



**BUILDING DEPARTMENT
VILLAGE OF MONROE
7 STAGE ROAD, MONROE, N.Y. 10950
www.villageofmonroe.org**



Application #:	<u>2023-147</u>	Date:	<u>5/11/23</u>
Tax Map	<u>211-1-1</u>	Fee Amount:	<u>1169.00</u>
Zone	<u>SR-10</u>	Check	<input type="checkbox"/> # _____
Property Address:	<u>47 LAKES RD</u>	Cash	<input type="checkbox"/>
Date Approved:	_____	Credit Card	<input checked="" type="checkbox"/> <u>C.C. PAID 6/20/23</u>
Disapproved:	_____	Inspector:	_____

APPLICATION FOR BUILDING PERMIT

Requirements for a Building Permit Application:

1. **Two plot plan diagrams** locating clearly and distinctly all buildings whether existing or proposed, and location of proposed work to be done, including dimensions of proposed work, and all setback dimensions from property lines and existing structures.
2. **Two sets of Drawings/Plans** including specifications describing the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations, Section, Lot and Block numbers and street address of lot where work will be performed.
3. **Fee** (see attached fee schedule for fee details)

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit, pursuant to the New York State Building Construction Code for the Construction of Buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with an approved duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of work.

No work covered by this application may be commenced before a Building Permit is issued. No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy shall have been granted by the Building Department.

Applicant Information:

WC Lincoln Corp.
Name (Please print)

5 second Street Highland Mills NY
Address

Wclincorncorp@gmail.com
Email address

845-637-6313
Telephone

Applicant is: Owner Lessee Agent Architect Engineer Contractor

If applicant is a corporation, name, title and signature of duly authorized officer: _____

If you would like to receive informational emails and updates from the Village of Monroe check here

Property Information:

Location of Property where work will be done: 47 lakes road (p/o sbl 211-1-1)

Property Owner (if different from Applicant): _____ Name: _____

Address: _____ Tel. _____

Nature of work (check which applicable):

Addition Alteration Deck Demolition Fence Grading/Filling New Building Pool/Hot Tub
Pool Deck Roof Shed Siding Solar Panels Sign Other _____

Existing use and occupancy of property _____

Intended use and occupancy of property _____

Detailed Description of Project

will perform the Controlled Demolition and Disposal of the House being treated as PACM, by a NYS Licensed Abatement Contractor. which includes: Filing asbestos notification to NYS DOL, Air monitor, Project monitor, Loading and Hauling by licensed hazardous waste transporter, and Certification of job completion.

FEES: See attached fee schedule. All fees are to be paid at the time of application.

FEE: _____

PROJECT CONTACTS:

Contractor: Shalom environmental inc.

Address: 94 Seven Springs Rd Monroe, NY 10950

Phone No. 3475851705

NOTE: In order to process any permit, proof of Worker's Compensation must be provided. Acceptable forms include Form 105.2, U26.3 or CE-200 (No Accord Forms Accepted)

Electrician: _____

O. C. License # _____ Exp _____

Address: _____

Phone No. _____

All electrical work must be performed by an Orange County licensed electrician.

Applicant Signature: _____

Date: May 10 2023

Consent of Property Owner if Applicant is not Property Owner:

I, _____, am the owner in fee of the premises described in this application and have authorized _____ to make this application on my behalf.

Property Owner: _____

Date: _____

It is the applicant's responsibility to call the Building Department to schedule inspections during construction and for final Certificate of Occupancy upon completion.

(845) 782-8341 x31



Resource Information:

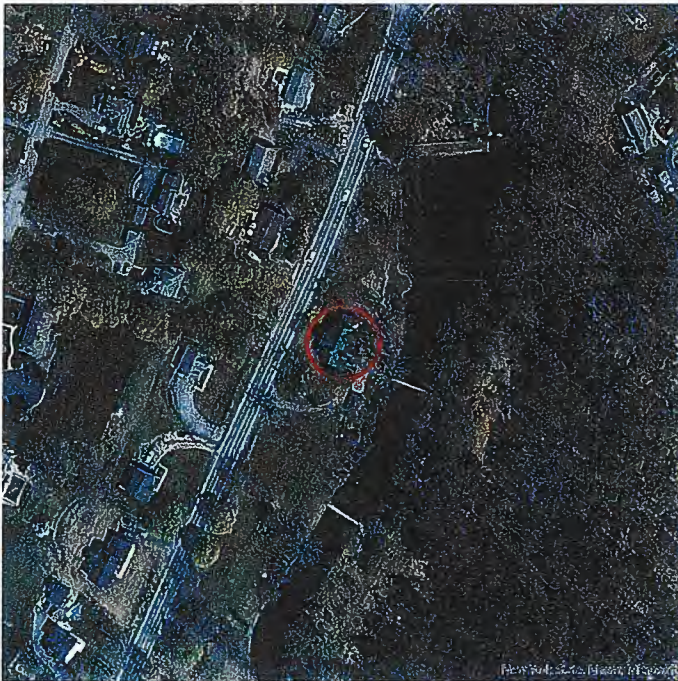
Date: July 12, 2023
Staff: Kathy Howe
Name: Roscoe Smith property
Location: Lakes Rd, MONROE, NY

