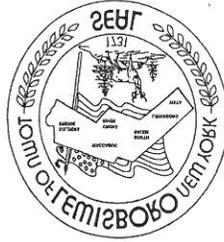


**THE PUBLIC HEARING REGARDING THE BIKE AND PEDESTRIAN MASTER PLAN  
ADDENDUM HAS BEEN POSTPONED TO SEPTEMBER 8, 2014**



**AGENDA  
TOWN OF LEWISBORO  
TOWN BOARD MEETING  
AUGUST 25, 2014  
TOWN HOUSE  
7:30 P.M.**

**I. PUBLIC COMMENT PERIOD**

**II. CONSENT AGENDA**

- 1. Approval of Minutes August 4, 2014**
- 2. Monthly Reports – July 2014**
  - i. Building Department**
  - ii. Planning Board**

**III. COMMUNICATIONS**

- 1. Announcement of Listing South Salem Presbyterian Church Cemetery on  
New York State Register of Historic Places and Nomination to National  
Register of Historic Places**

**IV. NEW BUSINESS**

- 1. Discussion of 2013 Audit By O'Connor Davies**
- 2. Resolution to Approve Application for Carting License by AAA Carting &  
Rubbish Removal, Inc.**
- 3. Resolution Authorizing Supervisor to Sign Letter of Consent for Antenna  
Modification by Verizon**

- 4. Resolution to Authorize Increase Rental Price of Onatru Two-Bedroom Cottage**
- 5. Discussion of Budget Trends By Department – Comptroller Leo Masterson**
- 6. Resolution to Modify Lake Kitchawan Filter Using Matching Funds For County Grant**

**V. PUBLIC HEARING AT 8:00 P.M. Regarding the Installation of “No Commercial Traffic” Sign at the East End of Spring Hill Lane.**

**VI. OLD BUSINESS**

- 1. Two-Way Radio Communications Equipment**

**VII. APPROVAL OF CLAIMS**

**VIII. POLLING OF THE BOARD**

**IX. ANNOUNCEMENTS**

**Town Board Work Session on Monday, September 8, 2014 at 7:30 p.m. at the Town House, 11 Main Street, South Salem.**

**X. MOTION TO GO INTO EXECUTIVE SESSION**

Items submitted for inclusion on the agenda for regular Town Board Meetings must be received by the Supervisor’s Office by noon on the Thursday preceding the meeting. Items of significant importance may be added if deemed necessary by the Town Board or Supervisor.

Town Board Meetings Accessibility: The Town of Lewisboro is committed to providing equal access to all its facilities, services and activities to the fullest extent possible. The Town House, Cyrus Russell Community House, Onatru Farmhouse, and the Town Offices at Orchard Square are accessible to persons with physical handicaps. If anyone who wishes to attend any meeting of the Town Board has special needs, please contact the Supervisor’s Office (763-3151) at least one week before any scheduled meeting, and we will try to accommodate whenever possible.

A meeting of the Town Board of the Town of Lewisboro, Westchester County, New York, was held on August 4, 2014, at 7:30 p.m. at the Town House, 11 Main Street, South Salem, New York.

PRESENT: Supervisor - Peter H. Parsons  
Councilmen - Peter DeLucia, Frank Kelly, John Pappalardo, Daniel Welsh  
Town Clerk - Janet Donohue  
Absent - None

Also attending was the Attorney for the Town Anthony Mole', Facilities Maintenance Manager Joel Smith and Confidential Secretary/Benefits Coordinator Mary Hafter.

Mr. Parsons called the meeting to order at 7:34 p.m.

PLEDGE OF ALLEGIANCE

Supervisor Parsons led the Pledge of Allegiance to the flag.

PUBLIC COMMENT PERIOD

There were no public comments.

CONSENT AGENDA

MINUTES - Approved

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted to approve meeting minutes and to receive monthly departmental reports.

On above motion and second, the Board voted 5-0 to approve the Town Board meeting minutes of July 14, 2014.

THE VOTE:	Yes	- DeLucia, Kelly, Pappalardo, Parsons, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

REPORTS – Monthly Report

On the above motion and second, the Board voted 5-0 to accept and file the July report from the Police Department.

THE VOTE:	Yes	- DeLucia, Kelly, Pappalardo, Parsons, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

HOUSING MONITOR – Replied to Supervisor’s Letter

Supervisor Parsons informed the Board that the housing monitor replied and acknowledged receipt of the Supervisor’s letter, which was originally sent in May, 2013.

WESTCHESTER MUNICIPAL OFFICIALS’ ASSOCIATION – Dinner Meeting

Mr. Parsons noted that it is Lewisboro’s turn to host the Westchester Municipal Officials Association dinner and program on March 15, 2015. The Board discussed possible venues and felt that LeChateau, where it was hosted in 2010, would again be appropriate.

TOWN EMPLOYEES AND OFFICIALS – Geoffrey Egginton

On motion by Mr. Parsons, seconded by Mr. DeLucia the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

WHEREAS, the Town Board of the Town of Lewisboro wishes to recognize the passing of Geoffrey Egginton and offer its condolences to his family; and

WHEREAS, his loss will leave a large void in Lewisboro where he lived and volunteered since 1976, most recently serving on the Zoning Board of Appeals since 1994 and as its Chairman for the last six of those years and prior to that as a member of the Architecture and Community Appearance Review Council; and

WHEREAS, his contributions extended much beyond government to the Lewisboro Baseball Association where he served as a coach and Commissioner; to the Cross River Theater Company as a Board Member and designer & builder of sets; to his church where he served as a Warden of St. Luke’s in Katonah and more recently as an active parishioner of St. John’s in South Salem; and

WHEREAS, in all these pursuits he was known for ability to listen to all and his amazing grace as he epitomized the true meaning of being a gentleman; and

WHEREAS, the Town Board of the Town of Lewisboro wishes to pay its respects to Geoffrey Egginton and honor his service to the community, now

THEREFORE BE IT RESOLVED, that a copy of this resolution be spread upon the minutes of this August 4, 2014 Town Board Meeting for future generations to see and that a copy of this resolution be presented to his family.

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Superintendent of Parks and Recreation be and hereby is authorized to sign the 2014-2015 Bus Lease agreement with the Katonah-Lewisboro School District.

CABARET LICENSE – Renewal Issued for Waccabuc Country Club

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board does hereby authorize renewal of a cabaret license for Waccabuc Country Club as submitted.

