

**TOWN BOARD MEETING  
TOWN HALL, MAHOPAC, N.Y.**

The Pledge of Allegiance to the Flag was observed prior to the start of official business. A moment of silence was held to honor those serving in the United States Armed Forces.

**MINUTES OF TOWN BOARD MEETING HELD ON 7/1/15 - ACCEPT AS  
SUBMITTED BY THE TOWN CLERK**

## BUDGET MODIFICATIONS - #2015-03 - AUTHORIZED

NOW, THEREFORE, BE IT RESOLVED that the Town Board of the Town of Carmel hereby authorizes and ratifies the 2015 year-to-date Budget Modifications/Revisions for the period of ending June 30, 2015 on the attached Schedule identified as #2015-03 which is attached hereto, incorporated herein and made a part hereof.

Offered by: Councilman Schneider  
Seconded by: Councilman Lombardi

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	X	
John Lupinacci	X	
Suzanne McDonough	X	
Frank Lombardi	X	
Kenneth Schmitt	X	

☒ Work Session 7/12/15 TOWN OF CARMEL  
BUDGET REVISIONS FOR MAY- JUNE 2015 - #2015/03

☐ Agenda

BUDGET REVISION NUMBER	ACCOUNT	ACCOUNT TITLE & TRANSFER DESCRIPTION		INCREASE USES & SOURCES OF FUNDS	DECREASE USES & SOURCES OF FUNDS
<b>GENERAL FUND</b>					
1	100-3120-0019	POLICE COMPENSATED ABSENCES		25,000.00	
	100-1989-9877	FUND BALANCE COMPENSATED ABSENCES	*	25,000.00	
		- PROVIDE FOR POLICE RETIREMENT SICK PAYOUT			
2	100-1355-0046	ASSESSOR CONTRACT SERVICES		250,000.00	
	100-1989-9878	FUND BALANCE FOR CAPITAL PROJECTS	*	250,000.00	
		- PROVIDE FOR COST RELATED REASSESSMENT PROJECT			
		FROM RESERVE FUND BALANCE			
3	100-7113-0020	CHAMBER PARK IMPROVEMENTS		50,000.00	
	100-1989-3041	STATE AID- OTHER GOVT	*	50,000.00	
		- PROVIDE FOR SWING SET FROM STATE GRANT			
4	100-1320-0049	AUDIT CAFR EXPENSES		150.00	
	100-1320-0044	AUDIT SPECIAL EXPENSES			150.00
		- TRANSFER FOR CAFR EXPENSES			

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(Cont.)

6	100-1440-0040	ENGINEERING CONTRACTUAL EXPENSE	1,500.00	
	100-1440-0047	ENGINEERING TRAINING EXPENSE	500.00	
	100-1440-0086	RETIREE HEALTH INSURANCE		2,000.00
		- TRANSFER FOR MISC EXPENSES		
6	100-1820-0013	BUILDING TEMP STAFF	6,500.00	
	100-1820-0080	BUILDING EMPLOYEE BENEFITS	3,500.00	
	100-1880-0040	CONTINGENT ACCOUNT		10,000.00
		- TRANSFER FOR TEMPORARY STAFF		
7	100-1820-0045	BUILDING SPECIAL IMPROVEMENTS	650.00	
	100-1890-0040	CONTINGENT ACCOUNT		650.00
		- TRANSFER FOR FUEL DISPENSING SYSTEM		
		ELECTRICAL TRENCH		
8	100-1680-0044	INFO TECH CONSULTING	7,025.00	
	100-1890-0040	CONTINGENT ACCOUNT		7,025.00
		- TRANSFER FOR INCREASE IN TECH SERVICES CONTRACT		
9	100-8510-0040	PARK BEAUTIFICATION EXPENSE	5,500.00	
	100-1890-0040	CONTINGENT ACCOUNT		5,500.00
		- TRANSFER FOR DOWNTOWN MAHOPAC LANDSCAPE CLEANUP		
10	100-3120-0012	POLICE STAFF OVERTIME	150,000.00	
	100-3120-0011	POLICE PERS SVS-UNIFORM		150,000.00
		- TRANSFER FOR POLICE OVERTIME EXPENSE		
11	100-7110-0040	PARK CONTRACTUAL EXPENSES	5,000.00	
	100-7110-0020	PARK MAINTENANCE EQUIPMENT		5,000.00
		- TRANSFER FOR CONTRACTUAL EXPENSES		
12	100-7117-0040	CARMADA PARK CONTRACTUAL EXPENSE	37,000.00	
	100-7020-0011	RECREATION ADMIN STAFF		22,000.00
	100-7020-0080	RECREATION ADMIN EMPLOYEE BENEFITS		15,000.00
		- TRANSFER FOR CARMADA PARK BALL FIELDS		
HIGHWAY FUND				
13	500-6142-0046	CONTRACTUAL ROAD SWEEPING	7,549.00	
	500-6142-0049	SNOW CONTROL MATERIALS		7,549.00
		- TRANSFER FOR CLEAN UP OF SNOW CONTROL MATERIALS		
LAKE CASSE PARK DISTRICT				
14	401-7140-0042	UTILITIES	2,000.00	
	401-7140-0098	REPAIR RESERVE FUND		2,000.00
		- TRANSFER FOR UTILITIES EXPENSE		

Budget Revisions May-June 2015 cover sheet.xls

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TOWN OF CARMEL  
BUDGET REVISIONS FOR MAY- JUNE 2015 - #2015/03

BUDGET REVISION NUMBER	ACCOUNT	ACCOUNT TITLE & TRANSFER DESCRIPTION	INCREASE USES & SOURCES OF FUNDS	DECREASE USES & SOURCES OF FUNDS
LAKE MAHOPAC PARK DISTRICT				
15	402-7110-0040	CONTRACTUAL EXPENSES	2,865.00	
	402-7110-0041	LAKE TREATMENT	3,500.00	
	402-7110-0099	REPAIR RESERVE FUND		5,865.00
		- TRANSFER FOR BOAT DOCKING FEES & BIO MASS STUDY		
16	402-7110-0040	CONTRACTUAL EXPENSES	9,776.00	
	402-7110-0088	REPAIR RESERVE APPROPRIATION	9,776.00	
		- PROVIDE FOR GEESE DEPREDAATION SERVICES		
CARMEL WATER DISTRICTS				
17	602-8310-0047	EMERGENCY REPAIRS	14,471.88	
	608-8310-0047	EMERGENCY REPAIRS	5,495.00	
	610-8310-0047	EMERGENCY REPAIRS	4,784.40	
	613-8310-0047	EMERGENCY REPAIRS	3,189.60	
	602-8310-2681	INSURANCE RECOVERY	14,471.88	
	608-8310-2681	INSURANCE RECOVERY	5,495.00	
	610-8310-2681	INSURANCE RECOVERY	4,784.40	
	613-8310-2681	INSURANCE RECOVERY	3,189.60	
		- PROVIDE FOR INSURANCE CLAIM FROM LIGHTNING STRIKE		
CARMEL WATER DISTRICT #1				
18	601-8310-0047	EMERGENCY REPAIRS	3,500.00	
	601-8310-0099	REPAIR RESERVE FUND		3,500.00
		- TRANSFER FOR EMERGENCY REPAIRS		

(Cont.)

