



ORIGINAL SET

Village of Upper Nyack
Attn: Building Department
328 North Broadway
Upper Nyack, NY 10960

Enclosed please find for **Berger, 117 School Street, Nyack, NY 10960** the following:

- Building Permit Application for ARB
- Check in the amount of \$150
- Homeowner Signed Consent Form
- Greene County Property Description Report
- 2022 Final Assessment Roll pg 569
- Insurance Certificates
- One (1) Original set with Notarized Property Owner Certification
- One (1) Original General Municipal Law 809 Statement Notarized.
- Eight (8) Sets of plot plans (pictures included)
- Eight (8) Plan Sets with Specifications
- Self-addressed Pre-paid UPS return envelope

If there is any additional documentation needed, please do not hesitate to email: Rose@nyssf.com or call 845.256.6051.

Thanking you in advance for all your help!

Sincerely,

Rose Trosclair
NYS Solar Farm, Inc.
1938 Route 44/55
Modena, NY 12548
Rose@nyssf.com
845-256-6051 - direct



TOMPKINS
Mahopac Bank

2330

NEW YORK STATE SOLAR FARM INC

ACCOUNT D
871 ROUTE 208
GARDINER, NY 12525

50-1139/219

9/2/2022

PAY TO THE
ORDER OF

Village of Upper Nyack

\$ **150.00

One Hundred Fifty and 00/100*****

DOLLARS

Village of Upper Nyack

MEMO

Robert Berger ARB Fee



Anthony Scerif
AUTHORIZED SIGNATURE



⑈002330⑈ ⑆021911398⑆ 8320026334⑈

VILLAGE OF UPPER NYACK
328 NORTH BROADWAY
UPPER NYACK, NY 10960
INCORPORATED 1872
Tel. 845-358-0084 FAX. 845-358-0741
www.uppernyack-ny.us

BUILDING PERMIT APPLICATION FOR

SOLAR PANELS

Application is hereby made for a Building Permit in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack.

Submit the following:

- 2 copies of this application form
- 1 copy of deed
- 1 copy of survey in current homeowner's name
- 6 copies of site plan/enhanced survey, signed and sealed by license professional.
Include: elevations, appearance from street, vicinity map, location & size of panels
- 6 copies of technical drawings detailing the installation. Must comply with the NYS Fire Prevention & Building Code and NYS Special Wind Region Requirements
- Manufacturers' specifications
- Engineer's report on structural integrity of roof
- Contractors Documentation: Rockland County License, Liability & Workers Compensation
- Payment of Architectural Review Board Fee at time of submission

Plans and specifications shall bear the stamp, seal, and signature of the person responsible for the design and drawings. Further information may be required by the office of the Building Inspector, as provided by the Zoning Ordinance of the Incorporated Village of Upper Nyack, if such is considered necessary for approval of this application.

Owner(s) Robert Berger

Address: 117 School Street, Nyack, NY 10960

Phone # 415-652-0847

Email Address rzberger@yahoo.com

Property Address to which permit pertains: 117 School Street, Nyack, NY 10960

**VILLAGE OF UPPER NYACK ARCHITECTURAL REVIEW BOARD (ARB)
SUBMISSION CHECKLIST**

Applications for Solar Panels

Please include a completed copy of this checklist with your submission. If any item on the checklist is not included, please provide an explanation as to why it is not included.

Please check where included	Description
X	Completed Solar Panel Application
X	Application fee of \$150 made payable to the Village of Upper Nyack
X	Copy of Deed to present owner of property. Agents and Contract Vendees must have written authorization from the owner to appear in front of the ARB. [submit one (1)]
X	General Municipal Law Section 809 Disclosure Form [submit one (1)]
X	A descriptive project narrative in the form of a cover letter or separate narrative [submit six (6)]
X	Technical drawings detailing the installation and engineer's report on structural integrity of roof. Must comply with the NYS Fire Prevention & Building Code and NYS Special Wind Region Requirement. [submit six (6) all must be signed and sealed]
X	Manufacturer's specifications [submit two (2)]
X	Color photographs of the subject property and all buildings and structures located thereon. These photographs should include at least one photograph of each side (north, east, south, and west) of the building or structure on the property. [submit six (6) sets of photos]
X	Color photographs of buildings and structures located on adjacent properties and properties directly across the street. These photographs should be taken from the applicant's property or from the public street; applicants may <u>not</u> enter upon private property without the owner's permission in order to take such photographs [submit six (6) sets of photos]

*Prior to the issuance of any building permit, Contractors Documentation (Rockland County License, Liability and Workers Compensation must be submitted to the Building Department.