REFUSE LICENSE – Winter Brothers Hauling, LLC

On motion by Mr. Parsons, seconded by Mr. Welsh, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Clerk be and hereby is authorized to issue a Commercial and Residential refuse license to Winters Brothers Hauling of CT, LLC, for a period of one year ending August 4, 2015, pending a violation for conducting business in the Town of Lewisboro without a license.

HIGHWAY – Use of South Salem Roads

On motion by Mr. Parsons, seconded by Mr. Kelly, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

MINUTES OF TOWN BOARD MEETING HELD ON AUGUST 4, 2014  
RESOLUTION

RESOLVED, that the Town Board approves the charitable 5K run/walk to be held on Saturday, May 2, 2015, that will raise research money and awareness for the prevention of stillbirths. This approval is conditional on proper insurance and approval by the Lewisboro Police Department.

HIGHWAY – Approve Paving Portion of Boway Road

Mr. Parsons stated that the town obtained the approvals from the Town Wetlands Inspector and the Stormwater Committee. There had been a site visit by the Department of Environmental Protection (DEP) who concluded that their approval was not required as the wetlands on the hill are not connected to a DEP wetland or watercourse.

The Board also discussed the fact that the town does not own an inch of property on either side of the road and that is why horse trails cannot be installed.

Mr. Parsons stated that more homes have been allowed to be built on Boway and the result of that is that there is more runoff.

The current septic gets overwhelmed. The town had looked at installing a second septic however we didn't have the land to use for the installation.

There are no viable alternatives or solutions. Mr. DeLucia wanted the public to know that the Board has explored all avenues and they are making an educated decision.

On motion by Mr. Parsons, seconded by Mr. Welsh, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board does hereby approve paving the portion of Boway Road from Spring Street to 25 Boway Road, approximately .15 miles.

HIGHWAY – Application to NY State Department of Transportation (DOT) for Avery Road

On motion by Mr. Parsons, seconded by Mr. Kelly, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board does hereby approve an application to be sent to the New York State Department of Transportation for a “No left Turn” sign from Eastbound on Route 35 onto Avery Road in Cross River, NY between the hours of 7:30 a.m. – 9:30 a.m. on weekdays.

HIGHWAY – Application to NY State Department of Transportation (DOT) for Spring Hill Lane

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board does hereby approve an application to be sent to the New York State Department of Transportation for a “No Right Turn” sign for commercial traffic from northbound and southbound Route 123 onto Spring Hill Lane.

PUBLIC HEARING ANNOUNCED – No Commercial Traffic on Spring Hill Lane

Discussion regarding no commercial traffic being allowed on Spring Hill Lane took place. Mr. Parsons stated that Spring Hill Lane is no longer advocated on GPS as a thru road.

Smith Ridge Road (Route 123) resident John Cooley said that he has seen countless near misses from his driveway and recommended that Spring Hill be made one way going up the hill. Mr. Cooley stated that heading downhill and making a left-hand turn onto Route 123 is very dangerous because of the lack of sight line and the reverse heading uphill from Route 123 and making a turn is equally dangerous.

There is also overgrowth on both sides of Spring Hill Drive that need to be cut down. This will be brought to the attention of the Highway Superintendent. There is also overgrowth on Smith Ridge Road (Route 123) which is a state road and this should be brought to the attention of Department of Transportation (DOT).

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board of the Town of Lewisboro, will hold a public hearing on August 25, 2014, at 8:00 p.m. at the Lewisboro Town House, 11 Main Street, South Salem, New York, for the purpose of hearing the public with regard to installing a “No Commercial Traffic” sign at the east end of Spring Hill Lane.

PUBLIC HEARING ANNOUNCED - Amendment to Master Plan; Bicycle & Pedestrian Walkway Plans

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLVED, that the Town Board of the Town of Lewisboro, will hold a public hearing on August 25, 2014, at 8:30 p.m. at the Lewisboro Town House, 11 Main Street, South Salem, New York, for the purpose of hearing the public with regard to amending the Master Plan to include a Bicycle and Pedestrian Walkway Plan.

LIBRARY – Generator Connection

On motion by Mr. DeLucia, seconded by Mr. Parsons, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board does hereby approve a plan for an underground conduit on town property to accommodate the Lewisboro Library’s emergency generator connection, as submitted.

LIBRARY – Dogwood Tree in Front of Highway

The Lewisboro Library has a dogwood tree that needs to be moved from their property. They asked permission to plant this tree in front of the Highway Garage. The Board approved this.

BOND – Approve Amounts

On motion by Mr. Parsons, seconded by Mr. Kelly the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board does hereby approve the dollar amounts for the Bonds at \$315,000 for the highway Bond and \$75,000 for the basketball courts.

TYLER TECHNOLOGIES - Authorize Supervisor to Sign Contract

The Board reviewed a contract for services provided to the Assessor. The expense for the contract is budgeted in the Assessor's budget.

On motion by Mr. DeLucia, seconded by Mr. Kelly the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board does hereby authorize the Supervisor to sign the contract with Tyler Technologies for Assessor as reviewed by counsel.

BIATHLON – Church Tavern

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board does hereby approve the road usage request for the Fourth Annual Church Tavern Biathlon to be held on September 1, 2014.

SCHOOL RESOURCE OFFICER PROGRAM - Approve Agreement

On motion by Mr. DeLucia, seconded by Mr. Kelly, the Board voted as follows:

THE VOTE:	Yes	- Parsons, DeLucia, Kelly, Pappalardo, Welsh	(5)
	No	- None	(0)
	Absent	- None	(0)

RESOLUTION

RESOLVED, that the Town Board does approve the School Resource Officer program agreement with the Katonah-Lewisboro School District for the 2014-2015 school year and authorize forwarding said agreement to the Police Benevolent Association (PBA) for review.

BUILDING DEPARTMENT – Town Code “Attachment”

Our Building Inspector, Peter Barrett, feels that our current Town Code is deficient with the definition of the word “Attachment” and he believes that a code revision should be made.

In a letter to the Town Board, Mr. Barrett states that currently our code allows for an accessory structure (garage, barn, etc) up to 600 square feet total floor area without a variance. If the structure is attached to the residence, this 600 square feet restriction does not apply.

In the past, this attachment could be a breezeway, pergola or loggia. In 2001, then Building Inspector Bill Cargain “clarified” the definition of “attachment” in a memo to the Zoning Board of Appeals. In this memo, dated January 16, 2001, Mr. Cargain stated that he uses the following guidelines for “Attachments”: Building is a structure under Section 220-2 and that the structure as defined by the Zoning Ordinance is “anything constructed or erected, the use of which requires location on or under the ground....” Therefore two buildings which are defined as structures may be attached to other structures by means of any device defined as a structure. In regards to the specific situation of attachment by a pergola, a pergola meets the definition of structure and can therefore be used to attach the structures.