CARMEL WATER DISTRICT #2			
19	602-8310-0047	EMERGENCY REPAIRS	15,000.00
	602-8310-0040	CONTRACTUAL EXPENSES	19,800.00
	602-8310-0059	REPAIR RESERVE FUND	34,800.00
		- TRANSFER FOR EMERGENCY REPAIRS/ROOF WELDING	
CARMEL WATER DISTRICT #8			
20	608-8310-0047	EMERGENCY REPAIRS	10,000.00
	608-8310-9909	APPROPRIATED FUND BALANCE	10,000.00
		- PROVIDE FOR EMERGENCY REPAIRS	
CARMEL WATER DISTRICT #10			
21	610-8310-0047	EMERGENCY REPAIRS	3,000.00
	610-8310-0040	CONTRACTUAL EXPENSES	3,000.00
		- PROVIDE FOR EMERGENCY REPAIRS	
CARMEL WATER DISTRICT #12			
22	612-8310-0048	PURCHASE OF WATER	2,000.00
	612-8310-0009	REPAIR RESERVE FUND	2,000.00
		- TRANSFER FOR LOW WATER LEVEL IN TANKS	
CARMEL SEWER DISTRICT #1			
23	701-8130-0020	EQUIPMENT	23,875.00
	701-8130-0888	REPAIR RESERVE APPROPRIATION	23,875.00
		- PROVIDE FOR COMMUNITOR PER RESOLUTION	
24	701-8130-0040	CONTRACTUAL EXPENSES	34,000.00
	701-8130-0888	REPAIR RESERVE APPROPRIATION	34,000.00
		- PROVIDE FOR MAN-HOLE REPAIRS PER RESOLUTION	
CARMADA PARK CAPITAL FUND			
25	911-7140-0045	CONTRACTED IMPROVEMENTS	100,000.00
	911-7140-3050	STATE AID	100,000.00
		- PROVIDE FOR DUGOUTS FROM STATE GRANT	
26	911-7140-0045	CONTRACTED IMPROVEMENTS	200,000.00
	911-7140-3050	STATE AID	200,000.00
		- PROVIDE FOR NEW BUILDING FROM STATE GRANT	

Budget Revisions May-June 2016 cover sheet.xls

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**LAKE MAHOPAC PARK DISTRICT - EMERGENCY EXPENDITURE OF MONIES FROM REPAIR RESERVE FUND AUTHORIZED - NOT TO EXCEED \$9,776.00**

WHEREAS, the Town of Carmel has established a Repair Reserve Fund for the Lake Mahopac Park District pursuant to New York General Municipal law §6-d; and

WHEREAS, in cases of emergency, monies in said Repair Reserve fund may be expended by resolution approved by not less than two-thirds of the members of the governing body; and

WHEREAS, it is recommended by the Office of the Town Comptroller that monies in the aforesaid Repair Reserve Fund be used to pay for the cost of emergency repairs;

NOW THEREFORE BE IT RESOLVED, that the Town Board of the Town of Carmel, acting as commissioners of the Lake Mahopac Park District, hereby authorizes the appropriation of monies from the Lake Mahopac Park District Repair Reserve Fund in a sum not to exceed \$9,776.00 for emergency repair expenditures in 2015; and

BE IT FURTHER RESOLVED, that not less than one-half the monies so expended be repaid in fiscal year 2016 and the total amount shall be repaid in full not later than the last day of fiscal year 2017.

BE IT FURTHER RESOLVED that the Office of the Comptroller of the Town of Carmel is hereby authorized to make the necessary budget transfers to accomplish and effect the intent of this resolution.

Resolution

Offered by: Councilman Lombardi  
Seconded by: Councilman Schneider

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	<u>X</u>	<u>      </u>
John Lupinacci	<u>X</u>	<u>      </u>
Suzanne McDonough	<u>X</u>	<u>      </u>
Frank Lombardi	<u>X</u>	<u>      </u>
Kenneth Schmitt	<u>X</u>	<u>      </u>

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**CARMEL WATER DISTRICT #1 - TEMPORARY ADVANCEMENT OF GOVERNMENT FUND MONIES - TEMPORARY LOAN FROM GENERAL FUND AUTHORIZED - NOT TO EXCEED \$20,000**

RESOLVED, that the Town Board of the Town of Carmel, pursuant to General Municipal Law §209-d, hereby authorizes the temporary advancement of monies from the Town of Carmel General Fund to Carmel Water District #1 at a maximum amount not to exceed \$20,000 to be repaid with the periodic interest rate when revenue sources and/or debt proceeds are received.

Resolution

Offered by: Councilman Lupinacci  
Seconded by: Councilman Schneider

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	<u>X</u>	<u>          </u>
John Lupinacci	<u>X</u>	<u>          </u>
Suzanne McDonough	<u>X</u>	<u>          </u>
Frank Lombardi	<u>X</u>	<u>          </u>
Kenneth Schmitt	<u>X</u>	<u>          </u>

**POLICE DEPARTMENT - PAYMENT OF 2014 CLAIMS FROM FISCAL YEAR 2015 OPERATING FUNDS AUTHORIZED**

**WHEREAS** the Town Comptroller’s Office has received late voucher claims from the Police Department for expenditures incurred in fiscal year 2014 and which were not encumbered; and

**WHEREAS** the Town Board must authorize and approve the payment of fiscal 2014 claims from funds budgeted for fiscal year 2015,

**NOW, THEREFORE, BE IT RESOLVED** that the Town Board of the Town of Carmel hereby authorizes the payment from 2015 fiscal year operating funds for 2014 claims itemized below which are incorporated herein and made a part thereof.

<u>Vendor</u>	<u>Amount</u>	<u>Date</u>	<u>Government Fund</u>	<u>Description</u>
Thomas Reuters	\$554.16	9/3/2014	100.3120.040	L.E. Bulletins
Mondail	\$367.01	1/5/2014	100.3120.045	Alternator & Battery
Advanced Auto Parts	\$1,263.27	5/16/14 to 12/2/2014	100.3120.045	Various Auto Parts

Resolution

Offered by: Councilwoman McDonough  
Seconded by: Councilman Lupinacci

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	<u>X</u>	<u>          </u>
John Lupinacci	<u>X</u>	<u>          </u>
Suzanne McDonough	<u>X</u>	<u>          </u>
Frank Lombardi	<u>X</u>	<u>          </u>
Kenneth Schmitt	<u>X</u>	<u>          </u>

**ISSUANCE OF PERMIT FOR DISPLAY OF FIREWORKS AUTHORIZED - CARMEL FIRE DEPARTMENT, INC. - 8/22/15**

WHEREAS, the Town Board of the Town of Carmel hereby designates and deems itself a permit authority for the issuance of permission to discharge and display fireworks within the boundaries of the Town of Carmel pursuant to NY Penal Law Section 405 *et seq.*; and



(Cont.)

WHEREAS, the Carmel Fire Department, Inc. has submitted a completed application for permission and a permit to discharge fireworks within the boundaries of the Town of Carmel as part of the 100<sup>th</sup> Anniversary Celebration scheduled for August 22, 2015 and as may be re-scheduled for any “rain date” thereof; and

WHEREAS, a copy of the referenced application is hereby incorporated herein and made a part hereof; and

WHEREAS, it appears that the requirements of NY Penal Law §405 authorizing the issuance of a permit to display fireworks have been complied with;

NOW THEREFORE BE IT RESOLVED, that the Application of the Carmel Fire Department, Inc. dated July 28, 2015 as attached hereto, incorporated herein and made a part hereof is hereby granted in full; and

BE IT FURTHER RESOLVED, that Pyro Engineering, Inc. d/b/a Bay Fireworks & International PYRO Importer(IPI), the contractor listed therein is hereby authorized to display fireworks in the manner and locations described therein on August 22, 2015, as well as any adjourned rain date thereafter; and

BE IT FURTHER RESOLVED, that a certified copy of this resolution shall be deemed the actual permit for the display authorized herein.

Resolution

Offered by: Councilman Schneider

Seconded by: Councilman Lombardi

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	<u>X</u>	<u>          </u>
John Lupinacci	<u>X</u>	<u>          </u>
Suzanne McDonough	<u>X</u>	<u>          </u>
Frank Lombardi	<u>X</u>	<u>          </u>
Kenneth Schmitt	<u>X</u>	<u>          </u>

**FIREWORKS PERMIT APPLICATION  
AMENDED**

Application is hereby made to the Town Board of the Town of Carmel for the issuance of a Fireworks Permit pursuant to the Code of the Town of Carmel and the laws of New York State. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Town of Carmel and laws of New York State. Fireworks display shall comply with requirements of the National Fire Protection Association (NFPA) and N.Y.S. Penal Law § 405.

