

2019-210
2 207

PLANNING & ZONING
Town of Schodack
265 Schuurman Rd.
Castleton, NY 12033

June 19, 2019

Supervisor David Harris
Schodack Town Board Members
Schodack Town Hall
265 Schuurman Road
Castleton, NY 12033

Re: TJA Clean Energy
13 Paul Road
Castleton, NY 12033

Planning Board

Denise Mayrer,
Chairperson
Wayne Johnson, PE
Paul Puccio
John LaVoie
Lawrence D Angelo
Andrew Aubin, PE
James D Shaughnessy, PE
Craig Crist, Esq.

Dear Supervisor and Town Board Members:

Enclosed are a full Environmental Assessment Form and a copy of the concept plan for the above project.

This is a Type 1 Action. The Schodack Planning Board wishes to undertake a coordinated review and desires to declare itself as lead agency at a future meeting.

Please indicate if you object or concur at your earliest convenience. In addition, we look forward to your comments.

Thank you.

Sincerely,



Nadine Fuda
Director of Planning and Zoning
Town of Schodack

PB/NF

Enclosure

cc: Richard Laberge, P.E., Planning Board Engineer
Craig Crist, Esq., Planning Board Attorney
TJA Clean Energy / C&S Companies Eric Kenna, P.E

Voice (518) 477-7938

Fax (518) 477-7983

Zoning Board of Appeals

David Calarco,
Chairman
Ed Brewer
Anthony Maier
Lou Spada
Craig Crist, Esq.

SPECIAL PERMIT / SITE PLAN APPLICATION

Town of Schodack- Planning Board
266 Schuurman Road, Castleton, NY 12033
Phone: 518-477-7938; Fax: 518-477-7983; Nadine.fuda@schodack.org

FILE # 2019-3

CONCEPT MEETING: Monday 3/18/19

APPLICATION RECEIVED ON 2/25/19

LOCATION OF PROPERTY 13 Paul Road, Castleton-on-Hudson, New York

TAX MAP # 209-8-1 ZONE R-40 ACRES 74 ROAD FRONTAGE (ft.) 200

ENG/SURVEY FIRM C/S Engineers, Inc TELEPHONE 315-555-2900 Fax/Email info@cs-engineers.com

EXISTING USE(S) The existing parcel consists of wooded, suburban, residential property.

INTENDED USE(S) solar photovoltaic systems

WILL DEVELOPMENT BE PHASED? YES NO IF YES, ATTACH LETTER OF EXPLANATION.

WILL YOU BE SEEKING A SITE DEVELOPMENT PERMIT BEFORE FINAL APPROVAL? YES NO

WHEN PRELIMINARY APPROVAL IS GRANTED, THE BUILDING INSPECTOR WILL BE NOTIFIED. A SITE DEVELOPMENT PERMIT WILL BE ISSUED BY THE BUILDING INSPECTOR WHEN ALL PAPERWORK IS IN ORDER.

** IS THIS PROPERTY IN AN AGRICULTURAL DISTRICT CONTAINING A FARM OPERATION? YES NO

** ARE THE BOUNDARIES OF THIS PARCEL WITHIN 500 FEET OF A FARM OPERATION LOCATED IN AN AGRICULTURAL DISTRICT? YES NO IF YOU ANSWERED YES TO EITHER OF THE ** QUESTIONS, ADDITIONAL INFORMATION MAY BE REQUIRED.

ATTACH: EAF, Application fee, Survey/Site Plan Maps (min. 10), appropriate fees, letter of intent, must be submitted 10 days before initial review.

Application is hereby made to the Planning Office. The Applicant or Owner agrees to comply with all applicable laws, Ordinances, Regulations of the Town of Schodack and New York State for approval of the application.

WHO WILL BE REPRESENTING YOUR APPLICATION AT THE PLANNING BOARD MEETINGS? Michael Frateschi
C/S Engineers, Inc

Date 2/19/19 TJA Clean Energy Timothy Gust
Mailing Address 150 John Vertente Blvd - New Bedford, MA 02745
APPLICANT'S Signature

TELEPHONE# (774) 573-5726 OTHER# _____ FAX # _____

Date 2/19/19 Pillar, LLC Timothy Gust
Mailing Address 150 John Vertente Blvd - New Bedford, MA 02745
PROPERTY OWNER'S Signature

TELEPHONE# (774) 573-5726 OTHER# _____ FAX # _____

Nadine Fuda, Director / Denise Mayrer - Chairperson / Craig Crist, Attorney / Richard Laberge, P.E.
Wayne Johnson / John LaVole / Paul Puccio / Lawrence D Angelo / Andrew Aubin / James D. Shaughnessy

**Full Environmental Assessment Form
Part 1 - Project and Setting**

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project: TJA Clean Energy, Fort Plain Solar		
Project Location (describe, and attach a general location map): 13 Paul Road, Castleton on Hudson, New York 12033 (See Figure 1)		
Brief Description of Proposed Action (include purpose or need): The proposed project is for the construction of a ground-mounted solar farm and associated electrical appurtenances to the south of Paul Road in the Town of Schodack. The solar photovoltaic (PV) system is proposed for installation within an approximate 74-acre site. The project uses 40 SUNGROW SG125HV 125kW string inverters, and 20,800 LG Neon 2 LG335N1C-A5 335W Modules to obtain a total generation of 5-megawatts AC. There is an existing three phase National Grid feeder running north-south along the east side of Paul Road which will be upgraded/overbuilt to allow for the interconnection. The interconnection wiring, connecting the solar array to the National Grid point of interconnection along Paul Road, will be pole mounted, overhead wiring.		
Name of Applicant/Sponsor: Timothy Vautour, TJA Clean Energy	Telephone: 508-717-0214	E-Mail: tvautour@tja.energy
Address: 150 John Vertente Boulevard		
City/PO: New Bedford	State: MA	Zip Code: 02745
Project Contact (if not same as sponsor; give name and title/role): Bryan A. Bayer, C&S Engineers, Inc.	Telephone: 315-455-2000	E-Mail: bbayer@cscos.com
Address: 499 Col. Eileen Collins Boulevard		
City/PO: Syracuse	State: NY	Zip Code: 13212
Property Owner (if not same as sponsor): (Same as sponsor)	Telephone:	E-Mail:
Address:		
City/PO:	State:	Zip Code:

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. Yes No

If Yes, what is the zoning classification(s) including any applicable overlay district?

R-40, Residential 40

b. Is the use permitted or allowed by a special or conditional use permit? Yes No

c. Is a zoning change requested as part of the proposed action? Yes No

If Yes,

i. What is the proposed new zoning for the site? _____

C.4. Existing community services.

a. In what school district is the project site located? Schodack Central School District

b. What police or other public protection forces serve the project site?

Town of Schodack Police Department

c. Which fire protection and emergency medical services serve the project site?

Castleton Volunteer Ambulance, Schodack Valley Counteer Fire, South Schodack, Rensselaer County Communications Center

d. What parks serve the project site?

Not applicable

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Solar PV Array

- b. a. Total acreage of the site of the proposed action? _____ 74 acres
- b. Total acreage to be physically disturbed? _____ 29.1 acres
- c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 74 acres

c. Is the proposed action an expansion of an existing project or use? Yes No
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % _____ Units: _____

d. Is the proposed action a subdivision, or does it include a subdivision? Yes No

If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types) _____

ii. Is a cluster/conservation layout proposed? Yes No

iii. Number of lots proposed? _____

iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____

e. Will the proposed action be constructed in multiple phases? Yes No

i. If No, anticipated period of construction: _____ months

ii. If Yes:

- Total number of phases anticipated _____
- Anticipated commencement date of phase 1 (including demolition) _____ month _____ year
- Anticipated completion date of final phase _____ month _____ year

• Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and actions in square feet or acres:

iii. Will the proposed action cause or result in disturbance to bottom sediments? Yes No
If Yes, describe: _____

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation? Yes No
If Yes:

- acres of aquatic vegetation proposed to be removed: _____
- expected acreage of aquatic vegetation remaining after project completion: _____
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): _____
- proposed method of plant removal: _____
- if chemical/herbicide treatment will be used, specify product(s): _____

v. Describe any proposed reclamation/mitigation following disturbance: _____

c. Will the proposed action use, or create a new demand for water? Yes No
If Yes:

i. Total anticipated water usage/demand per day: _____ gallons/day

ii. Will the proposed action obtain water from an existing public water supply? Yes No
If Yes:

- Name of district or service area: _____
- Does the existing public water supply have capacity to serve the proposal? Yes No
- Is the project site in the existing district? Yes No
- Is expansion of the district needed? Yes No
- Do existing lines serve the project site? Yes No

iii. Will line extension within an existing district be necessary to supply the project? Yes No
If Yes:

- Describe extensions or capacity expansions proposed to serve this project: _____
- Source(s) of supply for the district: _____

iv. Is a new water supply district or service area proposed to be formed to serve the project site? Yes No
If Yes:

- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- Proposed source(s) of supply for new district: _____

v. If a public water supply will not be used, describe plans to provide water supply for the project: _____

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: _____ gallons/minute.

d. Will the proposed action generate liquid wastes? Yes No
If Yes:

i. Total anticipated liquid waste generation per day: _____ gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): _____

iii. Will the proposed action use any existing public wastewater treatment facilities? Yes No
If Yes:

- Name of wastewater treatment plant to be used: _____
- Name of district: _____
- Does the existing wastewater treatment plant have capacity to serve the project? Yes No
- Is the project site in the existing district? Yes No
- Is expansion of the district needed? Yes No

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? Yes No

If Yes:

i. Estimate methane generation in tons/year (metric): _____

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? Yes No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? Yes No

If Yes:

i. When is the peak traffic expected (Check all that apply): Morning Evening Weekend
 Randomly between hours of _____ to _____

ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____

iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____

iv. Does the proposed action include any shared use parking? Yes No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____

vi. Are public/private transportation service(s) or facilities available within 1/2 mile of the proposed site? Yes No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? Yes No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? Yes No

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? Yes No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: _____

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____

iii. Will the proposed action require a new, or an upgrade, to an existing substation? Yes No

l. Hours of operation. Answer all items which apply.