ONE PDF COPY OF ALL PLANS PHOTOGRAPHS AND TECHNICAL REPORTS MUST BE SUBMITTED BY ELECTRONIC MAIL TO boardsecretary@uppemyack-ny.us. PLEASE USE THE APPLICANT NAME AND ADDRESS AS THE RE OF THE EMAIL

Additional Notes Regarding Solar Panel Applications. The ARB has a strong preference for solar panel designs that incorporate the following:

1. Black anti-glare panels with black framing.
2. Installation of panels on the second-story roof if the building is two stories in height or taller.
3. Solar panels arranged in rectangular shaped arrays or in a geometric arrangement that conforms with the shape of the roof on which the panels are located.

If the proposed arrangement and selection of solar panels do not comply with these criteria, the applicant must explain why such compliance is not feasible and how its proposal is consistent with the surrounding neighborhood.

PLEASE COMPLETE THE FOLLOWING

Proposed work: PV Solar Roof Mounted System

(37) Sunpower E20-327-E-AC / System Size: 12.099 kW DC

Total valuation of work: \$30,247.50

County Tax ID Number of Property: 60.17-2-54

Zoning District _____

Zoning: Single Family X Two Family _____ Other (specify) _____

Sewage Disposal: Public Sewers X Septic System _____

Contractor Information:

Name Anthony S. Sicari, Jr. / NYS Solar Farm Inc.

Address 1938 Route 44/55, Modena, NY 12548

Phone 845-256-6051 Email: b Rose@nyssf.com

**OFFICE OF THE BUILDING INSPECTOR
INCORPORATED VILLAGE OF UPPER NYACK
PROPERTY OWNER CERTIFICATION**

Inc. Village of Upper Nyack
County of Rockland
State of New York

Property Owner: Robert Berger

Certifies that he/she resides at 117 School Street, Nyack, NY 10960

and that he/she is the owner of all that certain lot, parcel of land and/or building located at
(60.17-2-54) 117 School Street, Nyack, NY 10960

and proposed construction will be performed in accordance with the New York State Building Code;
in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack; and in
accordance with plans and specifications submitted herewith.

Signature ****Please see Attached Consent Form****

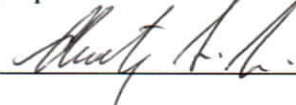
Date 09/12/2022

**STATEMENT BELOW ONLY TO BE FILLED OUT IN THE EVENT THIS APPLICATION
IS MADE BY PERSON OTHER THAN OWNER OF PROPERTY**

Inc. Village of Upper Nyack
County of Rockland
State of New York

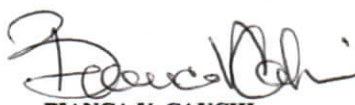
Agent Name: Anthony S. Sicari Jr. / NYS Solar Farm Inc. being duly sworn deposes and says:

1. That Robert Berger is the owner of the land that is the subject of this permit.
2. The deponent is duly authorized to make this application by said owner.
3. That the proposed work is authorized by said owner.

Agent Signature 

Sworn to before me this 12th day of Sept. 2022

(Notary Public)


BIANCA V. CAUCHI
Notary Public, State of New York
No. 01CA6233239
Qualified in Ulster County
Term Expires December 27, 2022

VILLAGE OF UPPER NYACK GENERAL MUNICIPAL LAW 809 STATEMENT

APPLICATION NAME: NYS Solar Farm, Inc.

APPEARING BEFORE (CIRCLE ALL THAT APPLY):

PLANNING BOARD

ZONING BOARD OF APPEALS

ARCHITECTURAL REVIEW BOARD

BOARD OF TRUSTEES

STATE OF NEW YORK) ss:

COUNTY OF Ulster

Anthony S. Sicari, Jr.

being duly sworn, deposes and says: (deponent name)

Your deponent is over 18 years of age and (resides at) or **(maintains an office at)** [circle one]:

1938 Route 44/55, Modena, NY 12548

Deponent is the **(a) applicant**, (b) one of the applicants, (c) officer of applicant _____

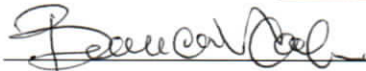
(state office held), (d) partner or principal in applicant. [circle applicable status].