DISPLAY DATE: August 22, 2015-Approximately 9PM

RAIN DATE:

SITE DATA:

- 1) Section – Block – Lot: 55-2-5  
Street Address: NYC DEP Sluiceway (Lake Gleneida), Route 301  
NYC DEP Lake Gleneida North Shore Point, Route 301

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(Cont.)

- \* 2) ~~Section Area of Woods behind Shoprite Plaza~~  
Street Address:

OWNER:

- 1) Name: NYC DEP  
Address: 71 Smith Ave, Kingston, NY 12401  
Phone: 845-340-7800

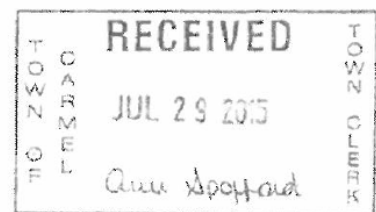
2)

SPONSORING BODY:

Name: Carmel Fire Department Inc  
Address: 94 Gleneida Ave, Carmel, NY 10512  
Phone: 845-225-5100

FIREWORKS CONTRACTOR:

Name: Pyro Engineering Inc.



Address: 999 S. Oyster Bay Rd., Suite 111  
Bethpage, NY 11714

Phone:  
Mobile:

License # (copy attached):

Name of person in charge of site:  
Age:                      Years of Experience:  
EVENT DETAILS:

Type and total number of shells to be discharged:  
Maximum shell size (diameter):  
Tube material:  
Manner and place of storage of shells prior to display:

MINIMUM DISTANCE IN FEET FROM NEAREST:

Building: 420 feet  
Roadway: 220 feet  
Spectator area: 1921 feet  
Overhead wires/poles: 210 feet  
Parking area: N/A  
\*Site sketch with distances marked is attached.

INSURANCE CERTIFICATE ATTACHED (with Town of Carmel named as an additional insured).

\*Section deleted.

THE FOLLOWING REQUIREMENTS WILL BE MET:

- [illegible]

*John Mulreany*  
John Mulreany  
Carmel Fire Department, Inc.

Sworn to before me this  
28 day of July, 2015.

Michael R. John  
Notary Public

MICHAEL R. JOHNSON  
Notary Public, State of New York  
No. 01JO6242318  
Qualified in Putnam County  
Commission Expires May 31, 2019



**RESUME**  
999 South Oyster Bay Road • Suite 111  
Bethpage, NY 11714  
T: 516.597.5500 • F: 516.597.5507



**World Class Productions**



July 28, 2015

To Whom It May Concern:

(Cont.)

Fireworks Sponsorship  
of Walt Disney World  
America's 100th Anniversary  
Carnegie Hall's 100th Anniversary  
Major Theme Parks  
USA's 100th Anniversary  
United States Marine Corps  
Carnegie Hall's 100th Anniversary

Major Sporting Events



Major League Baseball  
U.S. Olympic Committee  
State Games of America  
National Football League  
Major League Baseball  
FIFA (USA) Soccer & Events  
Olympic Games

Concert Tours - Close Proximity



Ultra Music Fest - Miami  
Electric Blue Festival - Las Vegas  
Rocky Horror - One Nation  
Arista Group - Smooth House Music  
Grand Slam Stage - Danvers  
Theatrical Events  
Globe Park - Danvers

This letter will serve as a Resume for Mr. Michael Garafola. Mr. Garafola has produced fireworks displays since 2011. As a lead Technician for Pyro Engineering dba Bay Fireworks, he shows the ability to multi task at his display site by interacting with the Sponsor's Representative, Fire Marshal, Police, and always with a continuous eye on safety. Mr. Garafola has assisted in the production of all types of pyrotechnic displays. He has completed our training classes and now assists in the training of new technicians. I find him competent and well qualified to conduct any type pyrotechnic displays.

Mr. Garafola holds a Certificate of Competency issued by the New York Department of Labor.

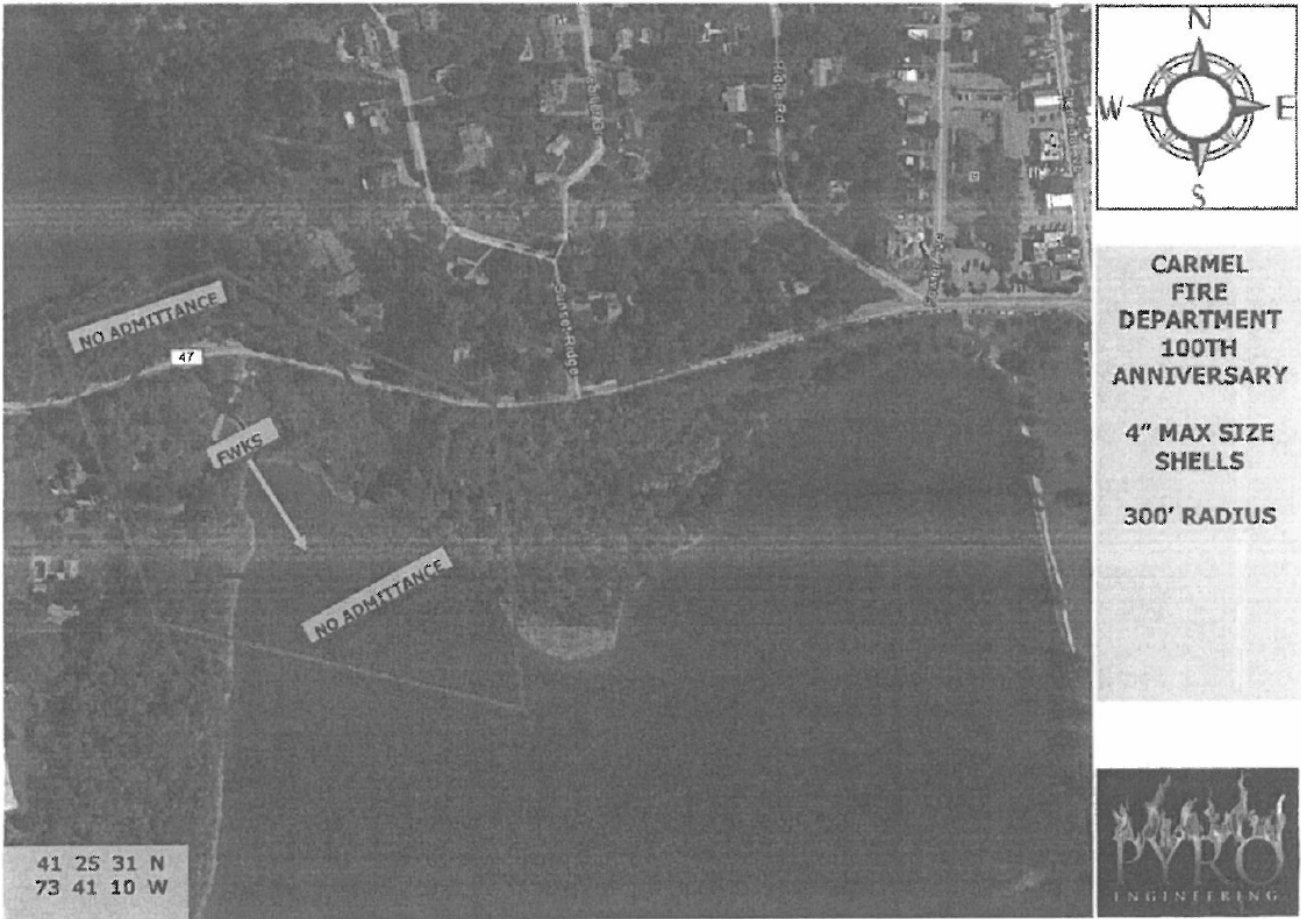
If you have any further questions, please feel free to contact my office at 631-390-8620.