<i>i. During Construction:</i>		<i>ii. During Operations:</i>	
• Monday - Friday:	_____ 7am-5pm _____	• Monday - Friday:	_____ Not applicable _____
• Saturday:	_____ Not applicable _____	• Saturday:	_____ Not applicable _____
• Sunday:	_____ Not applicable _____	• Sunday:	_____ Not applicable _____
• Holidays:	_____ Not applicable _____	• Holidays:	_____ Not applicable _____

s. Does the proposed action include construction or modification of a solid waste management facility? Yes No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____

ii. Anticipated rate of disposal/processing:

- _____ Tons/month, if transfer or other non-combustion/thermal treatment, or
- _____ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: _____ years

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? Yes No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____

ii. Generally describe processes or activities involving hazardous wastes or constituents: _____

iii. Specify amount to be handled or generated _____ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? Yes No

If Yes: provide name and location of facility: _____

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: _____

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

- Urban Industrial Commercial Residential (suburban) Rural (non-farm)
 Forest Agriculture Aquatic Other (specify): _____

ii. If mix of uses, generally describe:

The site is an undeveloped woodlot with multiple streams. It is adjacent to residential areas and additional undeveloped woodlots and forested wetlands.

b. Land uses and covertypes on the project site.

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	0	0	0
• Forested	29.0	0	-29.0
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0	3.5	+3.5
• Agricultural (includes active orchards, field, greenhouse etc.)	0	0	0
• Surface water features (lakes, ponds, streams, rivers, etc.)	0.1	0.1	0
• Wetlands (freshwater or tidal)	0	0	0
• Non-vegetated (bare rock, earth or fill)	0	0	0
• Other Describe: Solar Pv Array	0	25.6	+25.06

v. Is the project site subject to an institutional control limiting property uses? Yes No

- If yes, DEC site ID number: _____
- Describe the type of institutional control (e.g., deed restriction or easement): _____
- Describe any use limitations: _____
- Describe any engineering controls: _____
- Will the project affect the institutional or engineering controls in place? Yes No
- Explain: _____

E.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? _____ TBD feet

b. Are there bedrock outcroppings on the project site? Yes No
 If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %

c. Predominant soil type(s) present on project site:

Madalln silt loam	_____	35.9 %
Shaker very fine sandy loam	_____	30.8 %
Riverhead fine sandy loam	_____	26.6 %

d. What is the average depth to the water table on the project site? Average: _____ 0-6 feet

e. Drainage status of project site soils:

<input checked="" type="checkbox"/> Well Drained:	_____	31.2 % of site
<input checked="" type="checkbox"/> Moderately Well Drained:	_____	2.2 % of site
<input checked="" type="checkbox"/> Poorly Drained	_____	66.7 % of site

f. Approximate proportion of proposed action site with slopes:

<input checked="" type="checkbox"/> 0-10%:	_____	100 % of site
<input type="checkbox"/> 10-15%:	_____	% of site
<input type="checkbox"/> 15% or greater:	_____	% of site

g. Are there any unique geologic features on the project site? Yes No
 If Yes, describe: _____

h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? Yes No

ii. Do any wetlands or other waterbodies adjoin the project site? Yes No

If Yes to either *i* or *ii*, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? Yes No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

• Streams:	Name <u>Federal Waters</u>	Classification <u>N/A</u>
• Lakes or Ponds:	Name _____	Classification _____
• Wetlands:	Name <u>Federal Waters</u>	Approximate Size <u>No wetlands within LOD</u>
• Wetland No. (if regulated by DEC)	_____	

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? Yes No
 If yes, name of impaired water body/bodies and basis for listing as impaired: _____

i. Is the project site in a designated Floodway? Yes No

j. Is the project site in the 100-year Floodplain? Yes No

k. Is the project site in the 500-year Floodplain? Yes No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? Yes No
 If Yes:

i. Name of aquifer: Principal Aquifer

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? Yes No

If Yes:

i. Nature of historic/archaeological resource: Archaeological Site Historic Building or District

ii. Name: _____

iii. Brief description of attributes on which listing is based: _____

f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? Yes No

g. Have additional archaeological or historic site(s) or resources been identified on the project site? Yes No

If Yes:

i. Describe possible resource(s): _____

ii. Basis for identification: _____

h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? Yes No

If Yes:

i. Identify resource: _____

ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____

iii. Distance between project and resource: _____ miles.

i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? Yes No

If Yes:

i. Identify the name of the river and its designation: _____

ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? Yes No

F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Bryan Bayer, C&S Engineers, Inc. Date 2/21/19

Signature  Title Managing Environmental Scientist

E.2.i. [Aquifer Names]	Principal Aquifer
E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	No
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National Register of Historic Places]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No

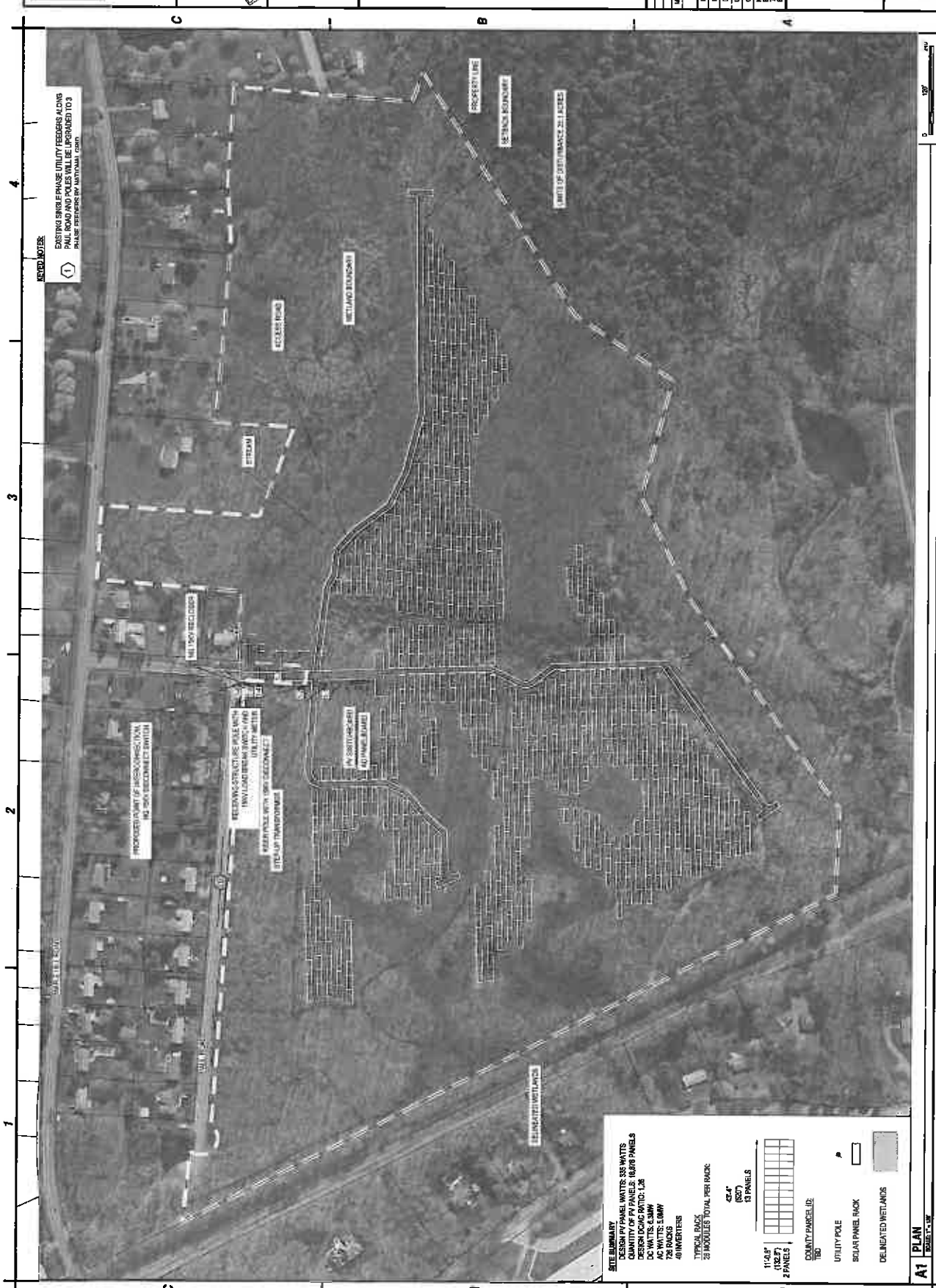
PANEL NUMBER
 FOR CONNECTION

CARLETON SOLAR
 13 PAUL ROAD
 CARLETON ON HUDSON, NY 12033
 NATIONAL GRID CASE #: 001688448
 LAT: 42.5239 LONG: -73.7029

MARK	DATE	DESCRIPTION

PROJECT NO: OCTOBER 2018
 DRAWN BY: N. STUCHLIK
 CHECKED BY: E. MERRILL
 CADD BY: J.L. ROBBARDE
 NO ALTERATION PERMITTED HEREON
 EXCEPT AS PROVIDED UNDER SECTION
 2203P OF THE CONVEYANCE AND
 RECORDATION LAW