To deponent's knowledge, the following state, county, Town of Clarkstown or Village of Upper Nyack officers or employees have an interest in the applicant as defined in General Municipal Law § 809 (for each person identified state his or her name, residence address and the nature and extent of his or her interest in the applicant; if none, so state):

None

(Signed) 

Sworn to before me this 10th day of 2022.



Notary Public

BIANCA V. CAUCHI
Notary Public, State of New York
No. 01CA6233239
Qualified in Ulster County 22
Term Expires December 27, 22

8

100-30131
60.17-2-54
vic Upper Nyack
The Clarkstown

**BARGAIN AND SALE DEED WITH COVENANT AGAINST GRANTOR'S ACTS
(INDIVIDUAL OR CORPORATION)**

FORM 8002 (short version), FORM 8007 (long version)

CAUTION: THIS AGREEMENT SHOULD BE PREPARED BY AN ATTORNEY AND REVIEWED BY ATTORNEYS FOR SELLER AND PURCHASER BEFORE SIGNING.

THIS INDENTURE, made the 9th day of May, 2022

BETWEEN

YUVAL SADAN and ZOHARA SADAN, as husband and wife,
with an address of 117 School Street, Upper Nyack, NY 10960,
party of the first part, and

20
ROBERT BERGER and DEBRA BENTLEY, as husband and wife
residing at 577 Eureka Avenue, San Francisco, CA 94114,
party of the second part;

WITNESSETH, that the party of the first part, in consideration of One Dollar and No Cents (\$1.00), lawful money of the United States, paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever;

ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the Town of Clarkstown, County of Rockland and State of New York, and more particularly described as follows:

SEE ATTACHED SCHEDULE "A"

TOGETHER with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof.

TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises,

BEING and intended to be the same premises conveyed to Yuval Sadan and Zohara Sadan by Deed from Michael J. Barna and Mary Alice Barna, husband and wife, dated on November 2, 2020, and recorded in the Office of the Rockland County Clerk on November 3, 2020 in/under Instrument No. 2020-32207.

TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

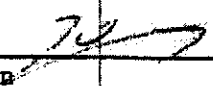
AND the party of the first part, covenants that the party of the first part has not done or suffered anything whereby the said premises have been encumbered in any way whatever, except as aforesaid.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the

cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires.

IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.


Yuval Sadan


Zohara Sadan

IN PRESENCE OF:

STATE OF NEW YORK)

) ss.:

COUNTY OF ROCKLAND)

On the 9th day of May, 2022, before me, the undersigned, personally appeared Yuval Sadan and Zohara Sadan personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that they executed the same in their capacity(ies), and that by their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.


NOTARY PUBLIC

Cynthia A. Costa-Trahan
Notary Public, State of New York
No. 02C05074644
Qualified in Rockland County
Commission Expires 5/17/2023

**BARGAIN AND SALE DEED WITH
COVENANT AGAINST GRANTOR'S ACTS
Title No. HAS-30931**

**SADAN
TO
BERGER and BENTLEY**

Section 60.17

Block 2

Lot 54

County of Rockland, Town of Clarkstown

Street Address : 117 School Street

Upper Nyack, NY 10960

Return By Mail To:

Gary Schultz 10 Brighton Lane New City, NY 10956	
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The Security Title Guarantee Corporation of Baltimore

Title Number: HAS-30931

SCHEDULE A DESCRIPTION

ALL that certain plot, piece or parcel of land situate, lying and being in the Village of Upper Nyack, Town of Clarkstown, County of Rockland and State of New York, shown and designated as Lot No. 2 on a certain map entitled "Subdivision of Property for Gusto Building Corp." drawn by William B. Decker, revised February 24, 1972 and filed in the Rockland County Clerk's Office on November 8, 1972 in Book 85 of Maps page 2 as Map No. 4350.

Being and intended to be the same premises conveyed to the grantor(s) by deed dated November 2, 2020 and recorded in the Rockland County Clerk's Office on November 3, 2020 as Instrument Number 2020-32207.

TITLE # 85C-91757



SURVEY OF PROPERTY
FOR

WILLIAM & MARY ALICE DICKEY

VILLAGE OF UPPER NYACK

ROCKLAND COUNTY

SCALE: 1" = 30'

SEPT. 3, 1985

NEW YORK

AREA = 0.23 AC.

