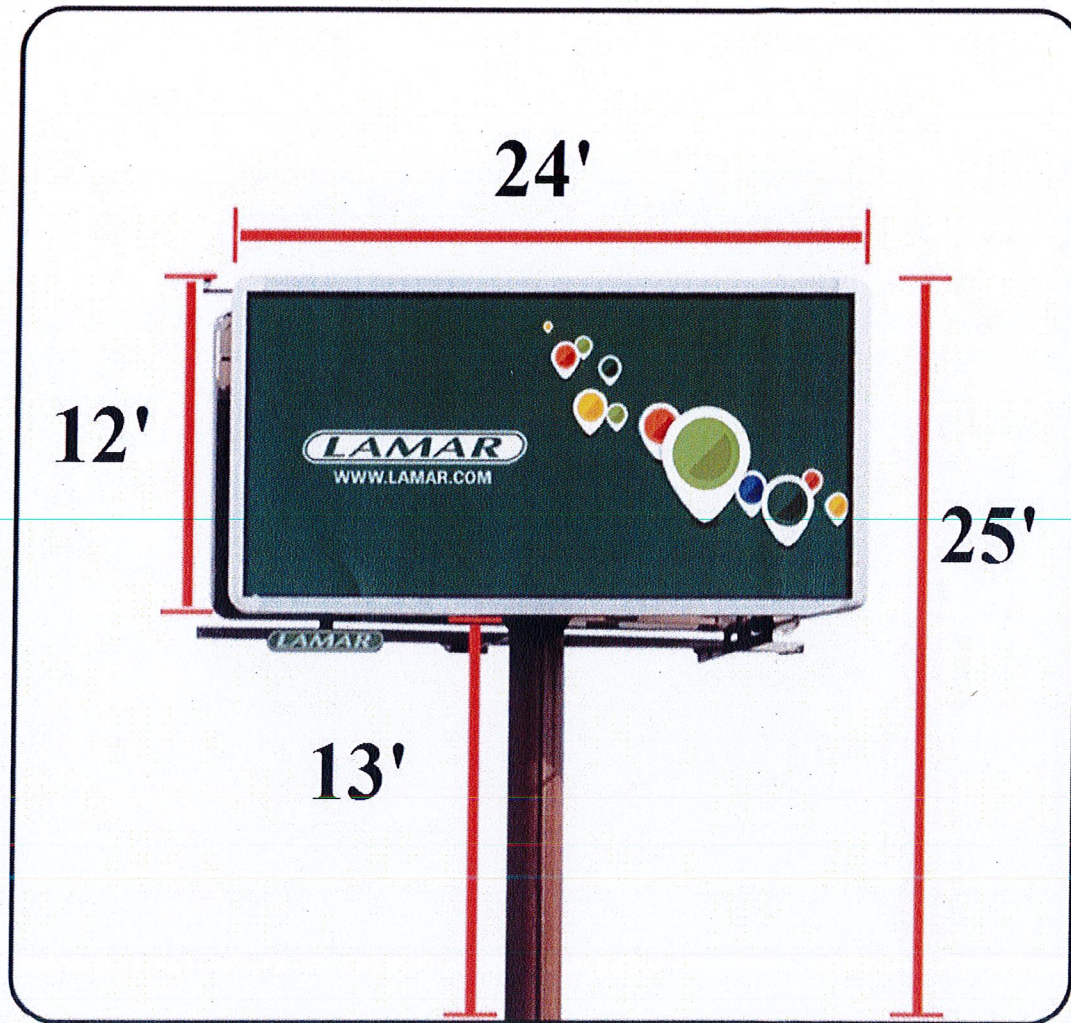
Date

Permit # _____

Total Permit Fee _____ per sign (Non-Refundable)