AERIAL PLAN
 C-100



REVISION NOTES:
 ① EXISTING UTILITY PIPES AND UTILITY PIPES ALONG PAUL ROAD AND WESTMAN LANE, REFERRED TO AS PHASE 1 REFERRED BY NATIONAL GRID.

SITE BOUNDARY:
 11-04P
 (102P)
 2 PANELS

TYPICAL RACKS:
 23 MODULES TOTAL PER RACK
 6P
 13 PANELS

UTILITY POLE
SOLAR PANEL RACK
DELIMITED WETLANDS

COUNTY PARCEL ID:
 780

A1 PLAN
 8/10/18



C&S Engineers, Inc.
9200 East Prime Center Dr, Suite 400
Parsippany, NJ 07765
Phone: (908) 597-7528
Fax: (908) 597-7528
www.cses.com

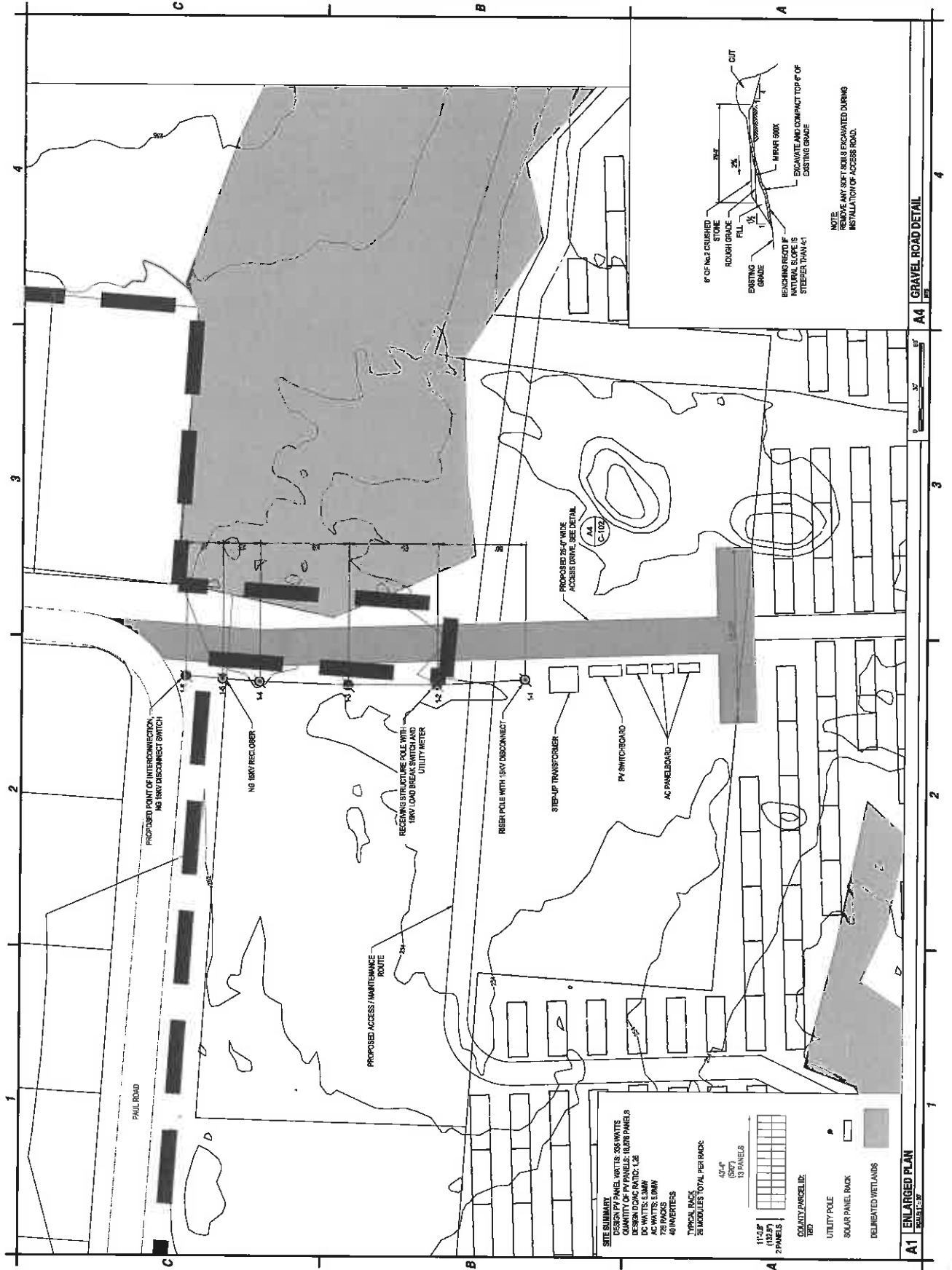
PRELIMINARY
NOT FOR
CONSTRUCTION

CASTLETON SOLAR
13 PAUL ROAD
CASTLETON ON HUDSON, NY 12033
NATIONAL GRID CASE #: 001688448
LAT: 42.5239 LONG: -73.7029

MARK	DATE	DESCRIPTION	REVISION

ENLARGED PLAN

C-102



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Town Supervisor
David B. Harris

Town of Schodack
Building Department
265 Schuurman Road
Castleton, New York 12033
Phone: (518) 477-7940 Fax: (518) 477-7938
<https://www.schodack.org>

2019-~~210~~
209

Memo

To: Schodack Town Board
From: Joseph Tremblay 
cc:
Date: June 26, 2019
Re: Building Permit Applications

For your consideration,

Last budget season the Building Department was approved for a new vehicle at a budget price of \$31,315.00 for the 2019 budget year.

We have located a new vehicle available to us on state contract that would fit the needs of the Building Department and falls within that budget. I have been in contact with George Kline, President of Main Motorcar in Johnstown, NY. He has provided us a price for a brand new 2017 Jeep Cherokee 4x4 for \$21,582.00. The standard warranty (3 year/36,000 miles) of the vehicle starts on delivery to us. There is an extended warranty available that would cover the vehicle for 8 years/125,000 miles for an additional \$2,590.00 if the board so chooses.

If we were to wait until the 2020 models are available, the estimated price for that vehicle is \$25,300.

We would greatly appreciate your approval so that we can place our order.

Joseph Tremblay

From: gkline@mainmotorcar.com
Sent: Tuesday, June 25, 2019 2:49 PM
To: Joseph Tremblay
Subject: Jeep Cherokee
Attachments: 20190625144539.pdf

Hello Joe

Here is the spec sheet for the Brand new Jeep Cherokee 4x4 that is our "Government deal of the month"
It can be yours for only \$21,582 delivered to you.

Please review the specs and see if it works for you.

The warranty starts on delivery to you. It is a brand new vehicle and it will save you some \$\$
To spend on something else.