CERTIFIED TO: WILLIAM DICKEY, MARY ALICE DICKEY, PROVIDENT SAVINGS, A FEDERAL SAVINGS AND LOAN ASSOCIATION, ITS SUCCESSORS AND ASSIGNS AND CHICAGO TITLE INSURANCE COMPANY TO BE CORRECT AND ACCURATE.

REFERENCE: MAP ENTITLED "GUSTO BUILDING CORP." FILED IN R.C.C.O. NOV. 8, 1972 IN BOOK 85, PAGE 2 AS MAP 4350.

TAX LOT DESIG.

149-B-22.03

RO 7151

COPIES OF THIS SURVEY NOT BEARING THE EMBOSSED SEAL OF THE LAND SURVEYOR SHALL NOT BE VALID. GUARANTEES OF CERTIFICATIONS ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.

UNAUTHORIZED ALTERATION OF THIS DOCUMENT, IN ANY WAY, CONSTITUTES A VIOLATION OF THE NEW YORK STATE EDUCATION LAW § 7209 (2).

Rose A.

LIC. 49162

DILLIN & SORACE ASSOCIATES
PROFESSIONAL LAND SURVEYORS
NEW CITY, N.Y. — GOSHEN, N.Y.

The Security Title Guarantee Corporation of Baltimore

Title Number: HAS-30931

Survey Exceptions

Survey made by Dillin & Sorace Associates dated September 3, 1985 shows the premises herein improved by a 2 story frame dwelling with stoop, steps, walkway and macadam driveway at the front of the dwelling; and a deck and patio at the rear of the dwelling; a walkway, concrete patio and planter located north and east of the dwelling; split rail fence as shown; and the Survey shows the following encroachments, variations and/or other exceptions from coverage:

- a) A portion of the macadam driveway extends beyond the westerly or front record boundary line and encroaches into the right of way lines of School Street as shown.
- b) 15' Right of Way Easement to Orange & Rockland Utilities, Inc. (Liber 926 Page 275) extends through the front or westerly most portion of the premises herein as shown. A portion of the macadam driveway of premises herein encroaches into such Right of Way Easement area as shown.
- c) Split rail fence is generally on or along the easterly or rear record boundary line.

Title Company Physical Inspection dated March 13, 2022, discloses the following additional exceptions:

- 1) Wood and wire fence added on, near and/or beyond a portion of the northerly and easterly record boundary lines near northeast portion of rear yard - exact location of fence not determined.
- 2) Wood and wire fence added on, near and/or beyond a portion of the southerly and easterly record boundary lines near southeast portion of premises - exact location of fence not determined.
- 3) Towards its southerly half a portion of the split rail fence shown on the copy of the above Survey on or along the easterly or rear record boundary line has been removed.

The following additional changes were found and are reported FOR INFORMATION ONLY:

- i) A wood deck and steps have been added on the rear northeast side of the dwelling.
- ii) A metal shed has been added in the northeast portion of rear yard.

*Except
fee*

SUNPOWER®

by New York State Solar Farm

NEW YORK STATE SOLAR FARM 1938 STATE ROUTE 44/55, MODENA, NY 12548

UNIVERSAL NEW YORK PROPERTY OWNER'S ENDORSEMENT
(Person applying for building permit is not the property owner)