Sincerely,



Dennis P. Brady Sr.  
Vice President of Operation  
Pyro Engineering, Inc. dba Bay Fireworks

NATIONAL: 800-606-3716 // NY CT PA MD VA SC GA FL TX NV CA



AUGUST 5, 2015  
TOWN BOARD MEETING

(Cont.)

**SPONSOR:** Carmel Fire Department

Fireworks Company


Pyro Engineering, Inc. dba Bay Fireworks  
999 S. Oyster Bay Rd., Suite 111  
Bethpage, NY 11714

**Show Date(s):** 8/22/15

**Rain Date(s):** None

**Location:** Land site near Lake Gleneida, NY

1. Total number of Class B shells being used: 2-3"=510, 4"=215 plus illuminations.  
Sizes between: 2 inches and 4 inches in diameter.
2. All shells are DOT approved.
3. Display will be fired manually and/or electrically.
4. All displays will comply with all requirements as set forth in NYS Penal Code 405 and NFPA 1123, 1124.
5. Pyro Engineering, Inc. has complete understanding of all rules and regulations governing public fireworks displays and this display will be in accordance with those rules and regulations.
6. Personnel representing fireworks display company:  
Lead: Michael Garafola (NYS DOL license # PR-595)  
Cell: (631) 848-4193
7. Delivery is day of display from our Westhampton, NY facility.

Signed   
Fireworks Company Representative



U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

**FEDERAL EXPLOSIVES LICENSE/PERMIT**  
**(18 U.S.C. Chapter 40)**

[illegible]

License/Permit Number **6-NY-059-51-7E-00129**

Chief, Federal Explosives Licensing Center (FELC)

Expiration Date	May 1, 2017
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Name DBA BAY FIREWORKS & INTNTL PYRO IMPORTER (IPI)

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

999 SOUTH OYSTER BAY RD SUITE 111  
BETHPAGE, NY 11714-

Type of License or Permit

51-IMPORTER OF EXPLOSIVES

### Purchasing Certification Statement

the licensee or permittee named above shall use a copy of this license or permit to assist a transfer of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

## Mailing Address (Changes? Notify the FELC of any changes.)

PYRO ENGINEERING INC  
DBA BAY FIREWORKS & INTNTL PYRO IMPORTER  
(IPI)  
999 SOUTH OYSTER BAY RD SUITE 111  
BETHPAGE, NY 11714-

\_\_\_\_\_  
Licensee/Permittee Responsible Person Signature

[illegible]

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Previous Edition is Obsolete

ATF Form 5400.14-5400.15 Part 1  
Revised October 2011

### Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)  
44 Needy Road  
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352  
Fax Number: (304) 616-4401  
E-mail: [FELC@attf.gov](mailto:FELC@attf.gov)

ATF Homepage: [www.atf.gov](http://www.atf.gov)

change of Address (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. (The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)

**Right of Succession (27 CFR 555.59).** (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse, child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Put Here X

**Federal Explosives License/Permit (FEL) Information Card**

License Permit Name: PYRO ENGINEERING INC

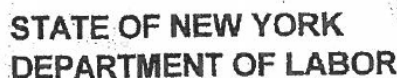
Business Name: DBA BAY FIREWORKS & INTNTL PYRO  
IMPORTER (IPI)

License Permit Number: 6-NY-059-51-7E-00129

License Permit Type: 51-IMPORTER OF EXPLOSIVES

Expiration: May 1, 2017

Please Note: Not Valid for the Sale or Other Disposition of Explosives



## DIVISION OF SAFETY AND HEALTH

**LICENSE TO DEAL IN OR MANUFACTURE EXPLOSIVES**

**Expires:** 12/31/2015

Pyro Engineering, Inc.dba Bay Fireworks  
999 South Oyster Bay Rd, Ste 111  
Bethpage, NY 11714

**THIS LICENSE MUST BE  
POSTED IN YOUR PLACE  
OF BUSINESS**

Dennis P. Brady Jr.

License No D-5731



AUGUST 5, 2015  
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(Cont.)

is hereby licensed to deal in or manufacture explosives in compliance with the requirements of the Labor Law and Industrial Code Rules. Any change in the conditions under which this license is granted may cause it to be revoked.

Eileen M. Franko, Acting Director      FOR  
THE COMMISSIONER OF LABOR      THE COMMISSIONER OF LABOR

Every person selling, delivering or giving away any explosives must keep at the principal place of business within the state, a record of each transaction, including:

- 1) the NAME or TYPE and QUANTITY of explosives SOLD, DELIVERED or GIVEN. Note: No license is needed to purchase smokeless powder, or black powder in quantities not exceeding five pounds for use in firing antique firearms or artifacts or replicas thereof. However, dealers MUST post all such transactions on the "Dealer-Manufacturer Report of Explosives Transactions".
- 2) the DATE OF EACH SALE, DELIVERY or GIFT.
- 3) the NAME, LICENSE NUMBER, and BUSINESS ADDRESS of the purchaser, donee, or person to whom the explosives were delivered and the firm, if any, represented by such person.
- 4) the NAME, ADDRESS, and LICENSE NUMBER of the person TAKING THE EXPLOSIVES AWAY from the seller or donor.

SH-862 (5-98)



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																					
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) DISPLAY DATE: 08/22/15 RAIN DATE: None LOCATION: Land site near Lake Glenedia Carmel NY RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE OPERATION OF THE NAMED INSURED ONLY: Town of Carmel New York; Putnam County; New York City Department of Environmental Protection; New York City Water Board; City of New York; Carmel FD.																																												


CERTIFICATE HOLDER	CANCELLATION
Town of Carmel 60 McAlpin Avenue Mahopac, NY 10541  Cert # 2233F	Thirty (30) Days Notice of Cancellation Applies. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 

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AUGUST 5, 2015  
TOWN BOARD MEETING

(Cont.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/24/2015

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PRODUCER

Allied Specialty Insurance, Inc.  
10451 Gulf Boulevard  
Treasure Island, FL 33706-4814  
1-800-237-3355

CONTACT NAME:

PHONE (A/C No. Ext):

FAX (A/C No.):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

Pyro Engineering, Inc.  
dba: Bay Fireworks  
999 South Oyster Bay Rd., Suite 111  
Bethpage, NY 11714

INSURER A: T.H.E. Insurance Company  
INSURER B:  
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COVERAGES

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
DISPLAY DATE: 08/22/15 RAIN DATE: None LOCATION: Land site near Lake Glenadea Carmel NY  
RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE OPERATION OF THE NAMED INSURED  
ONLY: Town of Carmel New York; Putnam County; New York City Department of Environmental Protection; New York City Water Board; City of New York; Carmel FD

CERTIFICATE HOLDER

CANCELLATION


Putnam County  
48 Glenadea Ave  
Carmel NY 10512  
  
Cert # 2233B

Thirty (30) Days Notice of Cancellation Applies.  
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AUTHORIZED REPRESENTATIVE  


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ACORD 25 (2010/05)

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10451 Gulf Boulevard  
Treasure Island, FL 33706-4814  
1-800-237-3355

CONTACT NAME:

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CERTIFICATE HOLDER			CANCELLATION			
New York City Department of Environmental protection 59-17 Junction Blvd 19th Floor Flushing NY 11373  Cert # 2233C			Thirty (30) Days Notice of Cancellation Applies. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Carol A Serra</i>			
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ACORD 25 (2010/05)

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JUDG <input type="checkbox"/> LOC		CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADIV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (EA ACCIDENT) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WC STATUS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	EXCESS LIABILITY/OCCUR		ELP0010296-05 (GL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000