The ZBA in its resolution of the matter that they were dealing with at the time concurred, stating that if a pergola attaches a garage to a residence, the garage becomes in essence part of the residence.

Mr. Barrett continues in his memo that this is fair and understandable under most circumstances. The pergola in the 2001 issue was approximately 60’ long. Mr. Barrett explains that the situation that we are facing now would entail a pergola of some 150’ to connect a 1,900 square foot garage to a residence, thereby negating the need for a variance.

Mr. Barrett feels that perhaps it is time to put a limit on the distance or to require that the attachment be “conditioned space” (heated/enclosed).

Mr. DeLucia, explained that the intent of the ZBA was never to extend to that degree the potential that we are now faced with. Mr. DeLucia spoke with the complainant and spoke with Mr. Barrett. Mr. Barrett would like the town attorney to see if we can amend the Zoning Code where we could still allow a pergola or a breezeway to attach with a reasonable distance to a dwelling and not use this to circumvent the law, which the town is not looking to do.

Mr. Parsons suggested that the code be changed to say “conditional space” (heated/enclosed).

Mr. Kelly suggested instead of being limited to a strict distance why don’t we look at a ratio of the square footage of the house.

Mr. Pappalardo feels that we should be more concerned with the illegality of the structure that is being connected than the conduit that is being use to connect it and he doesn’t understand why we are permitting the legalization of an illegal structure.

Mr. Parsons said that there are many homes that are not visible to the public and things are built there and it only comes up when they try to sell the home and it is found that there are no certificates of occupancies.

Mr. Welsh feels that there has been no disincentive for breaking the Town Code. Mr. DeLucia said that people have had to tear things down.

Mr. Pappalardo suggested that we see the definition of “attachments” from neighboring town codes and come up with viable alternatives.

(This discussion took about 20 minutes)

CLAIMS – Authorized for Payment

On motion by Mr. DeLucia, seconded by Mr. Kelly, the Board voted 5-0 to authorize payment of the Town’s bills in the amount of \$196,600.06.

POLLING OF THE BOARD

HOUSING – Proposed Housing Ordinance

Mr. Pappalardo discussed the housing committee’s progress with the housing ordinance. They have forwarded it to our attorney to execute the final draft of the proposed housing ordinance. Zoning and Planning looked at what emerged from the Housing Committee and they worked very swiftly. Many meetings and great discussions have been had and they have looked at mixed use in the three essential shopping center areas. Mr. Pappalardo thanked all of the individuals involved.

PARKS & RECREATION – Rugby Clinic

Mr. Kelly shared that the Rugby Clinic went very well.

PARKS & RECREATION – Swim and Dive Team

Mr. DeLucia shared that the Lewisboro Swim and Dive team had an outstanding year. Lewisboro hosted the diving all stars. This is a great testament to our Parks and Recreation department.

MEETINGS – Dates Set

There will be a Town Board Work Session meeting on Monday, August 25, 2014 at 7:30 p.m. at the Town House, 11 Main Street, South Salem, NY.

EXECUTIVE SESSION – To Discuss Personnel Issues

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted 5-0 to go into executive session at 8:55 p.m. to discuss personnel issues.

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted 5-0 to come out of executive session.

ADJOURNMENT

On motion by Mr. Parsons, seconded by Mr. DeLucia, the Board voted 5-0 to adjourn at 9:40 p.m.

Janet L. Donohue  
Town Clerk

Superior

### Monthly Report July 2014

Quantity	Bld Permit	\$BP	\$C-C/O	\$RM	EQ
16	Res Minor Work	2930	1330	32	250
7	Res ADD	7950	7250	14	200
2	Res Acc Str	310	110	4	100
2	Res Alt	1150	950	4	50
0	Res New	0	0	0	0
0	Res Renew	0	0	0	0
0	Comm Alt/Add	0	0	0	0
0	Comm Minor	0	0	0	0
1	ZBA/ACARC	250	0	2	0
6	Other Permits	1160	240	10	50
0	220-76C	0	0	0	0
11	Wetlands	2350	0	0	200
3	Civil Penalty	8360	0	0	0
4	Copies	1	0	0	0
0	Misc	0	0	0	0
<b>Totals</b>		<b>24461</b>	<b>9880</b>	<b>66</b>	<b>850</b>
					<b>35257</b>

Total Receipts : \$35,257.00

Total Deposits: \$35,257.00

Bldg Insp: *Paul Becht*

Date: 8/6/14





Column Total	0	0	0	0	Column Total	250	0	2	0
Subtotal	0				Subtotal	252			
<b>Cash</b>					<b>Res. A/S</b>	BP	CO	RM	EQ
Copies	1				Manfrieda	180	80	2	50
					Pizzaro	130	30	2	50
									0
									0
					Column Total	310	110	4	100
Subtotal	1				Subtotal	524			

**PLANNING BOARD  
FINANCIAL REPORT  
07/31/14**

**Current Month Receipts:**

**General Fund:**

<b>Subdivision Fees:</b>		
1	Preliminary	805.00
0	Final	-
0	Tax Map	-
<b>Application Fees:</b>		
0	Sketch Plan	-
0	Site Plan	-
0	Waiver of Site Plan	-
	Special Use Permit	-
2	Wetland Permit	510.00
2	Stormwater Permit	155.00
0	Engineering and Inspection	-
0	Civil Penalty	-
2	Photocopies	0.50
0	Public Hearing Sign Deposit	-
0	Reimbursement for Escrow Paid	-
<b>Total General Fund Receipts</b>		<u>1,470.50</u>

**Planning Board Escrow:**

	Plaehn	1,500.00
	Petruccelli	4,500.00
	Sprint/Nextel Upgrade	500.00
	Pinheiro Subdivision	3,000.00
	Wild Oaks Water System	1,000.00
	Oakridge Condos - Pool & Rec	2,000.00
0		-
0		-
0		-
<b>Total PB Escrow Receipts</b>		<u>12,500.00</u>
0	<b>SEQR Escrow Receipts</b>	<u>-</u>
0	<b>Parks &amp; Rec Receipts</b>	<u>-</u>

**Total Receipts**

**13,970.50**

Respectfully Submitted,



**Lisa Pisera  
Planning Board Secretary**



Andrew M. Cuomo  
Governor

Rose Harvey  
Commissioner

## New York State Office of Parks, Recreation and Historic Preservation

Historic Preservation Field Services • Peebles Island, PO Box 189, Waterford, New York 12188-0189  
518-237-8643 Fax: 518-233-9049

www.nysparks.com

July 29, 2014

Mr. Peter Parsons  
Town of Lewisboro Supervisor  
PO Box 100  
11 Main Street  
South Salem, NY 10590

Re: South Salem Presbyterian Church Cemetery  
111 Spring Street South Salem, NY 10590  
Westchester County

Dear Mr. Parsons:

Following a detailed review, the State Review Board has recommended to the Commissioner of Parks, Recreation and Historic Preservation, who is the New York State Historic Preservation Officer (SHPO), that the property identified above be listed on the New York State Register of Historic Places and nominated to the National Register of Historic Places.