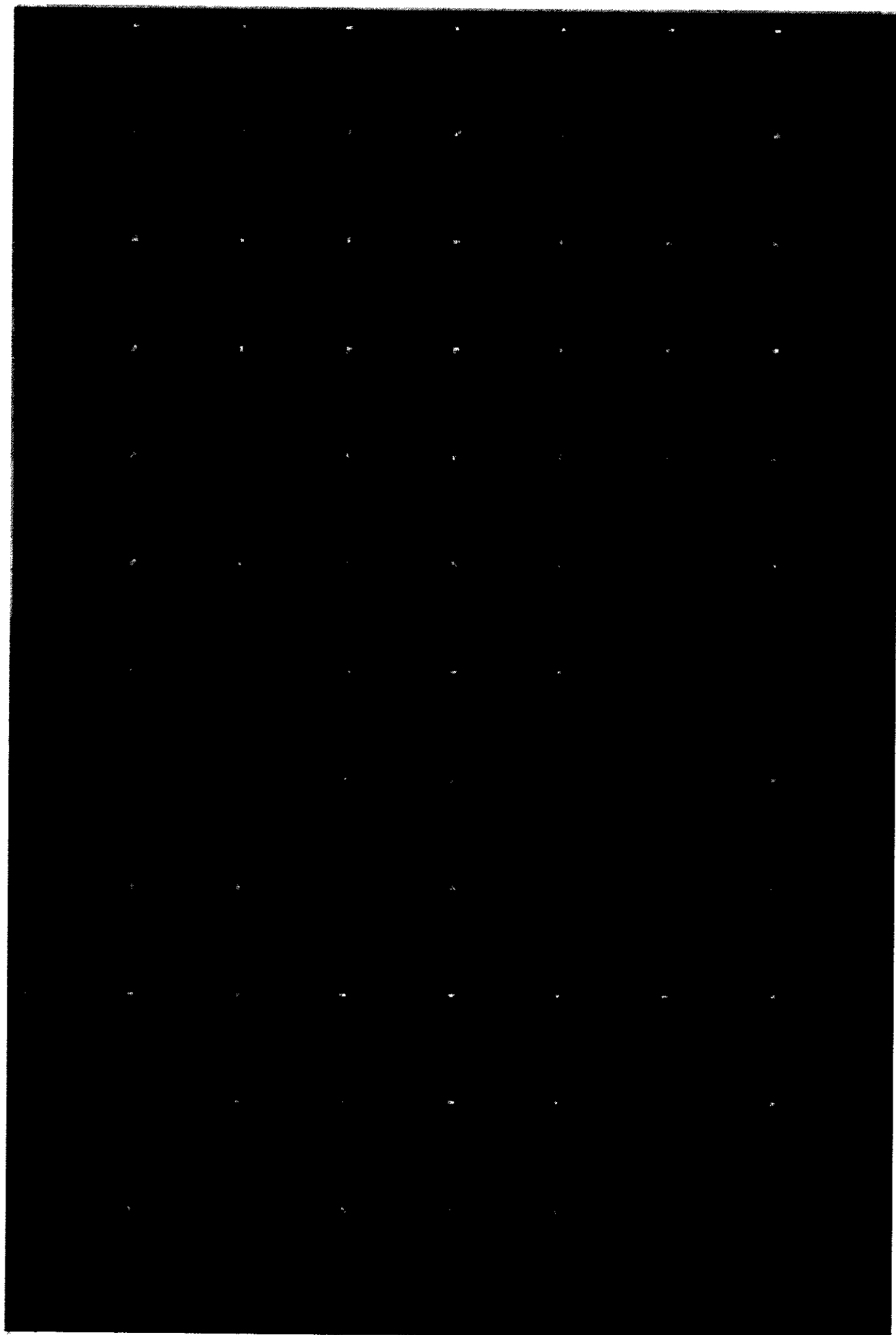
State of New York, county of Rockland --I hereby certify that
I, Robert Berger am the owner in fee of
117 school street (address) in the Town of
Nyack. I also hereby authorize Anthony S. Sicari, Jr. of SunPower by
New York State Solar Farm, Inc. to apply for, file, and receive permit(s) to perform the installation of a
photovoltaic system on my residence.

Owner Signature *robert berger* Date Jul 5, 2022
robert berger (Jul 5, 2022 13:37 EDT)

SunPower® by New York State Solar Farm
SunPower® Master Dealer

Solar System Design and Installation

1938 Rt. 44/55, Modena, NY 12548 Tel: 845-255-0610 Email: info@nyssf.com



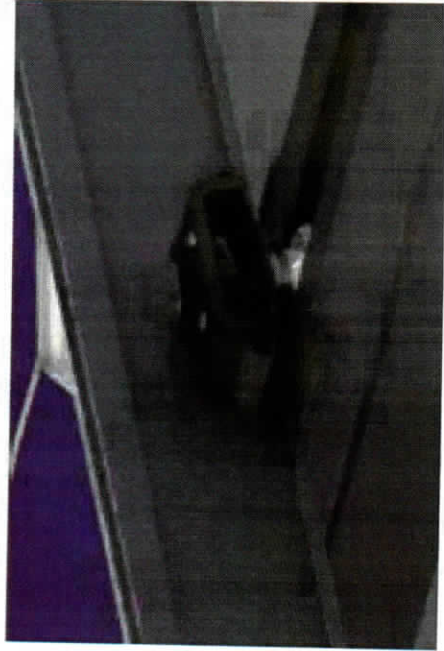
SunPower® InvisiMount™ | Reside

InvisiMount

Module¹ / Mid Clamp and Rail



Ground Lug Assembly



Row-to-



Mid Clamp



Row-to-Row Grounding Clip

InvisiMount Component Details

Mid clamp	Black oxide stainless steel 300 series	63 g (2.2 oz)
End clamp	Black anodized aluminum 6000 series	110 g (3.88 oz)
Rail	Black anodized aluminum 6000 series	830 g/m (9 oz/ft)