Thanks for the opportunity

George Kline, President

Main Motorcar

224 W. Main Street

Johnstown, NY, 12095

Phone (518)762-3183

Cell (518)441-7786

Email: gkline@mainmotorcar.com

Purchase Order

Office of General Services

AccountsPayable@ogs.ny.gov or
 Building 5, 5th Floor
 1220 Washington Ave
 Albany NY 12226-1900
 United States

Supplier: 1100022298
 HOWELL AND PIERSON INC
 DBA MAIN MOTORCAR
 224 WEST MAIN ST
 JOHNSTOWN NY 12095

Dispatch via Print

Purchase Order	Date	Revision	Page
OGS01-0000004778	10/05/2016		1
Payment Terms	Freight Terms	Ship Via	
Net 30	FOB Destination	Common	
Buyer	Phone	Currency	
GLADD, JODIE A		USD	

Ship To: See Detail Below

Attention: Aaron Hansen-474-3729

Bill To: AccountsPayable@ogs.ny.gov or
 Building 5, 5th Floor
 1220 Washington Ave
 Albany NY 12226-1900
 United States

Tax Exempt? Y Tax Exempt ID: 14740026K

Replenishment Option: Standard

Line-Sch	Item/Description	Mfg ID	Quantity UOM	PO Price	Extended Amt	Due Date
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1- 1	2017 Jeep Cherokee Sport 4x4		2.00 EA	21,375.70	42,751.40000	10/18/2016
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Fuel Type: Flex Fuel
 (Gasoline/E85)

Billet

Model Code KLJL74

Ship To: OGS FLEET MANAGEMENT
 BUILDING 18, HARRIMAN STATE OFFICE CAMPUS
 1220 WASHINGTON AVENUE
 ALBANY NY 12226
 United States

Schedule Total 42,751.40000

Contract ID: OGS01-PC66680-1140268 Version 3 Contract Line: 0 Category Line: 0 Release: 82

Item Total 42,751.40000

2- 1	Freight		2.00 EA	150.00	300.00000	10/18/2016
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Ship To: OGS FLEET MANAGEMENT
 BUILDING 18, HARRIMAN STATE OFFICE CAMPUS
 1220 WASHINGTON AVENUE
 ALBANY NY 12226
 United States

Schedule Total 300.00000

Contract ID: OGS01-PC66680-1140268 Version 3 Contract Line: 0 Category Line: 0 Release: 83

Item Total 300.00000

All Pricing, Terms and Specifications are IAW Bid: Mini Bid # 16080152.
 Delivery From Region 3 to Region 3.

Agency Delivery Contact: Please Contact Anna Eckstein Burns at (518) 485-5935 E-mail:
 Anna.Eckstein-Burns@ogs.ny.gov

Vendor Contact: Shannon Kline at (518) 762-3183, info@mainmotorcar.com

Email invoices to AccountsPayable@ogs.ny.gov or mail to 1220 Washington Ave, Building 5, 5th floor,
 Albany, NY 12226- Invoices should include the following: Your NYS vendor identification number;
 Invoice Number; Invoice date; Valid purchase order number; Name of NYS Agency indicated on the
 purchase order; Agency unit id listed on the first line of the purchase order, if applicable; and
 line item details that match the purchase order line item details. Please be advised that incomplete
 invoices may be returned to the vendor for updating. For additional information on invoice
 submission visit our website:
<https://bsc.ogs.ny.gov/content/vendor-information>

Total PO Amount 43,051.40000



Standard Features - KJLJ74-CHEROKEE SPORT 4X4

JJJ	12V Auxiliary Power Outlet
JKP	12V Auxiliary Power Outlet in IP
JJM	12V Cargo Power Outlet
JCE	140 MPH Primary Speedometer
NFD	15.8 Gallons Fuel Tank
BAB	160 Amp Alternator
WAA	17X7.0 Full Face Steel Wheels
LBA	2 Ft. 0/Head Incandescent Map Lamps
ED6	2.4L I4 MultiAir Engine
TRF	225/65R17 BSW All Season Tires
CSR	3 Passenger Assist Handles
DME	3.734 Final Drive Ratio
MVD	4X4 Badge
RFU	5.0" Touchscreen Display
RCG	6 Speakers
QDC	6-Way Manual Passenger Seat Adjust
BC2	600 Amp Maintenance Free Battery
CKT	8 Cargo Tie Down Loops
DFH	9-Spd 948TE FWD/AWD Auto Trans (Make
MCD	Accent/Body Color Fascias
MDX	Active Grille Shutters
GG3	Advanced Multistage Front Air Bags
HAC	Air Conditioning, Non-ICS
JMA	Air Filtering
BNP	All Speed Traction Control
BRG	Anti-Lock 4-Wheel-Disc Brakes
RSU	Audio Jack Input for Mobile Devices
NHB	Auxiliary Transmission Oil Cooler
BCS	Battery Run Down Protection
LMC	Bi-Function Halogen Projector H/Lamp
MNA	Black Door Handles
LE4	Black Exterior Mirrors
MFA	Black Headlamp Bezels
MJA	Black Lower Dr Cladding
MNN	Body Color License Plate Brow
NEC	Bright Exhaust Tip
LDB	Cargo Compartment Lamp
X8S	Center Console Parts Module
MZC	Cherokee Badge
GGU	Child Seat Anchor System-LATCH Ready
MYV	Chrome Grille Surrounds
CBH	Cloth Door Trim Panel w/Map Pocket
*A7	Cloth Low-Back Bucket Seats

Standard Features - KLJL7A-CHEROKEE SPORT 4x4

JAY	Cluster 3.5" TFT B&W Display
TBC	Compact Spare Tire
DS8	Conventional Differential Rear Axle
MMF	Day Light Opening Moldings
X82	Door Parts Module
X8J	Door Trim Panel Module
CSM	Driver Seat Back Pocket
CGY	Dvr Inflatable Knee-Booster Air Bag
XC4	Electric Park Brake
SBL	Electric Power Steering
DBC	Electronic Range Select
BNS	Electronic Roll Mitigation
BNB	Electronic Stability Control
GXW	Engine Immobilizer
NHA	Engine Oil Cooler
LSE	Enhanced Accident Response System
NAA	Federal Emissions
TZF	Pirestone Brand Tires
CLE	Front & Rear Floor Mats
X8X	Front Brake & Knuckle Parts Module
X83	Front End Parts Module
X8W	Front Fascias Parts Module
CGD	Front Height Adjust Shoulder Belts
LAX	Front Passenger Seat Belt Alert
CDP	Front Seat Active Headrests
X89	Front Suspension Damper Parts Module
XGA	Front/Rear Climate Control Outlets
CUF	Full Length Floor Console
LBC	Glove Box Lamp
Z1B	GVW Rating - 5500#
LHD	Headlamp Off Time Delay
X8Y	Headliner Parts Module
BNG	Hill Start Assist
LAC	Illuminated Entry
CWP	Illuminated Front Cupholders
JAA	Instrument Panel
X81	Instrument Panel Parts Module
XRB	Integrated Voice Command w/Bluetooth
DK2	Jeep Active Drive I
MVC	Jeep Badge
CLJ	Jeep Rack Cargo Management Sys
CJA	Jeep Rack Kit
GXM	Keyless Entry with Panic Alarm

Standard Features - KLJL74 CHEROKEE SPORT 4X4

LMZ	LED Daytime Running Headlamps
LAY	LED Tailamps
CXG	Lock On Sync Tire Press Sensor
JKA	Locking Glove Box w/Damped Door
JT6	Manual 6-Way Driver Seat
CJ7	Media Center Electronics Storage
APA	Monotone Paint
SBA	Normal Drive Suspension
XCA	Occupant Classification System
CUD	Overhead Console w/Sunglass Holder
CHF	Pass Inflatable Knee-Bolster Air Bag
XJA	Power Locking Fuel Filler Door
GTF	Power Mirrors
X87	Power Train Parts Module
JPD	Power Windows, Driver One-Touch
XFC	R1234YE A/C Refrigerant
X8R	Rear Brake & Knuckle Parts Module
LBH	Rear Reading/Courtesy Lamps
XGR	Rear Seat Heat Ducts
X8Q	Rear Spring Parts Module
GR4	Rear View Mirror w/Microphone
GFA	Rear Window Defroster
JHB	Rear Window Wiper/Washer
RS1	Remote SD Card Slot
RDB	Removable Short Mast Antenna
CAK	Rr.60/40 Folding Split Recline Seat
CSN	Rr Seat Armrest w/Cupholder
X8Z	Seat Parts Module
XAB	Selec-Terrain (TM) System
GNC	Sliding Sun Visors w/Illum Mirrors
GAM	Solar Control Glass
NHM	Speed Control
JPH	Speed Sensitive Power Locks
MVJ	Sport Badge
X8P	Steering Column Cover Parts Module
SCA	Steering Wheel
CJ2	Supp. Side Curtain, Frt/Rr Air Bags
CJ1	Supplemental Frt Seat Side Air Bags
CJ7	Supplemental Rear Seat Side Air Bags
JEH	Tachometer
JFJ	Temperature & Compass Gauge
CSH	Three Rear Seat-Head Restraints
SUD	Tilt/Telescope Steering Column

Standard Features - KLLJ74-CHEROKEE SPORT 4X4

Code	Description
XBN	Tip Start
XB8	Tire & Wheel Parts Module
XGM	Tire Pressure Monitoring Display
BNT	Trailer Sway Damping
RA2	Uconnect ³ With 5" Display
XXN	Underbody Aerodynamic Treatment
CV1	Urethane Shift Knob
RS3	USB Charging Port in Console Bin
JHA	Var. Intermittent Windshield Wipers
LAZ	Vehicle Information Center

203-210

APPLICATION UNDER CHAPTER 80 OF
THE TOWN CODE OF THE TOWN OF SCHODACK

Applicant hereby applies for a permit pursuant to Chapter 80 of
the Town of Schodack Code pursuant to this Verified Petition.