**AUGUST 5, 2015**  
**TOWN BOARD MEETING**

(Cont.)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) DISPLAY DATE: 08/22/15 RAIN DATE: None LOCATION: Land site near Lake Glenada Carmel NY RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE OPERATION OF THE NAMED INSURED ONLY: Town of Carmel New York; Putnam County; New York City Department of Environmental Protection; New York City Water Board; City of New York; Carmel FD.	
<b>CERTIFICATE HOLDER</b> New York City Water Board c/o NYC DEP 59-17 Junction Blvd 19th Floor Flushing NY 11373  Cert # 2233D	<b>CANCELLATION</b> Thirty (30) Days Notice of Cancellation Applies. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <p style="text-align: center; font-size: small;">© 1988-2010 ACORD CORPORATION. All rights reserved.</p>

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<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 07/24/2015														
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																
<b>IMPORTANT:</b> If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																
<b>PRODUCER</b> Allied Specialty Insurance, Inc. 10451 Gulf Boulevard Treasure Island, FL 33706-4814 1-800-237-3355	<b>CONTACT NAME:</b> PHONE (A/C No, Ext): FAX (A/C No): E-MAIL: ADDRESS:  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border-bottom: 1px solid black;">NAIC #</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER A: T.H.E. Insurance Company</td> <td style="border-bottom: 1px solid black;">12866</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER B:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER C:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER D:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER E:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER F:</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: T.H.E. Insurance Company	12866	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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<b>INSURED</b> Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bothpage, NY 11714																
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><b>COVERAGES</b></td> <td style="width: 33%;"><b>CERTIFICATE NUMBER:</b></td> <td style="width: 33%;"><b>REVISION NUMBER:</b></td> </tr> </table>			<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>											
<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>														
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS											
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC	CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$2,000,000 \$											
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> RICH-UMFED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$											
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENT ON \$ <input checked="" type="checkbox"/> CLAIMS MADE	ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$											
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WA STATE LOSS LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000											
A	EXCESS LIABILITY/OCCUR	ELP0010296-05 (GL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000											

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 DISPLAY DATE: 08/22/15 RAIN DATE: None LOCATION: Land site near Lake Glenada Carmel NY  
 RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE OPERATION OF THE NAMED INSURED  
 ONLY: Town of Carmel New York; Putnam County; New York City Department of Environmental Protection; New York City Water Board; City of New York; Carmel FD.


<b>CERTIFICATE HOLDER</b> City of New York c/o NYC DEP 59-17 Junction Blvd 19th Floor Flushing NY 11373  Cert # 2233E	<b>CANCELLATION</b> Thirty (30) Days Notice of Cancellation Applies. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <p style="text-align: center; font-size: small;">© 1988-2010 ACORD CORPORATION. All rights reserved.</p>
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AUGUST 5, 2015  
TOWN BOARD MEETING

(Cont.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Allied Specialty Insurance, Inc.  
10451 Gulf Boulevard  
Treasure Island, FL 33706-4814  
1-800-237-3355

CONTACT NAME

PHONE (A/C, No. Ext.)  
FAX (A/C, No.)  
E-MAIL  
ADDRESS

INSURER(S) AFFORDING COVERAGE

INSURER A: T.H.E. Insurance Company  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

NAIC #  
12866

INSURED

Pyro Engineering, Inc.  
dba: Bay Fireworks  
999 South Oyster Bay Rd., Suite 111  
Bethpage, NY 11714

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
DISPLAY DATE: 08/22/15 RAIN DATE: None LOCATION: Land site near Lake Glenedia Carmel NY  
RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE OPERATION OF THE NAMED INSURED ONLY: Town of Carmel New York; Putnam County; New York City Department of Environmental Protection; New York City Water Board; City of New York; Carmel PD

CERTIFICATE HOLDER

Carmel Fire Department Inc  
94 Gleneida Ave  
Carmel NY 10512  
  
Cert # 2233A

CANCELLATION

Thirty (30) Days Notice of Cancellation Applies.  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  
  
AUTHORIZED REPRESENTATIVE  

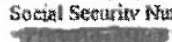

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STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFIT'S LAW

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) PYRO ENGINEERING INC dba BAYFIREWORKS 999 SOUTH OYSTER BAY RD STE 111 BETHPAGE, NY 11714	1b. Business Telephone Number of Insured (516) 597-5500 1c. NYS Unemployment Insurance Employer Registration Number of Insured  1d. Federal Employer Identification Number of Insured or Social Security Number 
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AUGUST 5, 2015  
TOWN BOARD MEETING

(Cont.)

2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Putnam County 48 Glenelda Avenue Carmel, NY 10512	3a. Name of Insurance Carrier NEW YORK STATE INSURANCE FUND  3b. Policy Number of entity listed in box "1a": DBL 5213 59 - 1  3c. Policy effective period: 01/04/2015 to 01/04/2016
4. Policy covers: a. <input checked="" type="checkbox"/> All of the employer's employees eligible under the New York Disability Benefits Law b. <input type="checkbox"/> 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 <u>07/24/2015</u> By <u>Joseph J. Masi</u> Joseph J. Masi <small>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small> Telephone Number <u>(866) 697-4332</u> Title <u>Director of Disability Benefits Insurance</u> 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 purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.	
<b>PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)</b> 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 Benefits Law with respect to all of his/her employees. Date Signed _____ By _____ <small>(Signature of NYS Workers' Compensation Board Employee)</small> 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 (5-06)

Certificate Number 333996

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

<b>PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier</b>	
1a. Legal Name and Address of Insured (Use street address only) PYRO ENGINEERING INC dba BAYFIREWORKS 999 SOUTH OYSTER BAY RD STE 111 BETHPAGE, NY 11714	1b. Business Telephone Number of Insured (516) 597-5500 1c. NYS Unemployment Insurance Employer Registration Number of Insured  1d. Federal Employer Identification Number of Insured or Social Security Number <u>XXXXXXXXXX</u>
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Carmel 60 McAlpin Avenue Mahopac, NY 10541	3a. Name of Insurance Carrier NEW YORK STATE INSURANCE FUND  3b. Policy Number of entity listed in box "1a": DBL 5213 59 - 1  3c. Policy effective period: 01/04/2015 to 01/04/2016
4. Policy covers: a. <input checked="" type="checkbox"/> All of the employer's employees eligible under the New York Disability Benefits Law b. <input type="checkbox"/> Only the following class or classes of the employer's employees:	

AUGUST 5, 2015  
TOWN BOARD MEETING

(Cont.)

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 07/24/2015 By Joseph J. Masi Joseph J. Masi  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332 Title Director of Disability Benefits Insurance

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 purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" 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 Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of NYS Workers' 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 (5-06)

Certificate Number 333997

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name &amp; Address of Insured (Use street address only)</p> <p>Pyro Engineering, Inc. dba Bay Fireworks 999 S. Oyster Bay Rd., Ste. 111 Bethpage, NY 11714</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured (631) 390-8620</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number <u>                    </u></p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>County of Putnam County 48 Gleneida Avenue Carmel, NY 10512</p>	<p>3a. Name of Insurance Carrier T.H.E. INSURANCE COMPANY</p> <p>3b. Policy Number of entity listed in box "1a" WCP0005167-001</p> <p>3c. Policy effective period <u>2/15/2015</u> to <u>2/15/2016</u></p> <p>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.</p>

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: Carol A. Serra  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Carol A. Serra 7/24/2015  
(Signature) (Date)

Title: \_\_\_\_\_

Telephone Number of authorized representative or licensed agent of insurance carrier: (800) 237-3355

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)

www.web.state.ny.us

AUGUST 5, 2015  
TOWN BOARD MEETING

(Cont.)