STATE OF NEW YORK
COUNTY: Rockland
TOWN OF CLARKSTOWN
SWIS: 392001 (UPPER NYACK)

2022 TOWN FINAL ROLL
TAXABLE SECTION OF THE ROLL - 1
PARCEL ID ORDER
UNIFORM PERCENT OF VALUE = 27.05

PAGE: 232
ROLL PRINT DATE: 6/27/2022
VALUATION DATE: 7/1/2021
TAXABLE STATUS DATE: 3/1/2022

TAX MAP PARCEL ID	CD	PROPERTY LOCATION & CLASS	ASSESSMENT EXEMPTION CODE	COUNTY	TOWN	SCHOOL
CURRENT OWNERS NAME	SCHOOL DISTRICT	LAND	TAX DESCRIPTION			
CURRENT OWNERS ADDRESS	PARCEL SIZE/GRID COORD	TOTAL	SPECIAL DISTRICTS		TAXABLE VALUE	
60.17-2-53	CU	104 HIGHMOUNT AVE UPPER N	HOMESTEAD	60.17-2-53		
BUCHHOLZ KARIN	210 1 FAMILY RES	41854 BAS STAR		ACCT: 149B22.1		17,730
& PARTRICK MELODY	NYACK UNION FREE CS	41,800 COUNTY TAXABLE			117,800	
104 HIGHMOUNT AVE	149-B-22.1	TOWN TAXABLE			117,800	
UPPER NYACK NY 10960	ACREAGE 0.27	117,800 VILLAGE TAXABLE			117,800	
	EAST 614367 NRTH 400982	SCHOOL TAXABLE			100,070	
	DEED BK 2005 PG 11145	AM004 NYACK AMB DIST			117,800 TO	
	HANK NETS	FD021 NYACK JOINT FIR			117,800 TO	
	FULL MKT VAL 435,489	LT001 CONSOL LIGHT DI			117,800 TO M	
		SR001 REFUSE/GARBAGE			1.00 SU M	
		117,800. TO M			1.00 UN M	
		SWD01 COUNTY SOL WAST			1.00 SU M	
		117,800. TO C			1.00 UN M	
		SWD02 COUNTY SOL WAST			1.00 SU M	
		1.00 UN M				
60.17-2-54	PN	117 SCHOOL ST UPPER NYACK	HOMESTEAD	60.17-2-54		
SADAN YUVAL & ZOHARA	210 1 FAMILY RES	COUNTY TAXABLE		ACCT: 149B22.2		
117 SCHOOL ST	NYACK UNION FREE CS	TOWN TAXABLE			111,000	
UPPER NYACK NY 10960	149-B-22.2	VILLAGE TAXABLE			111,000	
	ACREAGE 0.23	SCHOOL TAXABLE			111,000	
	EAST 614284 NRTH 400984	AM004 NYACK AMB DIST			111,000 TO	
	DEED BK 2020 PG 32207	FD021 NYACK JOINT FIR			111,000 TO	
	FULL MKT VAL 410,351	LT001 CONSOL LIGHT DI			111,000 TO M	
		SR001 REFUSE/GARBAGE			1.00 SU M	
		111,000. TO M			1.00 UN M	
		SWD01 COUNTY SOL WAST			1.00 SU M	
		111,000. TO C			1.00 UN M	
		SWD02 COUNTY SOL WAST			1.00 SU M	
		1.00 UN M				
			HOMESTEAD	60.17-2-55		
		115 SCHOOL ST UPPER NYACK		ACCT: 149B22.3		

Tax Bills Online

Collection: Town & County 2022

Fiscal Year Start: 1/1/2022

Fiscal Year End: 12/31/2022

Warrant Date: 12/28/2021

[View Printable Version](#)

Total Tax Due (minus penalties & interest) \$0.00

Entered	Posted	Total	Tax Amount	Penalty	Surcharge	Via	Type
2/1/2022	1/31/2022	\$4,177.53	\$4,177.53	\$0.00	\$0.00	Mail	Full Payment