After reviewing the nomination, the SHPO has agreed with the recommendation of the State Review Board and has listed the property on the State Register of Historic Places. We shall now forward the nomination to the Keeper of the National Register in Washington, D. C.

If the Keeper of the National Register approves the nomination, the property will be listed on the National Register. You will be notified when this decision is made.

Information about the results of State and National Register listing were included in our earlier notification letter. If you have any further questions, please contact your field representative Bill Krattinger, at the *Division for Historic Preservation*, (518) 237-8643 ext. 3265.

Sincerely,

Ruth L. Pierpont  
Deputy Commissioner for Historic  
Preservation

TOWN OF LEWISBORO  
TOWN HOUSE  
11 MAIN STREET  
SOUTH SALEM, NEW YORK 10590

THIS IS AN APPLICATION FOR LICENSE TO COLLECT AND DISPOSE OF REFUSE AND RECYCLABLES IN THE TOWN OF LEWISBORO.

RESIDENTIAL   
COMMERCIAL

If applying for renewal, date the current license expires \_\_\_\_\_

The Town will ensure that confidential proprietary documents submitted as part of this license application are maintained under seal and free from Freedom of Information disclosure.

Applicant shall be responsible for designation of document to be so protected.

- Name of Applicant AAA Carting & Rubbish Removal Inc  
 Business Address 400 Turnpike Dock Rd Cortlandt Manor NY 10567  
 Business Telephone & Fax Numbers 914-739-9527 Fax 914-739-1967  
 Home & Emergency Telephone Numbers 914-403-6040

2. VEHICLES

	Make	Model	Body Type	License Number
1998	MAZDA		Dump	41543J2
	VOLVO		Dump	51682MB

It is understood that all equipment is and shall be maintained in good working condition.

3. FEES (Suggested: See note re Town Rate)

COMMERCIAL:

Size of Container	Pickup Frequency	Suggested Rate (Per Yard)
<u>2 yd</u>	<u>once a week</u>	<u>\$8 - 1/4 yd</u>

Note: The Town Rate will be set by the Town Board each December for the following year.  
Actual rate charged may not exceed Town Rate>

RESIDENTIAL:

- A. Curbside 34.99
- B. Driveway less than 125 feet 44.99
- C. Driveway more than 125 feet 44.99

4. METHOD OF BILLING

Monthly or by contract agreement

Bi-Monthly

5. AREAS TO BE SERVICED, IF NOT ENTIRE TOWN OF LEWISBORO

6. LOCATION OF TRANSFER SITES

Wheelabrator Peckskill 7 John Walsh Blvd Peckskill, NY 10586

7. PLACE OF DISPOSITION OF REFUSE

Wheelabrator Peckskill 7 John Walsh Blvd Peckskill, NY 10586

8. WESTCHESTER COUNTY DEPARTMENT OF HEALTH PERMIT NO. 00-0403

9. INSURANCE INFORMATION

Name of Agent

Insurance Company

Policy No.

Policy Period

ICE Insurance Service

Green St Inc.

024 01173698-1

1/10/14-1/10/25

See Attached

Liability

1/10/14-1/10/25

FAT RIDER

Contract Indemnity Com.

46-8515 093-01-02

11/01/13-11/01/14

See Attached

(Attach copy of Insurance certificate evidencing coverage amounts and naming Town as additional insured. New Certificate to be mailed automatically to Town upon renewal of change in and of the above information. Be sure to include Workmen's compensation and disability insurance coverage)

10. DETAILED DESCRIPTION OF APPLICANT'S EMPLOYMENT COMPLEMENT, INCLUDING JOB CLASSIFICATIONS

Drivers - people who driver vehicles  
Helpers - people that hang on back of Truck and dump pails

11. SET FORTH ACTUAL OR BENEFICIAL OWNERS OF THE BUSINESS, OR IF CORPORATION, THE STOCKHOLDERS, DIRECTORS AND OFFICERS OF THE CORPORATION AND ALL RELATED BUSINESSES.

Pat Castalenti PRES  
Linda Castalenti VP

12. NUMBER OF CUSTOMERS

4

IF INITIAL LICENSE, NAMES AND ADDRESSES OF A MINIMUM OF FIVE COMMERCIAL ACCOUNTS.

Curry Auto Mall - 3096 East Main St Colchester MA 01024  
Hudson Valley Hospital - 1900 Crompond Rd Colchester MA 01024  
Jefferson Medical Center - 3505 New Blvd Uxbridge MA 01568  
Colchester Town Center / Acadia, LLC - RT 6 Colchester 01024  
Drum Hill Senior Living Community 90 Rungold St Peckskill 10864

13. CONTINGENCY PLANS (Set forth in details plans for providing service in the event of equipment failure, labor disputes or disposal difficulties or other factors which would affect service).

WE HAVE EXTRA TRUCKS AND ALL MANAGEMENT HAVE CDL LIC.

Linda Cortalomi being duly sworn, does hereby depose and say that all the statements herein contained are true and correct, that I have received a copy of, have read and understand, and will comply with all of the provisions of the applicable Refuse Collection Law of the Town of Lewisboro, and that all personnel have been instructed to comply with the provisions of applicable Refuse Collection Law of the Town of Lewisboro.

8/12/14  
Date

Linda Cortalomi Vice-President  
Applicant Title

(Corporate Seal)

Sworn to before me this 12 day of August, 2014.

Teasha Milano  
Notary Public

TEASHA MILANO  
Notary Public, State of New York  
No. 01MI6220674  
Qualified in Westchester County  
Term Expires April 26, 2018

Note: If this is your first application, please be sure to attach your latest financial statements and balance sheet. The application will not be reviewed without them. Please label the information "Confidential".