Applicant, being duly sworn, deposes and says:

1. IF individual:

Name: _____
Age: _____
Address: _____

If Corporation:

Name: Windy Hill Orchard-East Inc

Names and addresses of Directors, Officers and
Stockholders owning more than 5% of the number of shares
outstanding:

Scott Seeberger/1939 S Old Post Rd/Castleton NY- 50 Shares
Todd Seeberger/2183 Jensis Rd/Castleton, NY- 50 Shares

If Partnership or Other Organization:

Name: _____
Address: _____

Ages of Each Individual Associated:
Scott-48, Todd-45

2. Set forth:

The name and address of the record owner of the real
property upon which such event is to occur:

Todd And Scott Seeberger
Windy Hill Orchard-East-Inc/1297 Brookview Station Rd/Castleton, NY 12033

The nature and interest of the applicant in such property:
Owner

The proposed dates and hours of such event: October 5/6, 2019
9am to 5pm Daily

The expected maximum and minimum numbers of persons intended to attend the event at any one time and collectively:

Maximum 500 people per hour, maximum 2000 people on site at any one time

3. Set forth:

The expected number of automobiles and other vehicles intended to use the property for such event:

We anticipate approx 1200 cars per day. We have parking for 2500 cars

The purpose of the function, including nature of activities to be carried out and admission fees, if any, to be charged:

The Windy Hill Orchard Festival is a celebration of the Fall season and making family memories. We offer music, entertainment and a welcoming environment. Admission is \$5.00 and children 12 and under are free

The names and addresses of all concessionaires and other persons providing any services or facilities under contract, lease or other arrangement for the event:

As of June, the known food vendors are Schodack Valley Firehouse, Nine Pin Cidery, and Fort Orange brewing

Schodack Valley Fire Dept/1553 Schodack Valley Rd, Castleton

Nine Pin Cidery/929 Broadway, Albany, NY

Fort Orange Brewing/450 N Pearl St, Albany

4. Set forth a detailed drawing to scale showing the size of the property, the name(s) of the owner(s) of record of the adjoining properties, the streets or highways abutting said property, the size and location of any existing building or structures or facilities to be erected thereon, the placement of the proposed distribution of water, location of any parking areas and the means of ingress and egress, location of all service and other roads serving all areas associated with said event.

See attachment B-Map

5. Set forth a detailed plan, statement and contract with drawings showing the method and location to be used for toilet facilities and for disposal and treatment of sanitary sewage.
We will ensure that will have more than sufficient number Portable Toilet Units, including handicap accessible units and appropriate number of hand washing stations
See map B for location. The vendor is responsible for all disposal and treatment
6. Set forth a detailed plan with a drawing showing a distribution and supply system for supply, storage and distribution of drinking water.

Windy Hill Orchard has our water system inspected by Rensselaer County Health Department. During festival, vendors will sell bottled water for participant consumption. There will be no livestock at the event near the water system

7. Set forth a detailed plan with drawings showing the layout of parking areas off public roadways for automobiles and other vehicles and the methods of traffic control to be used.
We have 17 acres of open fields marked out for parking. The lots are laid out accordingly to the New York State Dept of Transportation specifications with 200 square feet for each vehicle. Allowing space for roadways we can park nearly 2500 vehicles
See attachment B-Map
8. Set forth a detailed plan, contracts, or permits showing the facilities for, if applicable, food and alcoholic beverages with the means of service in said area as well as the disposal of said refuse generated therein.
See Attachment A- sample vendor contract
Nine Pin Cider and Fort Orange brewing will be responsible for ensuring persons are over 21. Windy Hill orchard with assist and facilitate to ensure all NYS laws are enforced
9. Set forth a detailed plan, fully describing any private security personnel who will be engaged, citing the qualifications for such personnel.
This is a daytime event. We do not expect behavioral problems. We expect to have Rensselaer Sheriff on site in a booth offering identification kits
10. Set forth a plan providing for fire protection.
Our property is located within the Schodack Valley Fire Company District. They are located with two(2) miles and are anticipated to be prepared to respond to any emergency within their district. Many members will be on site since they will be our exclusive food vendor
11. Set forth a plan for nursing, medical and ambulance service, setting forth the means and qualifications of all medical personnel which will be provided for the event prior to issuance of the permit.
Castleton Ambulance Company is located within a two(2) mile radius and is prepared to respond rapidly for emergencies requiring transport. In addition, we will have a first aid station on site staffed by EMT's to assist with medical emergencies as they arise
12. Set forth the date upon which the Town of Schodack Planning Board approved a detailed plan for use of directional signs pursuant to Town Code Section 80-3 B.(11).

Foldable(removable) signs will be located at each intersection leading to the orchard

13. Set forth a statement from local fire and ambulance authorities having jurisdiction over the subject area pursuant to Town Code Section 80-3 B.(12).
We respectfully suggest that such statement would be superfluous. The Schodack Vally Fire Dept and Castleton Abulance are located nearby and prepared to respond
14. Set forth a detailed description of all insurance policies and bonds to be provided for the protection of the general public pursuant to Section 80-3 B.(13)
See Attachment D
15. Set forth an authorized form subscribed by the owner of the real property upon which the event is to be held authorizing the Town of Schodack to go onto the property for the purpose of inspecting same to determine compliance with this chapter.
We agree to an inspection by the Town of Schodack
16. The applicant agrees to specify in all advertisement and promotional endeavors to limitations on the number of tickets to be sold or otherwise issued as specified in the permit and will neither sell or otherwise issue tickets at the site while the event is in progress.
We charge admission on sites with two gates and four sale points to accommodate any heavy volume in a short period of time. Parking is free
17. Set forth detailed plans for any amplifying equipment pursuant to Code Section 80-3 B.(16).
Entertainers will be providing their own audio systems. Windy Hill has an in house audio system that will also be used.
18. Set forth a detailed plan indicating all lights, other than permanent building lights, and measures to be taken to prevent exterior lighting from becoming visible across property lines.
This is a daytime event. We will not have any lights
19. Set forth a plan showing that the proposed activities are adequately buffered.
The orchard sits back from the road and we will ensure that entertainment is not too loud. Music will be done by 4:30
20. If the applicant believes that there is good cause shown that certain conditions or requirements herein should not be applicable, the applicant shall so state in writing in this application setting forth a basis for the request to

waive information contained herein.

21. Applicant has filed an application with the NYS Labor Department for an Amusement Inspection _____ or such permit is ~~inapplicable~~ _____
We will not be providing Amusement entertainment- N/A

22. Applicant agrees to comply with all applicable codes, including the NYS Building Code for outdoor assembly, and to permit the Town Building Department access to inspect said use at all times.
Yes, we agree

23. Applicant has submitted a sworn statement by the promoters and/or landowners that no off-site parking will be permitted and that the promoters/landowners are liable for all costs to the Town and property owners in the event off-site parking is used by attendees of the event.
We agree that no off site parking will be permitted

24. Applicant has submitted a sworn statement by both the promoters and landowners that an application under Title 10, Part 18 of the NYCRR for EMS Operational Plans has been made and approved by the State. If the applicant does not fall under the jurisdiction of Part 18, applicant shall provide to the Town information required by Part 18 for any single event in excess of 2500 anticipated attendees.

The Town Board shall, within forty (40) days after the application is filed with the Town Clerk either, grant in part or in whole, or deny the application. In the event the Town Board grants the application, the Town Clerk may not issue a permit until the applicant has furnished the following to the Town Clerk's Office:

- A. A comprehensive liability insurance policy insuring the Town against liability for damage to business or properties with limits not less than \$500,000.00 for bodily injury or death to one person or \$10,000,000.00 for bodily injury or death in one event and with limits of not less than \$500,000.00 for property damage pursuant to Town Code Section 80-4. See attachment D
- B. The applicant must also deposit with the Town Clerk cash or good surety company bond in a sum not less than \$100,000.00 or as the Board may reasonably require, pursuant to Code Section 80-4(b). See Attachment C
- C. Upon application, the promoters and landowners must pay the permit fee of _____ as established by resolution of the Town Board at the beginning of the year _____ for permission or who request a waiver from some or all of the provisions of Town Code Section 80.