Tax Bill #	SWIS	Tax Map #	Status
000671	392001	60.17-2-54	Payment Posted
Address	Municipality	School	
117 SCHOOL ST UPPER NYACK	Town of Clarkstown	NYACK UNION FREE CSD	

Owners

SADAN YUVAL & ZOHARA
117 SCHOOL ST
UPPER NYACK, NY 10960

Property Information

Roll Section: 1
Property Class: 1 FAMILY RES
Lot Size: 0.23

Assessment Information

Full Market Value: 365733.00
Total Assessed Value: 111000.00
Uniform %: 30.35

Description	Tax Levy	Percent Change	Taxable Value	Rate	Tax Amount
HOMESTEAD PARCEL		0.0000	0.000	0.00000000	\$0.00
COUNTY TAX	130770100	0.0000	111000.000	10.02178300	\$1,112.42
TOWN TAX	111913007	2.2900	111000.000	20.22676300	\$2,245.17
OPEN SPACE	308369	-5.2700	111000.000	0.06646700	\$7.38
NYACK AMB DIST	195807	0.6300	111000.000	0.48028500	\$53.31
NYACK JOINT FIRE DIS	476221	1.8400	111000.000	3.11079800	\$345.30
CONSOL LIGHT DIST	867042	-13.3000	111000.000	0.18263800	\$20.27
REFUSE/GARBAGE DIST	10559530	6.2700	0.000	0.00000000	\$128.87
COUNTY SOL WASTE	31303797	17.3600	0.000	0.00000000	\$186.53
COUNTY SOL WASTE	31303797	17.3600	0.000	0.00000000	\$78.28

Total Taxes: \$4,177.53



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/10/2022

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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
INSURED DELEONARDIS ELECTRIC INC PO BOX 108 GARNERVILLE, NY 10923-0108		INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY INSURER B: FEDERATED RESERVE INSURANCE COMPANY INSURER C: INSURER D: INSURER E: INSURER F:	
176-337-4		NAIC # 13935 16024	

COVERAGES**CERTIFICATE NUMBER: 129****REVISION NUMBER: 0**

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	COMMERCIAL GENERAL LIABILITY	Y	N	6125466	04/23/2022	04/23/2023	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY						MED EXP (Any one person)	\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$1,000,000
	OTHER:						GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COM/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY	N	N	6125467	04/23/2022	04/23/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	N	N	6125469	04/23/2022	04/23/2023	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$10,000							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A	1804173	04/23/2022	04/23/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**176-337-4
VILLAGE OF UPPER NYACK
328 N BROADWAY
NYACK, NY 10960-1521

129 0

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



**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

1a. Legal Name & Address of Insured (use street address only) Deleonardis Electric Inc 139 Route 9W Ste 4 Haverstraw, NY 10927-1427 176-337-4 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 845-947-1572 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 13-3409623
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Upper Nyack 328 N Broadway Nyack, NY 10960-1521 #129	3a. Name of Insurance Carrier Federated Reserve Insurance Company 3b. Policy Number of Entity Listed in Box "1a" 1804173 3c. Policy effective period 04/23/2022 to 04/23/2023 3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board 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.**

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: James Elit

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:

James Elit

(Signature)

04/10/2022

(Date)

Title: Authorized Representative

Telephone Number of authorized representative or licensed agent of insurance carrier: 888-333-4949

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
Board

CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) DELEONARDIS ELECTRIC, INC. PO BOX 108 GARNERVILLE, NY 10923 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	1b. Business Telephone Number of Insured 845-947-1572 1c. Federal Employer Identification Number of Insured or Social Security Number 133409623
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Upper Nyack 328 North Broadway Nyack, NY 10960	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL432862 3c. Policy effective period 01/01/2022 to 12/31/2023

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.
☐ B. Disability benefits only.
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 7/18/2022 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are 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, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have 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 and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.





Rockland County

Ed Day, Rockland County Executive

CONSUMER PROTECTION / WEIGHTS & MEASURES

50 Sanatorium Road, Building A, 8th Floor

Pomona, NY 10970

(845) 364-3901 Fax: (845) 364-3902

CPLCAL@co.rockland.ny.us

The issuance and retention of this license is contingent upon the licensee's compliance with the laws of the State of New York and the County of Rockland, the rules and regulations of the Office of Consumer Protection, and the rules and regulations of all other New York State and Rockland County agencies, now in effect or which may hereafter be enacted.