ROCHESTER



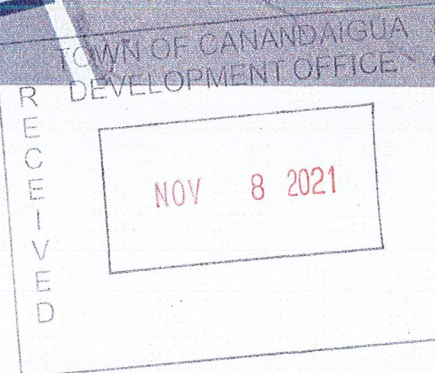
New Digital Sign on Routes 5&20

As agreed upon at the September 20th Town Board Meeting



ROCHESTER | lamar.com/Rochester

4406 Rt. 5&20
Currently 2 Signs
Proposed: Converting
to 1 CEVMS Sign



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

***** 271065264
NIKKY LASINSKI
DBA HUNTER CONSTRUCTION
3222 COUNTY ROUTE 4
FULTON NY 13069



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER NIKKY LASINSKI DBA HUNTER CONSTRUCTION 3222 COUNTY ROUTE 4 FULTON NY 13069		CERTIFICATE HOLDER TOWN OF CANANDAIGUA 5440 ROUTE 5 & 20 W CANANDAIGUA NY 14424	
POLICY NUMBER S2233 670-5	CERTIFICATE NUMBER 834822	POLICY PERIOD 09/15/2021 TO 09/15/2022	DATE 9/13/2021

~~THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2233 670-5, 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.

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.

BY CAUSING THIS CERTIFICATE TO BE ISSUED TO THE CERTIFICATE HOLDER, THE POLICYHOLDER UNDERTAKES TO PROVIDE THE CERTIFICATE HOLDER 30 CALENDAR DAYS' NOTICE OF ANY CANCELLATION OF THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 400373987



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)

NIKKY LASINSKI
DBA HUNTER CONSTRUCTION
3222 COUNTY ROUTE 4
FULTON, NY 13069

1b. Business Telephone Number of Insured
(315) 592-9343

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

1c. Federal Employer Identification Number or Social Security Number

271065264

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

TOWN OF CANANDAIGUA
5440 ROUTE 5 & 20 W
CANANDAIGUA, NY 14424

3a. Name of Insurance Carrier

New York State Insurance Fund (NYSIF)

3b. Policy Number of Entity Listed in Box "1a"

DBL 6236 76 - 5

3c. Policy effective period

09/28/2020

to

09/28/2022

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 9/13/2021

By

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title **Melissa Jensen, Director of Disability Insurance Unit**

IMPORTANT: If Box 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, DB 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.**



**Workers'
Compensation
Board**

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

1a. Legal Name & Address of Insured (use street address only) LAMAR ADVERTISING COMPANY 5321 CORPORATE BLVD BATON ROUGE, LA 70808 <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 225-465-2165 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 72-1462301
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Canandaigua 5440 Route 5 & 20 W, Canandaigua, NY 14424	3a. Name of Insurance Carrier AIU Insurance Co 3b. Policy Number of Entity Listed in Box "1a" WC 058240121 3c. Policy effective period <u>01/01/2021</u> to <u>01/01/2022</u> 3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input 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.**

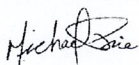
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