STATE OF NEW YORK WORKERS' COMPENSATION BOARD	
CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE	
1a. Legal Name & Address of Insured (Use street address only)  Pyro Engineering, Inc. dba Bay Fireworks 999 S. Oyster Bay Rd., Ste. 111 Bethpage, NY 11714  Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)	1b. Business Telephone Number of Insured (631) 390-8620  1c. NYS Unemployment Insurance Employer Registration Number of Insured  1d. Federal Employer Identification Number of Insured or Social Security Number  [REDACTED]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  Town of Carmel 60 McAlpin Avenue Mahopac, NY 10541	3a. Name of Insurance Carrier T.H.E. INSURANCE COMPANY  3b. Policy Number of entity listed in box "1a" WCP0003167-001  3c. Policy effective period  2/15/2015 to 2/15/2016  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 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: Carol A. Serra  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Carol A. Serra 7/24/2015  
(Signature) (Date)

Title: \_\_\_\_\_

Telephone Number of authorized representative or licensed agent of insurance carrier: (800) 237-3355

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)

www.web.state.ny.us

Supervisor Schmitt referenced Section 2) under Site Data included in the Fireworks Permit Amended Application and confirmed that the area of woods behind Shoprite Plaza will no longer be utilized as an alternative location. The Application was amended as reflected above.

**DELETION TO THE ACTIVE LIST OF THE MAHOPAC VOLUNTEER FIRE DEPARTMENT - AUTHORIZED**

RESOLVED that the Town Board of the Town of Carmel hereby authorizes the deletion of the following names to the active list of the Mahopac Volunteer Fire Department:

Anna-Lisa Sargent

**Resolution**

Offered by: Councilman Lombardi

Seconded by: Councilman Lupinacci



(Cont.)

Roll Call Vote	YES	NO
Jonathan Schneider	X	
John Lupinacci	X	
Suzanne McDonough	X	
Frank Lombardi	X	
Kenneth Schmitt	X	

Supervisor Schmitt expressed his appreciation to Ms. Sargent for her volunteerism.


**CARMEL FIRE DEPARTMENT - ACTIVE MEMBER LIST ACCEPTED - OFFERED AS PRE-FILED**

RESOLVED that the Town Board of the Town of Carmel hereby authorizes and accepts the current active list of the members of the Carmel Fire Department in form as attached hereto and made part hereof.

Resolution

Offered by: Councilman Lupinacci  
Seconded by: Councilwoman McDonough and Councilman Schneider

Roll Call Vote	YES	NO
Jonathan Schneider	X	
John Lupinacci	X	
Suzanne McDonough	X	
Frank Lombardi	X	
Kenneth Schmitt	X	



**Carmel Fire Department, Inc.**  
94 Gleneida Avenue  
Carmel, New York 10512  
(845) 225-5100  
FAX: 845-225-2252

cc. Legal Counsel  
Supervisor  
Assessor

Established 1915  
orig: Carmel F.D.  
cc: Comptroller  
7/8/15

Ann Spofford, Town Clerk  
Town of Carmel  
60 McAlpin Ave.  
Mahopac, New York 10541

**RECEIVED**  
JUL 08 2015  
Ann Spofford

Dear Mrs. Spofford:

Please accept the following list as a complete and accurate list of all active members with the Carmel Fire Department as of July 2015. This list shall supersede and replace any membership lists currently held in the town Hall, Town of Carmel.

**Active Members:**

Adelman, James	[REDACTED]	Carmel, NY 10512
Arbore, Charles	[REDACTED]	Carmel, NY 10512
Baker Andrew	[REDACTED]	Carmel, NY 10512
Barrett Richard	[REDACTED]	Carmel, NY 10512
Bonavenia, Jessica	[REDACTED]	Carmel, NY 10512
Cargain, Emerson	[REDACTED]	Carmel, NY 10512
Coviello, Chris	[REDACTED]	Carmel, NY 10512
DeNapoli, Mike	[REDACTED]	Carmel, NY 10512
DiRienzo, David	[REDACTED]	Carmel, NY 10512
Doherty, Michael	[REDACTED]	Carmel, NY 10512
Duffy, Edward	[REDACTED]	Carmel, NY 10512
Durmer, Kevin	[REDACTED]	Brewster, NY 10509
Earle, Mark	[REDACTED]	Carmel, NY 10512
Efferen, Scott	[REDACTED]	Carmel, NY 10512
Fell, Geoffrey	[REDACTED]	Carmel, NY 10512
Forbes, William	[REDACTED]	Carmel, NY 10512

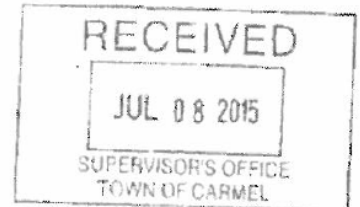
☒ Work Session 7/22/15

☐ Agenda \_\_\_\_\_

AUGUST 5, 2015  
TOWN BOARD MEETING

(Cont.)

Geoghegan, Robert	[REDACTED]	Carmel, NY 10512
Goldsmith, Daniel	[REDACTED]	Carmel, NY 10512
Griffin, Patrick	[REDACTED]	Carmel, NY 10512
Heubel, Joseph	[REDACTED]	Carmel, NY 10512
Jacobsen, David	[REDACTED]	Carmel, NY 10512
Jaeschke, Donna	[REDACTED]	Carmel, NY 10512
Jaeschke, Michael	[REDACTED]	Carmel, NY 10512
Jenik, Brian	[REDACTED]	Carmel, NY 10512
Keck Jr, Tom	[REDACTED]	Carmel, NY 10512



**Carmel Fire Department, Inc.**

94 Gleneida Avenue  
Carmel, New York 10512  
(845) 225-5100  
FAX: 845-225-2252

Established 1915

Lamb, Charles	[REDACTED]	Carmel, NY 10512
Lipton, Robert	[REDACTED]	Carmel, NY 10512
Longo, Robert	[REDACTED]	Holmes, NY 12531
Lubera, Mathew	[REDACTED]	Brewster, NY 10509
Matessino, Michael	[REDACTED]	Carmel, NY 10512
McKecknie, Adam	[REDACTED]	Carmel, NY 10512
McMahon, Michael	[REDACTED]	Carmel, NY 10512
Mirko, Nicholas	[REDACTED]	Carmel, NY 10512
Montalvo, Luis	[REDACTED]	Carmel, NY 10512
Moorehead, Dennis	[REDACTED]	Carmel, NY 10512
Nobile, Tom	[REDACTED]	Carmel, NY 10512
Orsini, Mike	[REDACTED]	Carmel, NY 10512
Pinna, Paul	[REDACTED]	Carmel, NY 10512
Rivera, Steven	[REDACTED]	Carmel, NY 10512
Roberts, James	[REDACTED]	Carmel, NY 10512
Ruggiero, Vincent	[REDACTED]	Carmel, NY 10512
Singh, Joseph	[REDACTED]	Carmel, NY 10512
Smith, Timothy	[REDACTED]	Carmel, NY 10512
Sonnberger, Albert	[REDACTED]	Carmel, NY 10512
Sonnberger, Kimberly	[REDACTED]	Carmel, NY 10512
Stone, Christopher	[REDACTED]	Carmel, NY 10512
Venezia Jr., Daniel	[REDACTED]	Carmel, NY 10512

**Active 20 Year Members:**

Behan, Robert	[REDACTED]	Carmel, NY 10512
Conklin, Charles	[REDACTED]	Carmel, NY 10512
Cornish, Peter	[REDACTED]	Carmel, NY 10512
Efferen, Robert	[REDACTED]	Carmel, NY 10512
Greenwood, Carl	[REDACTED]	Carmel, NY 10512
Hengel, Kevin	[REDACTED]	Stormville, NY 12582
Hengel, Michael	[REDACTED]	Carmel, NY 10512
Johnson, Michael	[REDACTED]	Carmel, NY 10512
Lipton, Robert A	[REDACTED]	Carmel, NY 10512
Madden, Peter	[REDACTED]	Carmel, NY 10512
Margolus, Louis	[REDACTED]	Carmel, NY 10512
Mulreany, John	[REDACTED]	Carmel, NY 10512
Nesheiwat, Michael	[REDACTED]	Carmel, NY 10512
O'Brien, Patrick	[REDACTED]	Carmel, NY 10512

AUGUST 5, 2015  
TOWN BOARD MEETING

(Cont.)



