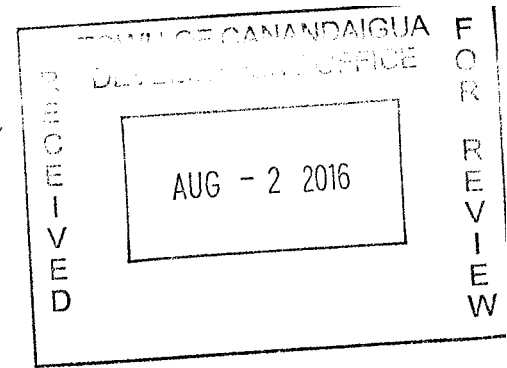


# Town of Canandaigua

5440 Route 5 & 20  
Canandaigua, NY 14424  
Phone: (585) 394-1120 / Fax: (585) 394-9476  
www.townofcanandaigua.org



## TEAR DOWN / REBUILD HOUSE PERMIT APPLICATION

- Subject Property** Address: 4341 Tichenor Point Drive  
Subject Property Tax Map Number: 126.12-2-13.1 Zoning District: R1D  
Lot Size (in square feet or acres): 39,901 sq ft 0.916 Acres
- Name and Address of **Property Owner**: Jessye + Laurie Twombly  
Telephone Number / E-mail Address: jtwombly@us.tau.com 585-507-0540
- Name and Address of **Applicant** if not property owner: Daniel Catone (Dannich Homes)  
213 West Commercial St, East Rochester  
Telephone Number / E-mail Address: dannich@att.net 585-223-4770
- 

EXISTING STRUCTURE INFORMATION	TO BE REMOVED	SQUARE FOOTAGE
Principal Building (Total Living Space -- all floors)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<u>Approx 1800</u>
Attached / Detached Garage	YES <input checked="" type="radio"/> NO	<u>429</u>
Attached Decks / Porches	YES / NO	
Accessory Buildings / Structures (storage sheds, agricultural buildings, pole barns, pool decks, etc.):	YES / NO	
	YES / NO	
	YES / NO	
TOTAL SQUARE FOOTAGE OF ALL EXISTING STRUCTURES:		

- New construction in excess of 1,000 square feet**, the property owner shall submit a One-Stage Site Plan prepared by a NYS licensed professional engineer and/or surveyor in accordance with Section 220-69-C and 220-70-B (see Town website for Planning Board application).

**New construction 1,000 square feet or less**, the property owner shall submit a Sketch Site Plan in accordance with Chapter 220 Section 220-66 (see Town website for Sketch Plan checklist).

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

6.

NEW STRUCTURE INFORMATION	SQUARE FOOTAGE
1. What is the square footage of the <b>1<sup>st</sup> Floor</b> ?	2195
2. What is the square footage of the <b>2<sup>nd</sup> Floor</b> ?	1090
3. What square footage of the <b>Garage</b> ?	700
4. What square footage of the <b>Finished Basement</b> ?	<del>214</del>
5. What square footage of the <b>Deck(s)</b> ?	344
6. What square footage of the <b>Porch(es)</b> ?	452
7. What square footage of any <b>Accessory Structure(s)</b> ?	
8. What is the <b>total square footage</b> of items 1 – 7 above?	4781

7.

Dimensional Description	Applicant to Complete		Development Office Staff to Complete	
	EXISTING Structure	NEW Structure	Required By Code	Variance Required
Distance from the road right-of-way		25		
Distance from rear property line		62.7		
Distance from right side property line		23.3		
Distance from left side property line		26.4		
Height of New Structure (measured from the average finished grade to highest peak)		27'		
Percentage Building Coverage (All existing and proposed structures)		22.2		
Percentage Lot Coverage (impervious/pervious structures and surfaces) <b><u>RLD ZONING DISTRICT ONLY</u></b>				

8. Earthwork:

Cubic yards (CY) to be excavated: 407  
(length (ft) x width (ft) x depth (ft) divided by 27) = CY

Square feet (SF) of area to be disturbed: 23,540  
(length (ft) x width (ft) = SF

9. 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 serves the principal structure and the proposed expansion of the principal structure will increase hydraulic loading (i.e. an additional bedroom), the existing system will be required to be evaluated and any necessary expansions of the system shall be designed by a NYS licensed professional engineer.

