

PERMIT EXPIRES TWO (2) YEARS FROM DATE OF ISSUANCE
ONE SIX (6) MONTH EXTENSION MAY BE GRANTED PRIOR TO EXPIRATION DATE

APPLICATION FOR BUILDING / DEMOLITION PERMIT

VILLAGE OF NYACK
9 North Broadway · Nyack, NY 10960
Tel 845-358-4249 · Fax 845-358-0672 · Email: buildingdepartment@nyack-ny.gov

OFFICIAL USE ONLY

Land Use Board Review: ARB Planning ZBA

Permit No: _____ Application Date: 4/28/21

Fee Paid: \$700⁰⁰ & #3012 Receipt #: 14926

Inspector: _____ File #: _____

Permit Granted For: _____

Permit Denied For: _____

*Village Board, Planning Board, Zoning Board, Architectural Review Board decision date: _____

Property Location: 25 NY-59, Nyack, NY 10960

Tax Map Designation: Section 65.35 Block 1 Lot 17

Property Owner: Ronald LeVine Cell Phone: 201-647-1851

Address: 210 River Street, Suite #11, Hackensack, NJ 07601 Home Phone: _____

Email: _____ Work Phone: _____

Owner/Tenant: Kuber Nyack Inc Cell Phone: 845-893-3246

Address: 25 Route 59, Nyack, NY 10960 Work Phone: _____

Email: sameer@kubermgmt.com Cell Phone: _____

Contact Person: Sameer Patel Phone: _____

Existing and / or proposed use of structure or land: Existing: Dunkin' / Proposed: Dunkin'

Project Description Painting of existing structure as well as new signage and canopies over the windows.

Estimated Construction Value: \$ _____

Architect / Engineer: Erik Liepins NYS Lic 042821

Address: 45 Sussex Avenue, Newark, NJ 07103

Email: erik@zeltadesign.com Phone: 973-933-6636

Builder / General Contractor: Bright General Contractors RC Lic # 13VH08036700

Address: 1 Locust Avenue, Wallington, NJ 07057

Email: brightgc5@gmail.com Phone: 973-460-9207

Plumber: RC Lic #

Address:

Email: Phone:

Heat / Cooling: RC Lic #

Address:

Email: Phone:

Electrician: RC Lic #

Address:

Email: Phone:

| ZONING DISTRICT | <u>BULK</u> | | |
|-------------------------------------|--------------------------|-----------------|-----------------|
| | <u>Required</u> | <u>Existing</u> | <u>Proposed</u> |
| Coverage | N/A for this application | | |
| Floor Area Ratio | N/A for this application | | |
| Lot Area | N/A for this application | | |
| Lot Width | N/A for this application | | |
| Street Frontage | N/A for this application | | |
| Front Yard Setback | N/A for this application | | |
| Side Yard Setback | N/A for this application | | |
| Total Side Yard Setback | N/A for this application | | |
| Rear Yard Setback | N/A for this application | | |
| Building Height - Feet | N/A for this application | | |
| Building Height - Number of Stories | N/A for this application | | |
| Residential Density | N/A for this application | | |

Site Plan Application is also being made to the Planning Architectural Review Board

AFFIDAVIT

State of New York
County of Rockland) SS:
Village of Nyack

I, SAMEER PATEL, being duly sworn, depose and say that I am the owner (lessee) engineer, surveyor, architect, builder, or agent of the owner) in fee of the premises to which this application applies; that I (the applicant) is duly authorized to make this application and that the statements contained in the papers submitted herein are true to the best of his knowledge and belief, and that the work will be performed in the manner of set forth in the application and in the plans and specification filed therewith, and in accordance with State Uniform Building Code and all other applicable laws, ordinances and regulations of the municipality. I also declare that the structure or area described in this application will not be occupied or used until I have obtained a Certificate of Occupancy.

Signature and Mailing Address

[Signature]
25 ROUTE 59
NYACK, NY 10960

SWORN to before me this

23rd day of April, 2021.