Windy Hill Orchard

Applicant Signature

Tom Sawyer - Vice President

State of New York)
County of Rensselaer)

Sworn to before me this 5th
day of July, 2002 2019

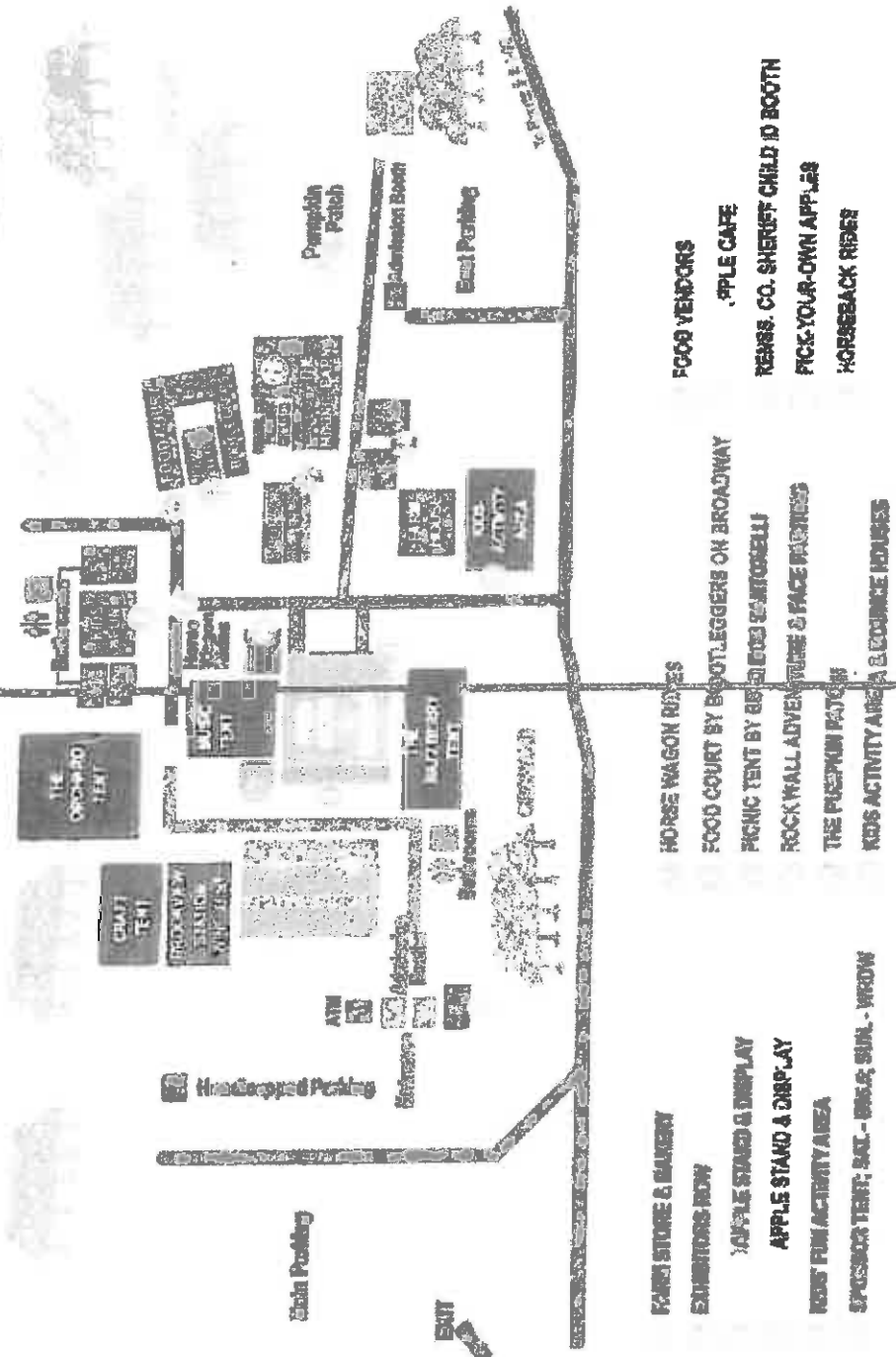
Debra L. Curtis

Notary Public, State of New York

Debra L. Curtis
Notary Public, State of New York
#01CU6350364
Qualified in Rensselaer County
My Commission Expires Nov. 07, 2020

ATTACHMENT B APPLE FESTIVAL MAP

ANNUAL APPLE FESTIVAL & CRAFT TENT MAP



Attachment B.

Attachment C- Waiver Request

We request that the following requirements of this permit be waived"

Item #22 Windy Hill Orchard requests a waiver from the requirement for the deposit of \$100,000 cash or bond with the Town. Windy Hill Orchard is a new business to Schodack. We are working with the Town and Rensselaer County to create a family fun environment that will promote tourism to this area. We plan to include the town and other surrounding business to participate in the festival. This includes inviting Schodack Valley Fire Department to be our exclusive food vendor. Windy Hill Orchard agrees to indemnify the Town against any damage to town property by festival vehicles, employee or participants. Goold Orchards also agrees to reimburse the town for any expense made necessary by the even



WINDY-1

OP ID: KD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/04/2019

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 Ryan & Ryan Insurance Brokers 400 Stockade Drive Kingston, NY 12401-3874 Kathleen M. DiBella	CONTACT NAME: Kathleen M. DiBella PHONE (A/C, No, Ext): 845-340-0001 FAX (A/C, No): 845-340-0002 E-MAIL ADDRESS: KDibella@Ryaninsure.com
845-340-0001	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Countryway Insurance Company 10022
INSURED Windy Hill Orchard-East Inc 1297 Brookview Station Rd Castleton, NY 12833	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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.

INSTR LTR	TYPE OF INSURANCE	APPL SUBR (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		FO752227	03/28/2019	03/28/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAC7522374	03/28/2019	03/28/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
X	<input checked="" type="checkbox"/> UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		CX 752226	03/28/2019	03/28/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

CERTIFICATE HOLDER TOWNOSC Town of Schodack 265 Schuurman Rd Castleton, NY 12033	CANCELLATION 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
---	--

Attachment D

Windy Hill Orchard

October 5-6, 2019
Annual Fall Festival
1297 Brookview Station Rd
Castleton, NY 12033

Food Vendor Contract Packet

The Annual Fall Festival at Windy Hill Orchard is a RAIN or SHINE event
Festival details may be subject to change

Please complete this application, sign the contract and return it to the above address in order to confirm your space at the festival.
Payment and Contract must be submitted by September 15, 2019.

We hereby apply for the Food Vendor Space for the Windy Hill Orchard Fall Festival

BUSINESS NAME _____

OWNER NAME _____

ADDRESS _____

MAIL ADDRESS _____ ****Required** All communication is via email**

CELL PHONE() _____ HOME PHONE() _____

HEALTH DEPARTMENT FOOD SERVICE PERMIT#

NEW YORK STATE SALES TAX ID# _____ (Attach Copy of Current Certificate)

Contract must include

Completed Application(Page 1)

Executed Contract(Pages 2 & 3)

Certificate of Insurance naming Windy Hill Orchard-East Inc as additional Insureds

Check or Money Order for Full Payment of booth space- Non Refundable

Please mail completed application, contract and payment to:

Windy Hill Orchard
1297 Brookview Station Rd
Castleton, NY 12033

Questions? Please contact us:

Telephone: 518-732-73APPLE(732-7753)

Email: todd@windyhillorchardny.com

****Windy Hill Orchard reserves the right to reject or accept vendors****

FOOD VENDOR RULES AND REGULATIONS

All Food Vendors of the Annual Apple Festival and Craft Show at Windy Hill Orchard must adhere to the following rules and regulations. Windy Hill Orchard has the full power to interpret and enforce these rules, conditions and regulations, and the power to make reasonable amendments thereto and to make such further reasonable rules and regulations necessary for the proper conduct of a safe, clean, well-regulated, family-oriented and attractive Festival event.

ATTENDANCE

On average 20,000 patrons attend the 2-day Festival, but we cannot guarantee or warrant this attendance.

VENDING HOURS

Food Vendors must be set up by 8:30 AM and are to remain open until 5:15 PM each day of the Festival.

EXHIBIT AREA/CHARACTER OF EXHIBITS

All exhibits must be designed, constructed and operated in good taste with the best interest of the Festival and public safety. Windy Hill Orchard reserves the right to prohibit or restrict exhibits because of noise, method of operation, materials or any other reason. In such events, Windy Hill Orchard will not refund the Food Vendor fees or other expenses. Carnival tactics, the use of public address systems or other similar activities by the Food Vendor shall not be allowed. Windy Hill Orchard does not guarantee exclusivity of products sold.

Grease spills will be the responsibility of the Food Vendor to clean and may also result in loss of cleaning deposit. The event will provide receptacles for grease and gray water. Nothing can be poured onto the grass or down storm drains including grease or gray water. Any violation of this could result in immediate expulsion from the Festival, loss of clean up deposit, and possible fines from the appropriate agencies. Food Vendors must furnish in-tent trash cans and must bag all trash and breakdown boxes for disposal. Any open flame cooking or generators usage require appropriate fire extinguishers at site. Festival is subject to Health Department inspection.

RENSELAER COUNTY HEALTH DEPARTMENT FOOD SERVICE PERMIT FOOD VENDOR SALES

Food Vendors shall obtain all necessary food service permits from the Rensselaer County Health Department [518-270-2650] and shall display said permit in their service area at all times. Food Vendors will conduct sales of products or goods direct with the Festival consumers and shall be entitled to retain 100% of the proceeds from these transactions. Food Vendors must furnish their own cash bank and credit card processing.

NY SALES TAX

New York State Sales Tax is the sole responsibility of the Food Vendor. A current NY Sales Tax Certificate must be displayed at all times.

SALE OF EXCLUSIVE SPONSOR PRODUCTS

Vendor understands and agrees that if a major sponsor is designated, then Vendor may be required to use that named product, i.e., Pepsi Cola.