Resource Status:

1. **Determination:** Not Eligible
2. **Contributing:** Not Determined

Criteria for Inclusion in the National Register:

- A. Associated with events that have made a significant contribution to the broad patterns in our history.
- B. Associated with the lives of persons significant in our past.
- C. Embodies the distinctive characteristics of a type, period or method of construction; or represents the work of a master; or possesses high artistic values; or represents a significant and distinguishable entity whose components may lack individual distinction.
- D. Have yielded, or may be likely to yield information important in prehistory or history.



Summary Statement:



Orange and Rockland Utilities, Inc.
500 Route 208
Monroe NY 10950-9986
www.oru.com

June 23, 2023

Village of Monroe
Building Department
7 Stage Rd.
Monroe, NY 10950

Re: Demolition Letter
45 Lakes Rd. Monroe, NY

To Whom It May Concern:

As per your request, I can verify that Orange and Rockland Utilities, Inc. have no electric service at the above referenced address.

If you have any questions, please feel free to contact the office at 845-783-5503

Sincerely,

Tracey Murphy

Tracey Murphy
Sr. New Construction Accounts Coordinator
New Construction Services



Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (use street address only) Shalom Environmental Inc. 94 Seven Springs Rd Monroe, NY 10950</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured (450)420-0910</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 831406077</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) BUILDING DEPARTMENT VILLAGE OF MONROE 7 STAGE ROAD, MONROE, N.Y. 10950</p>	<p>3a. Name of Insurance Carrier Hartford</p> <p>3b. Policy Number of Entity Listed in Box "1a" 16WECAU6T55</p> <p>3c. Policy effective period 10/18/2022 to 10/18/2023</p> <p>3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" 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".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? YES NO

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon 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: Joel Loeb
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 05/10/2023
(Signature) (Date)

Title: President

Telephone Number of authorized representative or licensed agent of insurance carrier: 845.782.3580

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.

WE ARE YOUR DOL



DIVISION OF SAFETY & HEALTH LICENSE AND CERTIFICATE UNIT, STATE OFFICE CAMPUS, BLDG. 12, ALBANY, NY 12226

ASBESTOS HANDLING LICENSE

Gorick Construction Co., Inc.
27 Track Drive, Binghamton, NY, 13904

License Number: 29255
License Class: FULL
Date of Issue: 04/04/2023
Expiration Date: 04/30/2024

Duly Authorized Representative: Alfred Gorick Jr

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.

A handwritten signature in black ink, appearing to read "Amy Phillips".

Amy Phillips, Director
For the Commissioner of Labor



Orange & Rockland
a ConEdison, inc. company

Orange and Rockland Utilities, Inc.
500 Route 208
Monroe NY 10950-9986
www.oru.com

May 24, 2023

**Mr. James Cocks
Village of Monroe Building Department
7 Stage Road
Monroe, NY 10950**

Dear Mr. Cocks:

This letter is to confirm that gas service to the building located at 31 Owen Drive & 45 Lakes Road,

Monroe, New York, was retired at the curb valve on May 11, 2023 & May 16, 2023.

Sincerely,

**Stephanie Nardi
Senior Operations Admin Coordinator
Gas Operations
Orange and Rockland Utilities**

New York State – Department of Labor

Division of Safety and Health
License and Certificate Unit
State Campus, Building 12
Albany, NY 12240

ASBESTOS HANDLING LICENSE

Atlantic Environmental Consulting, LLC

3725 Alpine Drive

Endwell, NY 13760

FILE NUMBER: 07-30731

LICENSE NUMBER: 30731

LICENSE CLASS: RESTRICTED

DATE OF ISSUE: 06/17/2022

EXPIRATION DATE: 07/31/2023

Duly Authorized Representative: Lynette M. Weintraub

This license has been issued in accordance with applicable provisions of Article 40 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.



Amy Phillips, Director
For the Commissioner of Labor