Refuse License Fees:

Residential: \$35 for each truck over 10 cubic yards  
\$15 for each truck under 10 cubic yards

Commercial: \$100 for each truck over 10 cubic yards  
\$50 for each truck under 10 cubic yards

For office use:

Total fee paid: \_\_\_\_\_

Receipt No./Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/7/2014

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 TCE Insurance Services Inc 490 Wheeler Road Suite 251 Hauppauge NY 11788	CONTACT NAME: Francine Semprini	
	PHONE (A/C No, Ext): (631) 352-5700 FAX (A/C No): (631) 761-6486 E-MAIL ADDRESS:	
INSURED AAA Carting & Rubbish Removal Inc 480 Furnace Dock Rd Cortlandt Manor NY 10567	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Granite State Ins. Co.	
	INSURER B: New Hampshire Ins Co	
	INSURER C: First Mercury Ins Co	
	INSURER D: Catlin Ins Co	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL1412011755 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 INSR	SUBR WVD	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			02-LX-011739698-1	1/18/2014	1/18/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			01-CA-019048863-1	1/18/2014	1/18/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
		<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			NY-EX-000029736	6/13/2013	1/18/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
	DED: RETENTION \$ 10,000							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y/N N/A				VEHICULAR STATUTORY LIMITS OTHER	
B	Comp/Collision			01-CA-019048863-1	1/18/2014	1/18/2015	Ded \$300	
D	Inland Marine			IMT679731 1214	12/10/2013	12/10/2014		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE LIABILITY AND THE WORK PERFORMED BY THE NAMED INSURED AS REQUIRED UNDER WRITTEN CONTRACT.

## CERTIFICATE HOLDER

## CANCELLATION

TOWN OF LEWISBORO TOWN HOUSE 11 MAIN STREET SOUTH SALEM, NY 10590	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  William DeMaio/TL

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

**PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>AAA CARTING &amp; RUBBISH REMOVAL INC 480 FURNACE DOCK ROAD CORTLANDT MANOR, NY 10567</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>134068572</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of Lewisboro Town House 11 Main Street South Salem, NY 10590</p>	<p>3a. Name of Insurance Carrier</p> <p>WESCO INSURANCE COMPANY</p> <p>3b. Policy Number of entity listed in box "1a.":</p> <p>0246786</p> <p>3c. Policy effective period:</p> <p>8/7/2014 to 12/31/2015</p>
<p>4. Policy covers:</p> <p>a. <input checked="" type="checkbox"/> All of the employer's employees eligible under the New York Disability Benefits Law</p> <p>b. <input type="checkbox"/> Only the following class or classes of the employer's employees:</p> <p>_____</p> <p>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.</p> <p>Date Signed <u>8/7/2014</u> By <u><i>K. Khan</i></u></p> <p>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</p> <p>Telephone Number _____ Title <u>Vice President</u></p> <p>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.</p>	

**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.

### Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3e".

Please Note: Upon the cancellation of the disability benefits 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 NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

### DISABILITY BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

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><b>AAA Carting &amp; Rubbish Removal, Inc.</b> <b>480 Furnace Dock Road</b> <b>Cortlandt Manor, NY 10567</b></p> <p>Work Location of Insured (<i>Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy</i>)</p>	<p>1b. Business Telephone Number of Insured <b>(914) 739-9527</b></p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p><b>Fed ID#: 13-4068572</b></p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p><b>Town of Lewisboro</b> <b>Town House</b> <b>11 Main Street</b> <b>South Salem, NY 10590</b></p>	<p>3a. Name of Insurance Carrier <b>Continental Indemnity Company</b></p> <p>3b. Policy Number of entity listed in box "1a" <b>46-845093-01-02</b></p> <p>3c. Policy effective period <b>11/01/2013-11/01/2014</b></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>

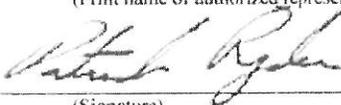
This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A on the INFORMATION PAGE of the workers'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

Approved by:  8/7/2014  
(Signature) (Date)

Title: Partner

Telephone Number of authorized representative or licensed agent of insurance carrier: 212-947-4298

**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.

## Workers' Compensation Law

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



CALIFORNIA INSURANCE COMPANY  
CONTINENTAL INDEMNITY COMPANY  
P.O. BOX 3804 OMAHA, NE 68103-0304

August 7, 2014

SENT VIA REGULAR MAIL

AAA Carting & Rubbish Removal, Inc.  
480 Furnace Dock Rd  
Cortlandt Manor, NY 10567-6202

RE: Employee: James Swigart  
Employer: AAA Carting & Rubbish Removal, Inc.  
Date of Injury: 07/15/2014  
Claim Number: 83033

Dear AAA Carting & Rubbish Removal, Inc.,

Applied Risk Services is handling the above referenced workers' compensation claim on behalf of Continental Indemnity Company, and is in process of its investigation. Please reference the above claim number when contacting our office.

**Our goal is to ensure your employee's safe and timely return to work. Doctors will often allow injured workers to return to modified job duties. We suggest that you start planning now for work that your employee could do.** To assist you, we have attached an explanation of modified work. Please consider the following advantages of return-to-work programs:

- Allowing the employee to return as a productive member of your team quickly with less revenue loss.
- Medical and disability costs are reduced and recovery time shortened.
- Injured Workers maintain contact with co-workers and remain part of the work environment.
- Reducing claim costs can help reduce premium and improve your company's bottom line.

My Unit Specialist, Carol, will be assisting me with the handling of this claim. She may contact you to tell you about disability status or to request information. We look forward to working with you and your employee's physician to get your employee back to work. I will be calling you soon to coordinate a modified duty position. If you have any questions, or would like to speak with me regarding this claim, please contact me at (877) 234-4420.

Sincerely,

  
Shannon Avar  
Claims Adjuster  
Applied Risk Services

Enclosure: Modified Work Fact Sheet

## **MODIFIED WORK FACT SHEET**

### **What is Modified Work?**

When an injured employee cannot return to his regular job duties, the doctor may release the employee to **modified work**. This means that he or she can return to work, but with some restrictions of what he or she is physically able to do. You may also hear modified work called "light duty" or "restrictions" or "temporary modified or alternate work".

### **How is Modified Work Determined?**

Doctors know that it is often better to slowly increase physical activity after an injury. They also know that no activity can sometimes delay recovery. The doctor will take a look at the type of injury and the kind of work the employee usually does. The doctor will then tell us what the worker can and cannot do. The doctor will monitor the injured employee's recovery and review the work restrictions at future office visits.