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

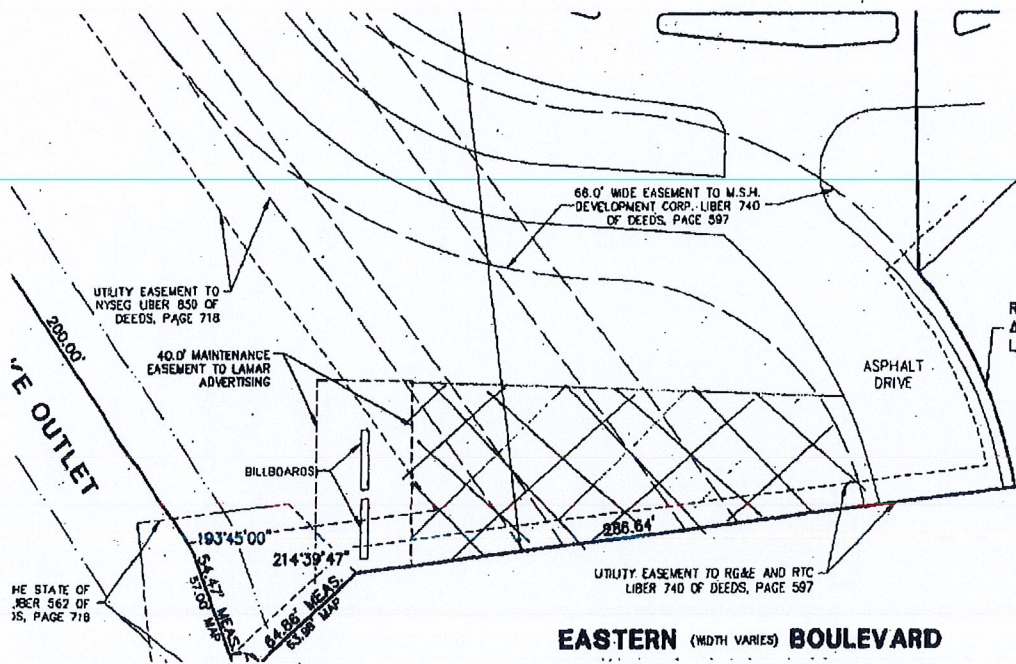
Approved by:  September 10, 2021
(Signature) (Date)

Title: C.E.O. North America

Telephone Number of authorized representative or licensed agent of insurance carrier: 212-770-7000

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.

EXHIBIT "A-1"
Sign Location Easement



REFERENCE:
LETTER OF THE SAC CAMARQUILA, ITC BARRIONOVIA, FILED
IN THE O.C.C.O. MAY 30, 1958
LONCERO BARRIONOVIA WAS FILED IN THE O.C.C.O.
MAY 30, 1958
UNDER 158F OF DECRET. PAGE 28
"NO ABSTRACT PROVIDED"

ANY UNAUTHORIZED ALTERATION OR ADDITION TO THIS MAP IS A VIOLATION OF ARTICLE 14, SECTION 720B OF THE NEW YORK STATE EDUCATION LAW.

WE PRAISE OUR PARENTS, MEMBERS, AND COMMUNITY THAT THIS MAP WAS DERIVED FROM NOTES OF AN ESTABLISHED SURVEY COMPLETED ON AUGUST 28, 2011.

DAVID S. STARR, P.L.L.C.
PARSONS DISCREET
UC NO. 049982

[illegible]

November 28, 2011

DESCRIPTION OF A MAINTENANCE EASEMENT
LAMAR ADVERTISING
#4406 EASTERN BOULEVARD
TOWN OF CANANDAIGUA

All that tract or parcel of land situate in the Town of Canandaigua, County of Ontario, State of New York, and is more particularly described as follows;

Beginning at a point in the north right-of-way of Eastern Boulevard (N.Y.S. Route 5 & U.S. Route 20), said point being 42.14 feet northeasterly from the intersection formed by the aforesaid right-of-way, and the west property line of Lot 1 of the R&F Canandaigua LLC Subdivision, filed in the O.C.C.O., map number 31450,

- Thence, 1 - Northerly, forming an angle in the northwest quadrant of $132^{\circ}-04'-47''$, a distance of 90.80 feet to a point,
- Thence, 2 - Easterly, forming an interior angle of $90^{\circ}-00'-00''$, a distance of 40.00 feet to a point,
- Thence, 3 - Southerly, forming an interior angle of $90^{\circ}-00'-00''$, A distance of 72.56 feet to a point in the north right-of-way of Eastern Boulevard (N.Y.S. Route 5 & U.S. Route 20),
- Thence, 4 - Westerly along aforesaid right-of-way, forming an interior angle of $97^{\circ}-25'-00''$, a distance of 23.33 feet,
- Thence, 5 - Southwesterly along aforesaid right-of-way forming an interior angle of $214^{\circ}-39'-47''$, a distance of 22.72 to the point and place of beginning,

Course 5 forms a closing angle of $47^{\circ}-55'-13''$ with Course 1

Intending to describe a 40.0' wide maintenance easement to Lamar Advertising, #4406 Eastern Boulevard (N.Y.S. Route 5 & U.S. Route 20), Town of Canandaigua,