10. CONTRACTOR INFORMATION:

General Contractor: Danrich Homes Inc  
Address: 213 West Commercial St, East Rochester  
Telephone / E-mail: danrich@att.net 585-223-4770

Contractor Insurance Certificates Required:

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

---

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

---

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.

Jeff Twombly  
(property owner)

Laurie Twombly  
(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 in the ZBA / PB decision sheet, and the plans and specifications annexed hereto.

Owner's Signature: Jeff Twombly Laurie Twombly Date: 5/2/16  
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

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

Yes

No

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_

Flood Zone \_\_\_\_\_ FEMA Panel # \_\_\_\_\_ Floodplain Development Permit Required? Yes  
/ No

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

Code Enforcement Officer \_\_\_\_\_

Date \_\_\_\_\_

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



**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)  
**DANRICH HOMES, INC.**

**213 W. COMMERCIAL ST REET  
EAST ROCHESTER, NY 14445**

1b. Business Telephone Number of Insured

**716-223-4770**

1c. NYS Unemployment Insurance Employer Registration  
Number of Insured

**5943791**

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

**161439477**

2. Name and Address of the 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":

**DBL157034**

3c. Policy effective period:

**01/01/2016**

to

**12/31/2017**

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 **8/3/2016**

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.



STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

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

<b>1a. Legal Name and address of Insured (Use street address only)</b> <b>Danrich Homes Inc.</b> <b>213 W. Commercial Street</b> <b>East Rochester, NY 14445</b>  <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>	<b>1b. Business Telephone Number of Insured</b> <b>(585)223-4770</b>  <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b>  <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b> <b>161439477</b>
<b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  <b>Town of Canandaigua</b> <b>Doug Finch</b> <b>Director of Development</b> <b>5440 Route 5 &amp; 20 West</b> <b>Canandaigua, NY 14424</b>	<b>3a. Name of Insurance Carrier</b> <b>Cincinnati Insurance Company</b>  <b>3b. Policy Number of entity listed in box "1a":</b> <b>EWC0392515</b>  <b>3c. Policy effective period:</b> <b>08/01/2016 - 08/01/2017</b>  <b>3d. The Proprietor, Partners or Executive Officers are:</b> <input type="checkbox"/> <b>included.</b> (Only check box if all partners/officers included) <input type="checkbox"/> <b>all excluded or certain partners/officers excluded.</b>

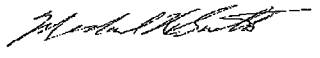
This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the INFORMATION PAGE of the workers' 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.

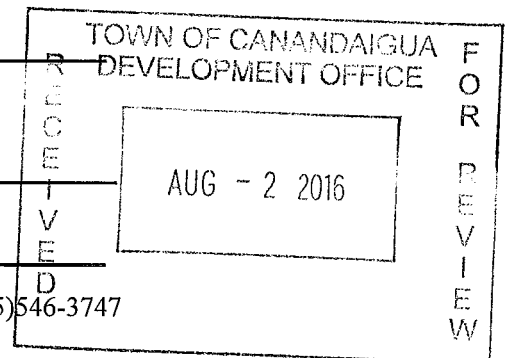
**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: Michael Bonetto  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  8/2/2016  
(Signature) (Date)

Title: Authorized Representative

Telephone Number of authorized representative or licensed agent of insurance carrier: (585) 546-3747



**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.

C-105.2 (9-07)

[www.wcb/state.ny.us](http://www.wcb/state.ny.us)