### **What Do Work Restrictions Look Like?**

Example: Bob is a laborer, who normally lifts and carries 100 pounds during the course of his day. He climbs ladders, twists, and bends. He strained his lower back. After 7 days off work, his doctor said that he could return to work with restrictions. Bob can return to work, but cannot lift or carry over 25 lbs. He should not do repetitive twisting or bending. He should go back to the doctor in 14 days, and at that time the doctor will see if the restrictions can be reduced.

### **How Does This Become Modified Work?**

Example: Bob's employer put him back to work running errands for the job site, and handling light clean up work. This was a temporary change of his job duties.

### **Who Pays for Modified Work?**

In order for an injured worker to reduce the claim costs and benefits and not collect temporary disability, he must be back to work, at his pre-injury wage. If Bob normally worked 44 hours a week at \$20.00 an hour, he needs to earn at least \$880.00 a week doing modified work in order to not be allowed temporary disability through workers' compensation.

An employer needs to allow the worker to still see the doctor for medical care and to attend physical therapy, even if the employee has returned to work.

Should an employer not be able to provide a full schedule of light duty work, then workers' compensation pays part of the employee's earnings. For example, if Bob returned to modified work but his employer only could find 20 hours of work at \$10.00 an hour, then Bob would have a \$680.00 a week wage loss. He would receive \$200.00 from his employer, and 2/3 of the \$680.00 wage loss through workers' compensation. The adjuster will ask for the injured workers' earnings every two weeks until the employee returns to regular work.

### How Do I Offer Modified Work?

There are two steps involved in offering modified work to an injured worker.

#### Step 1: Call the Worker

Call the injured worker and tell him or her that you have work available within their restrictions. Advise the worker what date and time you want him or her to come to your office or job site to begin work.

#### Step 2: Send a Confirmation Letter

In order to confirm your offer of modified work, send a follow up letter to the injured worker. Send it by both certified and regular mail. Clearly outline the important information: start date, hourly rate, days and/or number of hours of work available, where to report for work. Send a copy of the letter to the claims adjuster for his or her file. Then, should the worker refuse to accept the modified work, they will not receive temporary disability benefits and you should let the adjuster know that your employee did not return to work.

### A Sample Letter, Offering Modified Work

*Dear Mr. Jones,*

*Dr. Smith advised us that you can return to work as of September 15, 2003 with these restrictions: no lifting over 25 pounds and no repetitive twisting or bending.*

*We have temporary, modified work for you, starting Monday, September 15, 2003. You will be working on Mondays, Wednesdays and Fridays from 8:00 am until Noon at \$8.00 an hour. Call your adjuster to find out if they owe you any wage loss benefits at (866) 234-4420.*

*You will be moving parts with a dolly, answering phones and using a broom to sweep the plant floor. You will not have to lift over 25 pounds, or repetitively twist or bend. You will be allowed to attend doctor appointments. Please try to schedule your appointments for times when you are not working.*

*Please report to Brad in the office by 8:00 am on Monday, September 15<sup>th</sup>, or call (818) 555-2345 if you are unable to return to work.*

*Sincerely,*

*Brad Ortiz  
Office Manager*

*CC: Claims Adjuster*



CALIFORNIA INSURANCE COMPANY  
CONTINENTAL INDEMNITY COMPANY  
P.O. BOX 3804 OMAHA, NE 68103-0804

August 7, 2014

SENT VIA REGULAR MAIL

AAA Carting & Rubbish Removal, Inc.  
480 Furnace Dock Rd  
Cortlandt Manor, NY 10567-6202

RE: Employee: William G. Dorr  
Employer: AAA Carting & Rubbish Removal, Inc.  
Date of Injury: 07/30/2014  
Claim Number: 84186

Dear AAA Carting & Rubbish Removal, Inc.,

Applied Risk Services is handling the above referenced workers' compensation claim on behalf of Continental Indemnity Company, and is in process of its investigation. Please reference the above claim number when contacting our office.

**Our goal is to ensure your employee's safe and timely return to work. Doctors will often allow injured workers to return to modified job duties. We suggest that you start planning now for work that your employee could do.** To assist you, we have attached an explanation of modified work. Please consider the following advantages of return-to-work programs:

- Allowing the employee to return as a productive member of your team quickly with less revenue loss.
- Medical and disability costs are reduced and recovery time shortened.
- Injured Workers maintain contact with co-workers and remain part of the work environment.
- Reducing claim costs can help reduce premium and improve your company's bottom line.

My Unit Specialist, Marci Coates, will be assisting me with the handling of this claim. She may contact you to tell you about disability status or to request information. We look forward to working with you and your employee's physician to get your employee back to work. I will be calling you soon to coordinate a modified duty position. If you have any questions, or would like to speak with me regarding this claim, please contact me at (877) 234-4420.

Sincerely,

Amy Watson  
Claims Adjuster  
Applied Risk Services

Enclosure: Modified Work Fact Sheet

## MODIFIED WORK FACT SHEET

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*Please report to Brad in the office by 8:00 am on Monday, September 15<sup>th</sup>, or call (818) 555-2345 if you are unable to return to work.*

*Sincerely,*

*Brad Ortiz  
Office Manager*

*CC: Claims Adjuster*

August 8, 2014

Town of Lewisboro  
11 Main Street  
South Salem, NY 10590  
Attn: Peter Parsons, Supervisor



Verizon Wireless  
4 Centerock Road  
West Nyack, NY 10994  
Phone 914 714-7000

**Re:** Lease Agreement, dated April 7, 2010, (the "Lease"), as amended by that certain First Amendment to Lease, dated July 23, 2012, ("First Amendment"), by and between the Town of Lewisboro ("Lessor") and New York SMSA Limited Partnership, d/b/a Verizon Wireless ("Lessee")

**Verizon Wireless Site Name: Cross River  
1065 Route 35, Lewisboro, New York 10518**

Dear Mr. Parsons:

Verizon Wireless (VZW) is in the process of updating certain equipment that supports its wireless telecommunications network. The purpose of this letter is to obtain Lessor's consent to perform this work, which includes replacing 4 existing antennas and adding 4 Remote Radio Heads per sector (for a total of 12) at the antennas. This modification will stay within Verizon Wireless' existing lease area and entitlements and will not expand the current site plan configuration. VZW shall restrict the use of the equipment as described only to such permitted uses as described in the Lease.

Please acknowledge your approval of this antenna modification by signing and dating this letter in the space provided below and initialing the attached drawing. Kindly return the letter and drawing via fax to the attention of Doug Nurse at 801-720-5587 or scan and email them to [Doug.Nurse@VerizonWireless.com](mailto:Doug.Nurse@VerizonWireless.com). Alternatively, the letter and drawing can be returned by regular mail to Verizon Wireless, c/o DJN Consulting, Inc. 660 East 236<sup>th</sup> Street, Suite 3, Bronx, New York 10466.