Witness: Paul Trujillo
If not witnessed by Building Department personnel, Notary signature is required.

[Signature]
Notary Public

PAUL TRUJILLO
Notary Public, State of New York
No. 01TR6406894
Qualified in Rockland County
Commission Expires April 20, 2024

APPLICATION INSTRUCTIONS

(See additional requirements when applying to land use Board)

1. In making this application, submit the following:
 - a. One (1) copy of this form.
 - b. Two (2) set of building plans for an internal building permit (only needing for building inspectors approval only or Ten (10) for Planning or Nine (9) for ARB or Nine (9) for ZBA
 - c. Two (2) copies of the plot plans.
 - d. Copy of Rockland County licenses. (For each trade)
 - e. Certificate of Liability, Certificate of Workman's Compensation, and Disability Benefits Insurance or Owner's affidavit. (For each trade)
2. Plot plans drawn to scale, shall show area, dimension, and location of lot; size and exact location of proposed structures, additions or alterations; all existing structures, all existing structures on lot; streets, curbs, sidewalks, parking spaces driveway; yards and setback; and such other information as may be necessary.
3. Building Plans drawn to scale shall show structural details, floor plans, elevation, plumbing, electrical, heating and ventilation details.
4. The N.Y.S. Department of Education Law states that a building permit may not be issued for any commercial structure or for a residence containing more than 1500 square feet of habitable space unless the building plans are prepared and signed by a New York State licensed engineer or registered architect.
5. No building permit or Certificate of Occupancy shall be issued by the Building Inspector unless all provisions of the Village of Nyack Zoning Code and the New York State Uniform Fire Prevention and Building Code are in compliance
6. Fees are based on cost of construction. (This office reserves the right to adjust any fee prior to issuing the Certificate of Occupancy if it is shown that the original fee was not sufficient to cover the actual cost.) Bills, invoices and other documentation must be submitted to substantiate both the Estimated Cost of Construction, as well as the Actual Cost of Construction.
7. Mandatory inspections are required for issuance of Certificate of Occupancy.
8. Underground utilities are required by the Zoning Code.
9. It shall be unlawful to use or permit the use of any building or premises or part thereof, hereafter created, erected, changed, converted or enlarged wholly or partly, in its use or structure, until a Certificate of Occupancy shall have been issued
10. This office reserves the right to require that the affidavit of compliance on the application for a Certificate of Occupancy be submitted and signed by the architect or engineer of record.
11. The building permit expires two years from the date of issuance. One six (6) month extension may be granted prior to be expiration date of the building permit (Renewal of all expired building permits requires a new application and fee.)

*****Applicant Retain this page for reference purposes***

**Mandatory Inspections of Construction
You MUST schedule inspections prior to concealing affected areas**

Other inspections will be made in some cases, but those listed below must be made or the Certificate of Occupancy may be withheld. Do not mistake an unscheduled inspection for one of those listed below. Unless a card is left on the job indicating approval of one of these inspections, it has not been approved and it is therefore improper to continue beyond that point of work. Any disapproved work must be re-inspected after the correction.

Call ahead for all inspections:

1. **Erosion Control:** Silt fence and tree protection.
2. **Footing Forms:** When excavation is complete and forms are in place (before pouring) Rebar in place and hooked at all corners.
3. **Foundation:** Check for waterproofing, type of block, footing drains, insulation as needed.
4. **Plumbing: Under Slab:** Cast iron, copper, etc.
5. **Gravel Under Slab:** (Usually combined with (#3). Check for insulation as per Energy Code.
6. **Plumbing Rough In:** All work that will be covered (enclosed) must be installed at this time.
7. **HVAC Rough In:** All work that will be covered must be installed at this time.
8. **Framing:** Call when frame is complete including fire-stop, bridging, collar ties, etc. before it is covered from the inside with insulation.
9. **Insulation:**
10. **Plumbing Final:** This can be combined with final. All fixtures to be installed at this time.
11. **In Garage and where ever appropriate:** Fire rated sheetrock to be inspected before painting.
12. **Rough Grading:** All surface water should be directed away from the building to an approved outlet, street, lawn, inlet, drainage swale, etc. This can be combined with final.
13. **Final:** Complete application for certificate of Occupancy, produce certified plot plan or as-built survey including outlet for footing drains to positive outflow. Provide Fire Underwriters Certificate. Building must be essentially complete with all utilities working.