# Carmel Fire Department, Inc.

94 Glencida Avenue  
Carmel, New York 10512  
(845) 225-5100  
FAX: 845-225-2252

Established 1915

Tompkins, Karen  
Venezia Sr., Daniel

[REDACTED]  
[REDACTED]

Carmel, NY 10512  
Carmel, NY 10512

## Active Probationary Members:

Fernandez, Joseph  
Rotella, John  
Vanderhoff, Brian

[REDACTED]  
[REDACTED]  
[REDACTED]

Carmel, NY 10512  
Carmel, NY 10512  
Pawling, NY 10512

Respectfully Submitted,

Robert L. Lipton  
2<sup>nd</sup> Assistant Chief

Councilman Lupinacci thanked the members of the Carmel Fire Department for their service.

Supervisor Schmitt expressed congratulations to the Carmel Fire Department on their 100<sup>th</sup> anniversary.

## **PUBLIC HEARING SCHEDULED FOR 8/26/15 - CARMEL SEWER DISTRICT #1 - INCREASE AND IMPROVEMENT OF FACILITIES - RECONSTRUCTION OF SEWER LINES FOR INFILTRATION AND INFLOW REMEDIATION - MAXIMUM ESTIMATED COST OF \$1,112,310.00**

WHEREAS, the Town Board of the Town of Carmel, Putnam County, New York, has caused to be prepared a map, plan and report, including an estimate of cost, pursuant to Section 202-b of the Town Law, relating to the increase and improvement of the facilities of the Carmel Sewer District No. 1, in the Town of Carmel, Putnam County, New York, being the reconstruction of sewer lines for infiltration and inflow remediation, including incidental improvements and expenses in connection therewith, at a maximum estimated cost of \$1,112,310; and

WHEREAS, all conditions precedent to the financing of the capital project hereinafter described, including compliance with the provisions of the State Environmental Quality Review Act ("SEQRA"), have been performed, it having been determined that this capital project is a Type II Action as to which the SEQRA regulations provide that there is no significant environmental effect pursuant to 6 NYCRR Part 617.5(c)(2) and (29); and

WHEREAS, it is now desired to call a public hearing on the question of the increase and improvement of the facilities of said Carmel Sewer District No. 1, in the matter described above, and to hear all persons interested in the subject thereof, concerning the same, in accordance with the provisions of Section 202-b of the Town Law;

NOW, THEREFORE, IT IS HEREBY ORDERED, by the Town Board of the Town of Carmel, Putnam County, New York, as follows:

(Cont.)

Section 1. A public hearing will be held at the Town Hall, in Mahopac, New York, in said Town, on August 26, 2015 at 7:00 o'clock P.M., Prevailing Time, on the question of the increase and improvement of the facilities of Carmel Sewer District No. 1, in the Town of Carmel, Putnam County, New York, in the manner described in the preambles hereof, and to hear all persons interested in the subject thereof, concerning the same, and to take such action thereon as is required or authorized by law.

Section 2. The Town Clerk is hereby authorized and directed to cause a copy of the Notice of Public Hearing hereinafter provided to be published once in the official newspapers of the Town of Carmel, and also to cause a copy thereof to be posted on the sign board of the Town, such publication and posting to be made not less than ten, nor more than twenty, days before the date designated for the hearing.

Section 3. The notice of public hearing shall be in substantially the form attached hereto as Exhibit A and hereby made a part hereof.

Section 4. This Order shall take effect immediately.

Resolution

Offered by: Councilwoman McDonough  
Seconded by: Councilman Lombardi

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	<u>X</u>	<u>          </u>
John Lupinacci	<u>X</u>	<u>          </u>
Suzanne McDonough	<u>X</u>	<u>          </u>
Frank Lombardi	<u>X</u>	<u>          </u>
Kenneth Schmitt	<u>X</u>	<u>          </u>

Exhibit A

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Town Board of the Town of Carmel, Putnam County, New York, will meet at the Town Hall, 60 McAlpin Avenue, in Mahopac, New York, on \_\_\_\_\_, 2015, at \_\_\_\_\_ o'clock P.M., Prevailing Time, for the purpose of conducting a public hearing upon a certain map, plan and report, including an estimate of cost, in relation to the proposed increase and improvement of the facilities of Carmel Sewer District No. 1, in said Town, consisting of the reconstruction of sewer lines for infiltration and inflow remediation, including incidental improvements and expenses in connection therewith, at a maximum estimated cost of \$1,112,310.

Said capital project has been determined to be a Type II Action pursuant to the regulations of the New York State Department of Environmental Conservation promulgated pursuant to the State Environmental Quality Review Act ("SEQRA"), the implementation of which as proposed, said regulations provide will not result in any significant environmental effects.

At said public hearing said Town Board will hear all persons interested in the subject matter thereof.

Dated: Mahopac, New York,  
\_\_\_\_\_, 2015.

BY ORDER OF THE TOWN BOARD OF THE TOWN OF  
CARMEL, PUTNAM COUNTY, NEW YORK

Ann Spofford  
Town Clerk

AUGUST 5, 2015  
TOWN BOARD MEETING

**RESOLUTION FROM 7/22/15 AMENDED - PUBLIC HEARING RESCHEDULED TO 9/9/15 - PROPOSED LOCAL LAW AMENDING CHAPTER 114 OF THE CODE OF THE TOWN OF CARMEL ENTITLED "PROPERTY MAINTENANCE"**

RESOLVED that the Town Board of the Town of Carmel hereby authorizes the rescheduling of a Public Hearing at the Town Hall, 60 McAlpin Avenue, Mahopac, New York 10541 on Wednesday, September 9, 2015 at 7:00 p.m. or as soon thereafter that evening as possible on a Local Law amending Chapter 114 of the Code of the Town of Carmel entitled "Property Maintenance"; and

BE IT FURTHER RESOLVED that the Town Clerk is hereby authorized and instructed to publish and post the necessary notices in the official newspapers of the Town and on the Town bulletin board regarding this Public Hearing.

Resolution

Offered by: Councilman Schneider  
Seconded by: Councilman Lombardi

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	<u>X</u>	<u>          </u>
John Lupinacci	<u>X</u>	<u>          </u>
Suzanne McDonough	<u>X</u>	<u>          </u>
Frank Lombardi	<u>X</u>	<u>          </u>
Kenneth Schmitt	<u>X</u>	<u>          </u>

**PROPOSED LOCAL LAW # \_\_\_\_\_ OF THE YEAR 2015  
A LOCAL LAW TO AMEND THE CODE OF THE TOWN OF CARMEL,  
CHAPTER 114, THEREOF, ENTITLED "PROPERTY MAINTENANCE"**

**BE IT ENACTED by the Town Board of the Town of Carmel, County of Putnam, State of New York as follows:**

**SECTION 1.**

This Local Law shall be known as 2015 Amendments to Chapter 114 entitled "PROPERTY MAINTENANCE".

**SECTION 2.** Section 114-7 of Chapter 114 of the Code is hereby amended to read as follows:

**114-7                      Responsibility for Violations**

- A.    The duties, responsibilities and obligations prescribed within this Chapter shall be applicable and enforceable against any person who may create, cause, maintain or cause to, permit to, continue or to fail to abate, correct or remove any condition(s) prohibited under this Chapter. For the purposes of this Chapter, any person shall be deemed to include the owner; occupant; tenant; contractor; mortgagee or vendee in possession; mortgagee when the subject property has deteriorated in contravention to the provisions of this Chapter; mortgagee which has commenced the foreclosure process; assignee of rents; receiver; executor, trustee; or any other person firm or corporation directly or indirectly in control of any subject property pursuant to this Chapter.
  