CANCELLATION

Once payment is received, NO REFUND will be issued.

LOAD IN/LOAD OUT

Exhibitors will receive information regarding load in and set up. Exhibitors who fail to abide by load-in schedule and deadline will forfeit event space.

LIABILITY

The Food Vendor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save, Windy Hill Orchard harmless from and against any and all claims, losses and damages to persons or property and attorney's fees arising out of or caused by Food Vendor's installation, removal, maintenance, occupancy or use of exhibit space. In addition, the Exhibitor acknowledges that Windy Hill Orchard does not maintain insurance coverage covering Food Vendor's property and it is the sole responsibility of the Food Vendor to obtain such insurance, including, if desired, business interruption and property damage covering losses by the Food Vendor. Responsibility for the security of a Food Vendor's area, products and property rests solely with the Food Vendor.

WEATHER

The Annual Fall Festival at Windy Hill Orchard is a rain or shine event. The Food Vendor agrees that in the event of acts of God, storms, floods, high winds, gales or hurricanes that neither Windy Hill Orchard, nor any of its employees or agents, shall be responsible for loss, damage, third party damages, claims or loss to property, persons or vessels. It is Windy Hill Orchard sole and absolute discretion to order an evacuation of the Festival, or to take necessary steps to protect public health and property in the event of an act of God, hurricane, or the issuance of a severe weather warning for the Town of Schodack, Rensselaer County or its environs by the National Weather Service.

ACTS OF GOD

Windy Hill Orchard shall have no liability whatsoever for damage, of any nature, to any person, matter or thing resulting from storm wind or water, or other acts of God, or imminent threat thereof, nor from fire, strikes or lockouts.

INSURANCE

All Food Vendors are required to provide Windy Hill Orchard proof of insurance for One Million Dollars (\$1,000,000) liability coverage for the dates of October 5-8 2018. You will be required to name Windy Hill Orchard-East Inc,as additional insureds, with principal offices located at 1297 Brookview Station Road, Castleton-on-Hudson, New York 12033. Said Certificate of Insurance may be transmitted to the above address on or before August 1,2018.

CONTACT

For more information about the Annual Fall Festival please contact Todd@windyhillorchardny.com or call (518) 732-7753

By signing below, you agree to all the Festival rules and regulations set forth herein.

X

PRINTNAME

SIGNATURE

DATE

2019-211

TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST

Pursuant to Resolution # 2010-044, the Supervisor is authorized to approve staff attendance at educational seminars if registration and expenses are deemed to be appropriately budgeted and do not exceed \$250 in the aggregate.

Please attach information about the seminar (i.e. agenda) include documentation to support each cost item, so that the Supervisor and/or Town Board can appropriately review.

Staff attending educational program: Jordan Harrington, Alan Roehr Jr., Jeffrey Arno, Gary Ziegler and Steven Kelly

Name of Seminar/Conf./Course: New York State Academy of Fire Science
Location (Venue, City): Montour Falls, New York
Dates of Seminar: Fall Seminar, November 6 through 8, 2019
Cost of Seminar (Registration Fees): \$375.00

<u>Travel Costs:</u>	<u># of Miles</u>	<u>Rate as of 1/1/19</u>	<u>Estimated Amount</u>
Mileage		\$ 0.580	\$470.00

Please include a copy of mapquest to estimate total mileage - this will be used as a guideline when your actual mileage is submitted for reimbursement.

Train/Bus/Plane \$
Town Vehicle

Lodging:

Name of Hotel/Motel
of Rooms 3
of Nights 2
Cost per night \$96.00
Total Lodging Cost \$ 576.00

Meals:

Included in seminar cost two per day
Estimated cost if you answered no above \$279.00

Total estimated cost to attend: \$1,500.00
Estimated cost per staff member* \$300.00

(total cost divided by # of ppl attending)

Is the total cost budgeted? Yes

TB Resolution needed?*

If Yes, please document resolution # #2019-211

Department Head Approval

Supervisor Approval

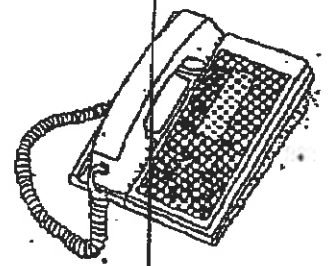
* If the estimated cost per staff member is > \$250, then a TB resolution is required. Please plan ahead. A resolution is required prior to any town obligation (payment) for the seminar. Please attach this form and a copy of the resolution, if applicable, to all payment requests involving payment to a vendor or an employee reimbursement.

Note: Please make sure you bring the appropriate tax exemption forms with you. Most restaurants will accept the tax-exempt letter. There is also a special tax-exempt form for hotels.

VENDOR PHONE LOG

DEPARTMENT: Transfer Station

SUBMITTED BY: to Gaudin



A8189.4

ITEM	VENDOR	PRICE QUOTE	DATE
Brush Grinding	SM GALLIVAN	5,750.00	6/10/2019
WOOD WASTE Reduction	WOOD WASTE Reductions	Inspected P.t.e. No Responce	
	Ken Morris SON	\$5,600.00	6/21/19

IF YOU ARE NOT SELECTING LOWEST QUOTE, PLEASE EXPLAIN HERE: _____

Proposal
Ken Morris & Sons Excavating, LLC.
1590 Route 9
Castleton, NY 12033

Office: (518) 732-7777

Cell 518 378-7777

Fax (518) 732-7510

Proposal submitted to Town of Schodack	Phone	Date 6/21/19
Street Schodack Town Hall 285 Schuham Rd	Job Name Town of Schodack Transfer Station	
City/State and Zip Code Castleton, NY 12033	Job Location Pioneer Road	
Architect	Date of Plans Open	Job Phone

We propose to furnish material and labor - complete in accordance with specifications below for the sum of:

\$5,600

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed on a workmanlike manner according to standard practices. Any alteration or deviation from specifications below involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Worker's Compensation insurance.

Authorized Signature
Ken Morris

Note: This proposal may be withdrawn by us if not accepted within _____ 30 _____ Days

Grind and Remove Pile, all Fuel and Labor included for \$5,600

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature

Date of Acceptance:

Signature

SM Gallivan, L.L.C.

98 Niver Street, Box 1
Cohoes, New York 12047

Phone: (518) 271-6100

Fax: (518) 261-9530

June 10, 2019

Town Of Schodack
PO Box 436
East Schodack, New York 12063

Attention: Bruce Goodell

Reference: Green Waste Schodack Transfer Station

SM Gallivan, LLC is pleased to submit a proposal for the following service:

- Grinding of green waste at Schodack Transfer Station 446 Poyneer Road, Nassau
- SM Gallivan will provide all equipment & labor.
 - Price includes all mobilization and fuel for equipment.
 - SM Gallivan will remove all grindings within one week.

Grinding Proposal : \$ 5750.00

Terms: Payment due upon completion of job

ACCEPTED IN ACCORDANCE WITH THE CONDITIONS AND AGREEMENTS SET FORTH HEREIN:

THE ABOVE HEREBY ASSUMES ANY AND ALL LIABILITY FOR ALL DAMAGES OF WHATEVER NATURE RELATING TO THE DELIVERY OF RAW MATERIALS AND/OR THE OPERATION OF TRUCKS, MACHINERY AND EQUIPMENT OWNED AND/OR CONTROLLED BY SM GALLIVAN, LLC ON LANDS OWNED BY THE ABOVE AND/OR ANY THIRD PARTY. FURTHER, THE ABOVE AGREED TO HOLD HARMLESS AND INDEMNIFY SM GALLIVAN, LLC FOR ANY AND ALL DAMAGES EXCEPT DAMAGES ARISING OUT OF THE NEGLIGENCE OF SM GALLIVAN, LLC.

Accepted this _____ day of _____, 2019

BY: _____
Town of Schodack

BY: _____
SM Gallivan, LLC

TITLE: _____

TITLE: _____

2019-219

**TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST**

Pursuant to Resolution # 2010-044, the Supervisor is authorized to approve staff attendance at educational seminars if registration and expenses are deemed to be appropriately budgeted and do not exceed \$250 in the aggregate.

Please attach information about the seminar (i.e. agenda) include documentation to support each cost item, so that the Supervisor and/or Town Board can appropriately review.