The scheduled work will be performed during the 4th Quarter of 2014. You will be contacted with the schedule information as soon as possible before the work begins. Please feel free to contact me at (646) 879-7440 if you have any questions or concerns regarding this matter.

Thank you in advance for your cooperation.

Sincerely,

*Doug Nurse*

Doug Nurse  
Real Estate Consultant for Verizon Wireless

**Acknowledged, Accepted and Agreed:**

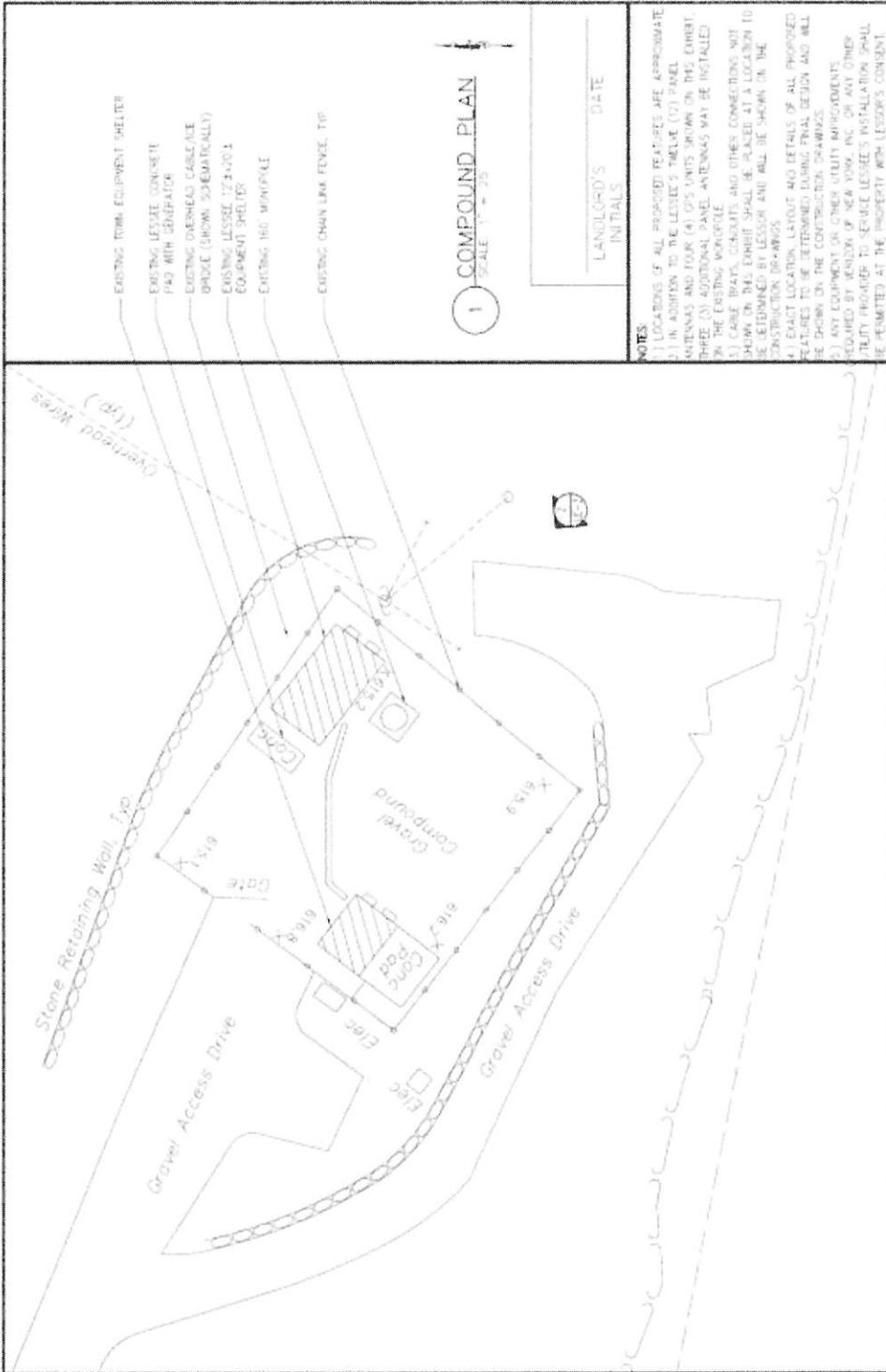
Town of Lewisboro

**By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please provide a contact name and telephone number so Verizon Wireless can schedule the necessary work.**