If Demolition Permit – Please submit the following:

The following items must be presented to the municipality before demolition can occur:

1. Asbestos abatement survey by a licensed practitioner.
2. Letters from utility companies that the gas, electric and water have been turned off.
3. Affidavit that the premise has been baited for rodents and vermin.
4. Approval from the Department of Environmental Management & Engineering for Sealing of Sewer line.

APPLICATION CHECKLIST FOR VILLAGE OF NYACK ARCHITECTURAL REVIEW BOARD

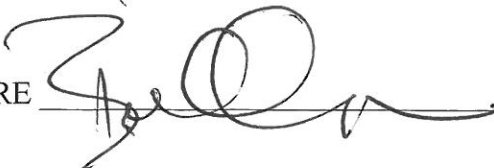
In accord with the Architectural Review Board's Rules and Regulations duly adopted by Resolution of the board pursuant to Village Code section 360-5.2(c)(4)(a), the following items are required to be included in applications considered by the Architectural Review Board.

SIGN APPLICATION REQUIREMENTS

- Provide 8 copies of scaled drawings representing the design of the sign on the façade of the structure upon which the sign is proposed to be installed (showing dimensions of the façade and the sign itself).
- Provide 8 copies of details of the sign's backing material, lettering material, and production/construction method (i.e. painted lettering, adhered vinyl lettering, routed wood, etc.). Sample color chips shall be provided if possible.
- Provide 8 copies describing any hangers to be used and method proposed to fasten the sign to the building.
- Provide 8 copies of a photograph of the location in which the sign will be placed.
- Provide 8 copies of photographs of the façades of adjacent buildings.
- If application is for an illuminated sign, provide 8 copies of cut sheets of the details of the fixtures. These manufacturer's descriptions should include photographs, dimensions, material and other pertinent information.
- A signed copy of this application checklist.

The items on this list are required elements of all applications for Architectural Review Board review relating to signage. An application will not be considered complete until all elements are reflected on an application. Applications submitted without the required elements may not be placed on the agenda, but if they are placed on the agenda the Board may waive the provision of certain required element(s), but also may, in the Board's sole discretion (based on the complexity of the project), instruct any applicant to return to a future meeting with the missing elements on the application, or reject an application for being incomplete without undertaking a review of the project with instructions to the Building Department not to restore the item to a future agenda until a complete application is filed.

SIGN HERE



DATE

1/26/12



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2020

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 have ADDITIONAL INSURED provisions or 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 Keevily Spero Whitelaw, Inc. 500 Mamaroneck Ave Harrison NY 10528 | CONTACT NAME: Marissa Hetzel | PHONE (A/C, No, Ext): (914) 381-5511 | FAX (A/C, No): (914) 381-1134 |
| | E-MAIL ADDRESS: mhetzel@keevily.com | | |
| INSURED P & B Signs Inc. T/A Frohling Sign Co 711 Executive Blvd. Suite G Valley Cottage NY 10989 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Selective Insurance Co. of New York | | 13730 |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |

COVERAGES CERTIFICATE NUMBER: 21-22 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | Y | | S 2190463 | 01/15/2021 | 01/15/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | S 2190463 | 01/15/2021 | 01/15/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | Y | | S 2190463 | 01/15/2021 | 01/15/2022 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Village of Nyack is included as additional insured with respects to the General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Village of Nyack 9 North Broadway Nyack NY 10960 | 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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