Staff attending educational program:

Paul W. Peter

Name of Seminar/Conf./Course:

Location (Venue, City):

Dates of Seminar:

Cost of Seminar (Registration Fees):

Annual Conference of
NYS Magistrates Association
Lake Placid NY / Crowne Plaza
9/15/19 - 9/18/19 Hotel
\$ 75.00

<u>Travel Costs:</u>	# of Miles	Rate as of 1/1/17	Estimated Amount
Mileage -	<u>294</u>	<u>X</u> \$ 0.535 <u>\$ 0.58</u>	<u>\$ 170.52</u>
<small>Please include a copy of mapquest to estimate total mileage - this will be used as a guideline when your actual mileage is submitted for reimbursement.</small>			
Train/Bus/Plane	_____		
Town Vehicle	___ Y ___ X ___ N		

Lodging:

Name of Hotel/Motel	<u>n/a Crowne Plaza Hotel</u>
# of Rooms	<u>1</u>
# of Nights	<u>3</u>
Cost per night	<u>235.75</u>
Total Lodging Cost	<u>\$ 707.25</u>

Meals:

Included in seminar cost X Y ___ N

Estimated cost if you answered no above _____

Total estimated cost to attend: 952.77

Estimated cost per staff member* _____

(total cost divided by # of ppl attending)

Is the total cost budgeted? X Y ___ N

TB Resolution needed?* X Y ___ N

If Yes, please document resolution # #2019-

Department Head Approval Paul W. Peter 9/10/19

Supervisor Approval _____

* If the estimated cost per staff member is > \$250, then a TB resolution is required. Please plan ahead. A resolution is required prior to any town obligation and/or payment for the seminar. Please attach this form and a copy of the resolution, if applicable, to all payment requests involving payment to a vendor or an employee reimbursement.

Note: Please make sure you bring the appropriate tax exemption forms with you. There is also a special tax-exempt form for hotels.



CROWNE PLAZA

AN IHG[®] HOTEL

LAKE PLACID

2019-214-215

NYSMA's 2019 Annual Conference

LODGING RESERVATION FORM

ARRIVAL: September 15, 2019 DEPARTURE: September 18, 2019

All reservations must be made using this form and returned no later than **August 16, 2019**.

Reservations forms received after this reservation deadline will be accepted based upon space and rate availability.

NYS Magistrates Association

3 Night Package Guest Room Rates are as follows:

Single Occupancy: tax exempt \$707.25
Non-tax exempt \$707.25 + tax= \$770.85

Double Occupancy: 1 exempt w/guest \$1,128.45
2 exempt, 1 room \$549.75 each total \$1,099.50

Includes: Accommodations for from September 15-18, 2019
Sunday: Welcome Reception & Dinner, Overnight Stay
Monday: Breakfast, Break, Lunch, Break, Dine-A-Round, Overnight Stay
Tuesday: Breakfast, Break, Lunch, Break, Reception, Banquet Dinner, Overnight Stay
Wednesday: Breakfast

Nightly Package for less than 3 Night stays

Single Occupancy: tax exempt \$245.75
Non-tax exempt \$245.75 + tax= \$267.75

Double Occupancy: 1 exempt w/guest \$396.95
2 exempt, 1 room \$193.25 each total \$386.50

Nightly package includes applicable meals and nightly surcharge for less than 3 night stays

All stays include:
Complimentary One-hour Scenic Boat Cruise
Complimentary greens fees for Lake Placid Club Pristine 9 Golf Course

To confirm your reservation, a credit card number must be provided or a check/money order in the amount of \$235.75 sent in with reservation form. A purchase order cannot be used for the initial deposit.

Check #: _____ Credit Card: _____

CC#: _____ Exp: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

of rooms: _____ # of people per room: _____

Roommate(s): _____

Arrival Date: _____ Departure Date: _____

Special needs / Food Allergies _____

RESERVATION POLICIES

- To confirm your reservation, a credit card number must be provided or a check/money order in the amount of \$235.75 sent with reservation form.
- If paying final bill by Purchase Order, a copy of your purchase order must be received at check in.
- A copy of your NYS tax exemption form must be received with this form and your payment form (Purchase Order or Credit Card) must match the name on the NYS tax exemption form.
- Guests staying on dates outside group's conference and/or are self-pay will be subject to tax.
- Reservation forms must be received no later than Friday, August 16, 2019. Reservations received after that date will be accepted on a space and rate availability basis.
- Cancellations must be received no later than August 30, 2019. Cancellations after this date will result in \$235.75 charge to credit card on file or forfeiture of deposit paid by check.
- Reservations will be guaranteed from date of arrival to date of departure, as confirmed and credit will not be given for early checkout or missed meals.
- Telephone reservations will not be accepted.
- Check-in time is 4:00pm. Check-out time is 11:00am.
- Rates for early arrival, before 9/15/19 or late departure, after 9/18/19 will be offered at the discounted rate of \$159.00/night plus tax, based upon availability.
- A conference rebate has been included in the package rate to offset the expenses of the conference.
- Confirmation of your reservation will be emailed, faxes or mailed using the information provided on this form

UNLESS ALL PROPER FORMS ARE COMPLETED & SUBMITTED, RESERVATIONS WILL NOT BE PROCESSED

I have read and agree with the above Reservation Policies

Please Sign and Date

Reservation Form and Deposit must be received by Friday, August 16, 2019 to:
Crowne Plaza Lake Placid
Attn: Reservations Dept.
101 Olympic Drive
Lake Placid, New York, 12946
Fax (518) 523-9410

Please do not email forms with credit card information

Entrée Choice for Sunday Night Banquet:

Please include spouse choice

_____ Salmon Beurre Blanc - broiled filet of salmon served with a delicate white wine butter sauce

_____ Berkshire Chicken - baked boneless chicken breast rolled around a cornbread and dried cranberry stuffing finished with supreme sauce

For Office use only:

Confirmation #: _____

Reservation Agent: _____ Date: _____

2019-214+215

NYSMA 2019 CONFERENCE REGISTRATION

Dear Member,

As in the past, all certified sitting Justices, who are members in good standing of NYSMA and registered for the conference, attending the New York State Magistrates Association **Annual Meeting on Monday, September 16th at 4:30 pm** will be reimbursed by the State through the Unified Court System for one (1) night of lodging and mileage at the current State rate, unless living within 35 miles of the conference site. The remaining expense is eligible for reimbursement by your town or village. **(Necessary expenses, including transportation, meals, room and registration fees incurred by fully authorized municipal officials and employees are properly reimbursable from municipal funds pursuant to §77-b of the General Municipal Law).**

Core B Training Course will be offered by the Office of Justice Court Support o Tuesday, September 17, 2019

In order to expedite registration, we urge you to Pre-Register.

FEES: Pre-Registration: \$75.00 On-site Registration: \$100.00

All members participating in any portion of the conference are required to pay the fee, which covers the many detailed arrangements necessary for a successful conference. For your convenience, receipts will be available at our registration desk.

Please note Registration and Fees for the Conference and Hotel are separate.

MAGISTRATE REGISTRATION FORM

• If you are not pre-registered, the Hotel will not hold a room
The 110th Conference of the New York State Magistrates Association
Crowne Plaza – Lake Placid, NY

Name: _____ Town Justice of: _____

Address: _____ Village Justice of: _____

Address: _____

City/State/Zip: _____ E-mail (Please Print): _____

County: _____ Current Co. President: _____

Guest's Full Name if Attending: _____ Court Clerk: Y _____ N _____
NAME TAG WILL BE PROVIDED

IS THIS YOUR **FIRST** CONFERENCE Y _ N NAME TAGS WILL BE PROVIDED

Please choose ONE of the following: How would you like your materials for the conference: PRINTED ___ or USB STICK ___

MAKE CHECKS PAYABLE TO: NYS Magistrates Association

MAIL TO: 163 Delaware Avenue • Delmar, NY 12054

Fee: \$75 must be received by 8/16/19 — Non-Refundable after 08/23/19

2019 215

TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST

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Please attach information about the seminar (i.e. agenda) include documentation to support each cost item, so that the Supervisor and/or Town Board can appropriately review.

Staff attending educational program:

RYAN P. MULLANEY

Name of Seminar/Conf./Course:

NYS MAGISTRATES ASSOC.

Location (Venue, City):

LAKE PLACID, NY

Dates of Seminar:

9/15 - 9/16

Cost of Seminar (Registration Fees):

\$75.00

<u>Travel Costs:</u>	<u># of Miles</u>	<u>Rate as of 1/1/17</u>	<u>Estimated Amount</u>
Mileage -	<u>294</u>	<u>\$ 0.535</u>	<u>\$ 170.52</u>
<small>Please include a copy of mapquest to estimate total mileage - this will be used as a guideline when your actual mileage is submitted for reimbursement.</small>			
Train/Bus/Plane	_____		
Town Vehicle	_____ Y _____ x _____ N		

Lodging:

Name of Hotel/Motel

n/a

of Rooms

CROWNE PLAZA

of Nights

1 ROOM / 2 NIGHTS

Cost per night

\$295.75

Total Lodging Cost

\$ 491.50

Meals:

Included in seminar cost

X Y _____ N

Estimated cost if you answered no above

Total estimated cost to attend:

\$ 737.02

Estimated cost per staff member*

(total cost divided by # of ppl attending)

Is the total cost budgeted?

X Y _____ N

TB Resolution needed?*

X Y _____ N

If Yes, please document resolution #

#2019-

Department Head Approval

[Signature]

Supervisor Approval

* If the estimated cost per staff member is > \$250, then a TB resolution is required. Please plan ahead. A resolution is required prior to any town obligation and/or payment for the seminar. Please attach this form and a copy of the resolution, if applicable, to all payment requests involving payment to a vendor or an employee reimbursement.

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