**Contact Name and Number:** \_\_\_\_\_



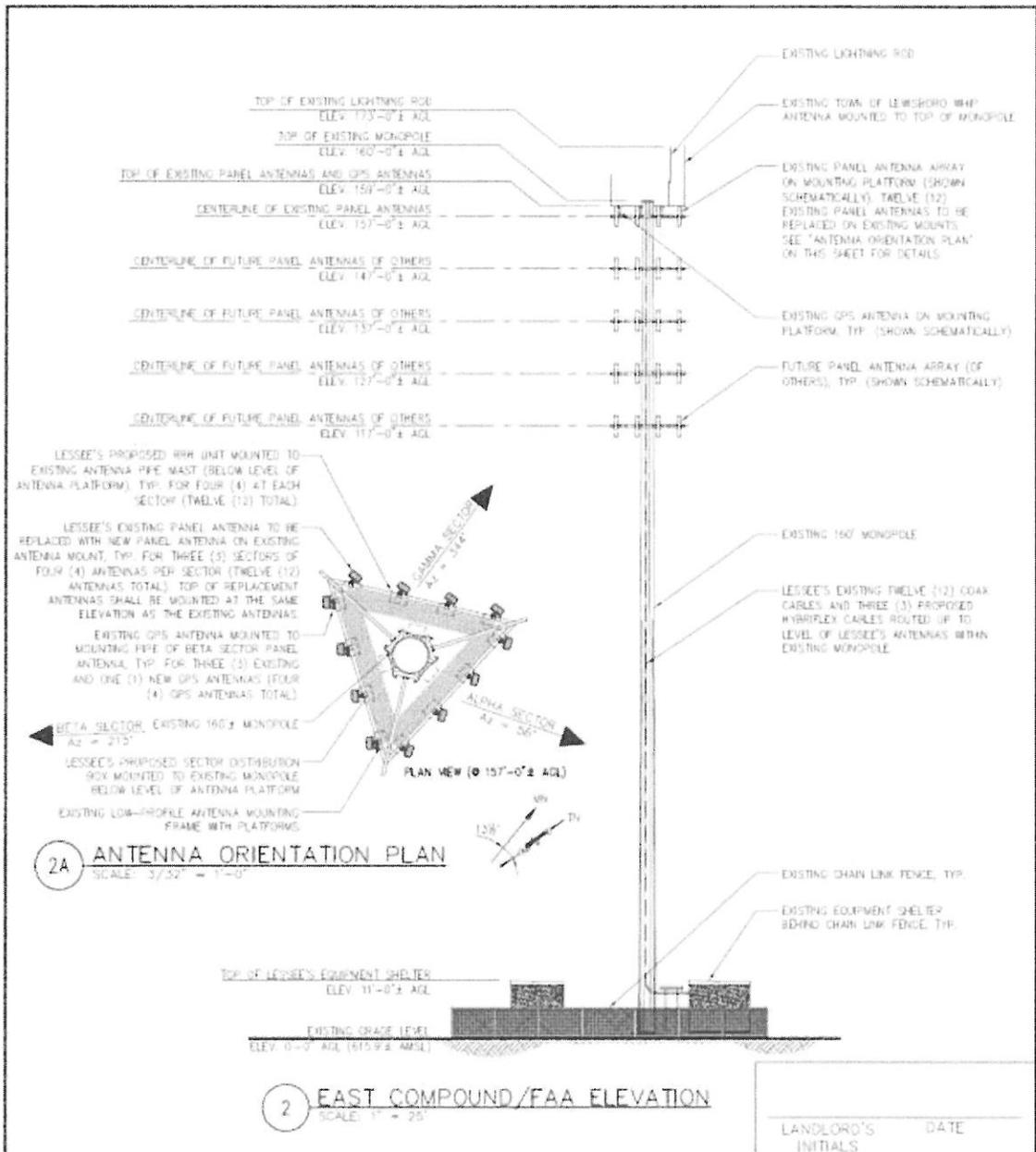
- EXISTING TRUCK EQUIPMENT SHELTER
- EXISTING LESSEE CONCRETE PAD WITH GENERATOR
- EXISTING OVERHEAD CABLE WIRE BRIDGE (SHOWN SCHEMATICALLY)
- EXISTING LESSEE 17'x30'x11 EQUIPMENT SHELTER
- EXISTING 180' MONORAIL
- EXISTING CHAIN LINK FENCE, TOP

**1 COMPOUND PLAN**  
SCALE: 1" = 25'

LANDLORD'S INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

**NOTES:**  
 (1) LOCATIONS OF ALL PROPOSED FEATURES ARE APPROXIMATE  
 (2) IN ADDITION TO THE LESSEE'S TABLE (1) PANEL MEASUREMENTS AND FOUR (4) GPS UNITS SHOWN ON THIS EXHIBIT, THREE (3) ADDITIONAL PANEL ANGLEINGS MAY BE INSTALLED PER THE EXISTING MONORAIL  
 (3) CABLE TRAYS, GASKETS AND OTHER CONNECTIONS NOT SHOWN ON THE EXHIBIT SHALL BE PLACED AT A LOCATION TO BE DETERMINED BY LESSOR AND WILL BE SHOWN ON THE PROVISION DRAWINGS  
 (4) ALL EQUIPMENT OR OTHER UTILITY MOVEMENTS SHALL BE PERMITTED BY LESSOR AND SHALL BE SHOWN ON THE PROVISION DRAWINGS  
 (5) ANY EQUIPMENT OR OTHER UTILITY MOVEMENTS REQUIRED BY LESSEE OF NEW YORK, INC. OR ANY OTHER UTILITY PROVIDER TO SERVICE LESSEE'S INSTALLATION SHALL BE PERMITTED AT THE DISCRETION OF LESSEE'S CONSULTANT

<b>LE-1</b>					
<b>LEASE EXHIBIT (SHEET 1 OF 2)</b>	DATE: _____	SCALE: _____	PROJECT NO: _____	SHEET NO: _____	DATE: _____
<b>LESSOR:</b> CROSS RIVER 1000 Route 28 Lumberton, NY					
<b>LESSEE:</b> CROSS RIVER (AWS MODIFICATIONS)					
<b>CONSTRUCTION MANAGER:</b> PA Project Code: _____ Location Code: _____ Date Of Design: _____					
<b>STRUCTURAL CONSULTING SERVICES, P.C.</b> 6 FEDERAL ROAD, SUITE 4A, BROOKFIELD, CT 06804 TEL: 860.457.5778 FAX: 860.457.5978					



LANDLORD'S INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

<b>S</b> <b>C</b> <b>S</b> <b>STRUCTURAL CONSULTING SERVICES, P.C.</b> 67 FEDERAL ROAD, SUITE A8, BROOKFIELD, CT 06804 TEL: 203.748.7578 FAX: 203.778.5670	Construction Manager: PA Project Code: _____ Location Code: _____ Date Of Design: Valt	ISSUED FOR REVIEW: 5/4/14 NO. OF REVISION: _____ DATE: _____	DATE: 5/4/14 DRAWN BY: _____ CHECKED BY: _____ APPROVED BY: _____ DATE: 5/11/14
	LESSEE SITE: CROSS RIVER (AWS MODIFICATIONS) 1066 Route 36 Lewisboro, NY	LEASE EXHIBIT (SHEET 2 OF 2)	<b>LE-2</b>

# PROPOSAL

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## DUFF PRICE EXCAVATING, LLC.

THE EARTH SURGEON®  
12 ELMWOOD ROAD  
SOUTH SALEM, NY 10590

(914) 533-2005  
Fax (914) 533-2964

TO: Town Of Lewisboro  
Highway Department  
11 Main Street  
South Salem NY 10590

PHONE	DATE 6/24/2014
JOB NAME / LOCATION Lake Kitchawan Filter Modification	
JOB NUMBER	JOB PHONE

We hereby submit specifications and estimates for:

- > Installation of new catch basin, 15" culvert pipes.  
Remove existing piping as needed.  
Modify outlet structure on tank #2 including control weir supplied by Contech.  
All other material to be supplied by Lewisboro Highway Dept.  
All work to be done in compliance with plan from Kellard - Sessions Engineering

**We Propose** hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of:

Seventeen Thousand Two Hundred Fifty and 00/100 Dollars

dollars (\$

17,250.00 ).

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications 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 \_\_\_\_\_

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

days.

**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 \_\_\_\_\_

Signature \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_