- B.    Owners of property shall be responsible for compliance with the provisions of this Chapter and shall remain responsible therefore regardless of the fact that this Chapter may also place responsibilities on occupants, tenants, contractors, mortgagees and others, regardless of any agreements between owners, occupants, tenants, contractors mortgagees or others as to which party may assume such responsibility.

AUGUST 5, 2015  
TOWN BOARD MEETING

(Cont.)

- C. Whenever any person or persons shall be in actual possession of or have charge, care or control of any property within the Town of Carmel as executor, administrator, trustee, guardian or agent, such person shall be deemed and taken to be the owner or owners of said property within the true intent and meaning of this Chapter and shall be bound to comply with the provisions of this Chapter to the same extent of the record owner.
- D. The Mortgagee shall immediately notify the Town of Carmel in writing of its notice to the owners failure to maintain the property in accordance with the provisions of this Chapter. Upon the commencement of foreclosure proceedings the mortgagee shall also immediately notify the Town of Carmel in writing of such action.

**SECTION 3.** Section 114-15 of Chapter 114 of the Code is hereby amended to read as follows:

**114-15 Action upon noncompliance**

- A. Upon the failure, neglect or refusal of any owner; occupant; tenant; contractor; mortgagee etc., to properly comply with the provisions of this Chapter within the time period prescribed in any order of the Building Inspector, or upon authorization from the Town Board of the Town of Carmel, the Building Inspector is hereby authorized and empowered to correct or cause to be corrected such violations(s).
- B. Where the Town of Carmel has effected the correction of such violation(s) and/or has paid for the correction and/or removal of such violation(s), the actual cost thereof, including all costs incurred by the Town of Carmel and its Building Inspector in the enforcement of this Chapter, and procurement of all such contractor services to effect such correction or compliance, plus the accrued legal rate of interest per annum from the date of the completion of the work, if not paid for by such owner, occupant, tenant, contractor, mortgagee, etc. prior thereto, shall be charged by the Town of Carmel and shall become due and payable by said owner, occupant, tenant, contractor, mortgagee, etc.
- C. When the full amount due the Town of Carmel is not paid by such owner, occupant, tenant, contractor, mortgagee, etc. within twenty (20) days after the correction of such violations as set forth in subsections A and B above, then Building Inspector shall cause to be filed in the office of the Town Clerk a sworn statement showing the costs and expenses incurred as set forth in subsection B, the dates of all work performed and the location of the subject property by section, block and lot number together with the name of the responsible owner, occupant, tenant, contractor and mortgagee etc. The filing of such sworn statement shall constitute a lien on the property and shall remain in full force and effect for the amount due in principal and interest, plus legal fees incurred until such final payment has been made. Said costs and expenses shall be collected in the manner fixed by law for the collection of taxes, and further shall be subject to a delinquent penalty at the legal rate of interest in the event that the same is not paid in full on or before the date the tax bill upon which such charge appears delinquent. Sworn statements filed in accordance with the provisions of this Chapter shall be prima facie evidence that all legal formalities have been complied with and any work has been properly performed and shall be full notice to every party concerned that the amount set forth therein, plus interest constitutes a charge against the property designated and described therein and that same is due and collectible as provided by law.

(Cont.)

**SECTION 4. HOME RULE**

Nothing in this Local Law is intended, or shall be construed (a) to limit the home rule authority of the Town under State Law to limit the Town’s discretion in setting fees and charges in connection with any applications requiring Town approval.

**SECTION 5. SEVERABILITY**

If any part or provision of this Local Law or the application thereof to any person or circumstance be adjudged invalid by any court of competent jurisdiction, such judgment shall be confined in its operation to the part or provision or application directly involved in the controversy in which judgment shall have been rendered and shall not affect or impair the validity of the remainder of this Local Law or the application thereof to other persons or circumstances, and the Town Board of the Town of Carmel hereby declares that it would have passed this Local Law or the remainder thereof had such invalid application or invalid provision been apparent.

**SECTION 6. EFFECTIVE DATE**

This Local Law shall take effect immediately upon filing in the office of the Secretary of State in accordance with Section 27 of the Municipal Home Rule Law.

**RESOLUTION FROM 7/22/15 AMENDED - PUBLIC HEARING RESCHEDULED TO 9/9/15 - PROPOSED LOCAL LAW ENACTING CHAPTER 15 OF THE CODE OF THE TOWN OF CARMEL ENTITLED “EMPLOYMENT APPLICANT FINGERPRINT INQUIRIES” (AMENDED 9/2/15)**

RESOLVED that the Town Board of the Town of Carmel hereby authorizes the rescheduling of a Public Hearing at the Town Hall, 60 McAlpin Avenue, Mahopac, New York 10541 on Wednesday, September 9, 2015 at 7:00 p.m. or as soon thereafter that evening as possible on a Local Law enacting Chapter 15 of the Code of the Town of Carmel entitled “Employment Applicant Fingerprint Inquiries”; and

BE IT FURTHER RESOLVED that the Town Clerk is hereby authorized and instructed to publish and post the necessary notices in the official newspapers of the Town and on the Town bulletin board regarding this Public Hearing.

Resolution

Offered by: Councilman Lombardi  
Seconded by: Councilman Lupinacci

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	<u>X</u>	<u>          </u>
John Lupinacci	<u>X</u>	<u>          </u>
Suzanne McDonough	<u>X</u>	<u>          </u>
Frank Lombardi	<u>X</u>	<u>          </u>
Kenneth Schmitt	<u>X</u>	<u>          </u>

**PUBLIC COMMENTS - AGENDA ITEMS**

No member of the public wished to comment at this time.

**TOWN BOARD MEMBER COMMENTS - AGENDA ITEMS**

No member of the Town Board wished to comment at this time.



AUGUST 5, 2015  
TOWN BOARD MEETING

**PUBLIC COMMENTS - OPEN FORUM**

Michael Barile inquired about the status of the contract negotiations with the PBA.

Councilman Lupinacci reported that since the arbitration hearing, the Town's attorney, the PBA's attorney and the arbitrator have met in Executive Session once so far. The attorneys will be holding their second meeting next week.

Mr. Barile inquired about the status of the Highway Department and CSEA contract negotiations.

Councilman Schneider reported that a meeting was held yesterday with one of the unions and at this time, counter proposals are being awaited from both unions.

Mr. Barile inquired about the status of the Town-wide revaluation project.

Councilman Schneider reported that the contractor is finalizing data collection, with over 70% of the units in the Town of Carmel visited. Public informational sessions are being held with various civic associations. He estimated that by December or January 2016, enough information will be gathered to address at a meeting, the issue of a homestead exemption. Discussion ensued regarding the matter.

**TOWN BOARD MEMBER COMMENTS - OPEN FORUM**

Councilman Lombardi announced that at the Work Session on August 12, 2014, the Town Board will be presenting Father Anthony Sorgie with a proclamation for his service to the community. He is being reassigned from St. James the Apostle Church in Carmel to another parish.

Councilwoman McDonough reported on the progress of the new playground under construction in the Mahopac Chamber Park.

Supervisor Schmitt announced the next Town of Carmel Sunset Concert will be held on August 6, 2015 at 7:00 p.m. at the Mahopac Chamber Park and will feature the band Time Machine.

Supervisor Schmitt expressed condolences to County Executive Mary Ellen Odell on the passing of her mother Muriel Hicks.

**ADJOURNMENT**

All agenda items having been addressed, on motion by Councilman Schneider, seconded by Councilman Lombardi, with all Town Board members present and in agreement, the meeting was adjourned at 7:32 p.m. to Executive Session to discuss a matter of personnel with Chief of Police Michael Cazzari.

Respectfully submitted,

Ann Spofford, Town Clerk