LICENSED FOR

HOME IMPROVEMENT

LICENSE NUMBER: **H-12468**

LICENSE CLASSIFICATIONS:

40 Solar Panel Installer

ISSUED TO: **New York State Solar Farm Inc.**

1938 Route 44/55


Modena, NY 12548

LICENSE HOLDER: **Vincent Ricotta**

INITIAL APPLICATION DATE: **5/4/2016**

EFFECTIVE DATE: **6/1/2022**

EXPIRATION DATE: **5/31/2023**


Director and Public Advocate

5/23/2022

PLEASE NOTE:

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED

This Does Not Constitute A Mechanical Or Electrical License



Workers'
Compensation
Board

CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) NEW YORK STATE SOLAR FARM, INC. 1938 ROUTE 44/55 MODENA, NY 12548 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	1b. Business Telephone Number of Insured 518-610-8164 1c. Federal Employer Identification Number of Insured or Social Security Number 320239169
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Upper Nyack 328 N Broadway Upper Nyack, NY 10960	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL362330 3c. Policy effective period 07/15/2021 to 07/14/2023

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.
☐ B. Disability benefits only.
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 7/8/2022 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are 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, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have 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 and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/06/2022

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 Integrated Brokerage Services, Inc. 303 Sunnyside Blvd Suite 25 Plainview NY 11803	CONTACT NAME: Kieran Basra PHONE (A/C, No, Ext): (516) 551-2858 FAX (A/C, No): (516) 997-2910 E-MAIL ADDRESS: kieranb@ibsinsurance.com																					
INSURED New York State Solar Farm Inc. 1938 Route 44/55 Modena NY 12548	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Westchester Surplus Lines Insurance Company</td><td>10172</td></tr><tr><td>INSURER B:</td><td>Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Westchester Surplus Lines Insurance Company	10172	INSURER B:	Hartford Fire Insurance Company	19682	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES **CERTIFICATE NUMBER:** CL2111319336 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			G71201600004	11/05/2021	11/05/2022	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
						Pollution/Profess. Liab. \$ 1,000,000 each	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Contractor's Equipment - Installation Floater			12MSBI5789K1	11/05/2021	11/05/2022	Any one premises: \$150,000

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

CERTIFICATE HOLDER Village of Upper Nyack 328 N Broadway Upper Nyack NY 10960	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 
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**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

1a. Legal Name Address of Insured (use street address only)

Justworks Employment Group LLC

NEW YORK STATE SOLAR FARM INC.

1938 Route 44/55

Modena, NY 12548

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

1b. Business Telephone Number of Insured

(888) 534-1711

1c. NYS Unemployment Insurance Employer Registration Number of insured

1d. Federal Employer Identification Number of Insured or Social Security Number

320239169

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

Village of Upper Nyack

328 N. Broadway

Upper Nyack, NY 10960

3a. Name of Insurance Carrier

American Zurich Insurance Company

3b. Policy Number of Entity Listed in Box "1a"

WC 48-37-526-02

3c. Policy effective period

6/1/2022 to 6/1/2023

3d. The Proprietor, Partners, or Executive Officers are

included. (Only check box if all partners/officers included)
all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers Compensation Board 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.

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: Douglas Jones

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:

(Signature)

9/1/2022

(Date)

Title: Vice President

Telephone number of authorized representative or licensed agent of insurance carrier:

(480)951-4177

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.

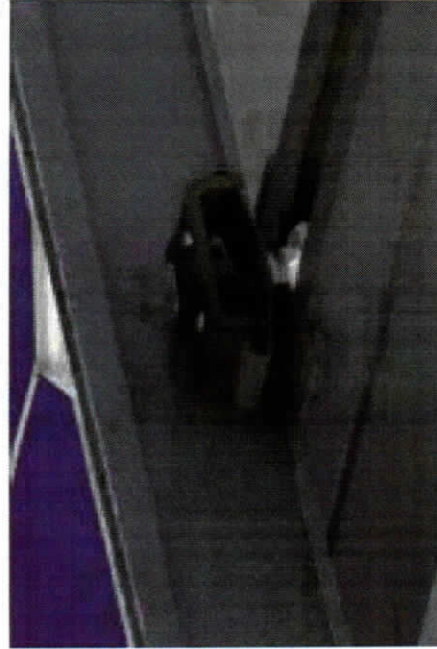
SunPower® InvisiMount™ | Reside

InvisiMount

Module¹ / Mid Clamp and Rail



Ground Lug Assembly



Row-to-



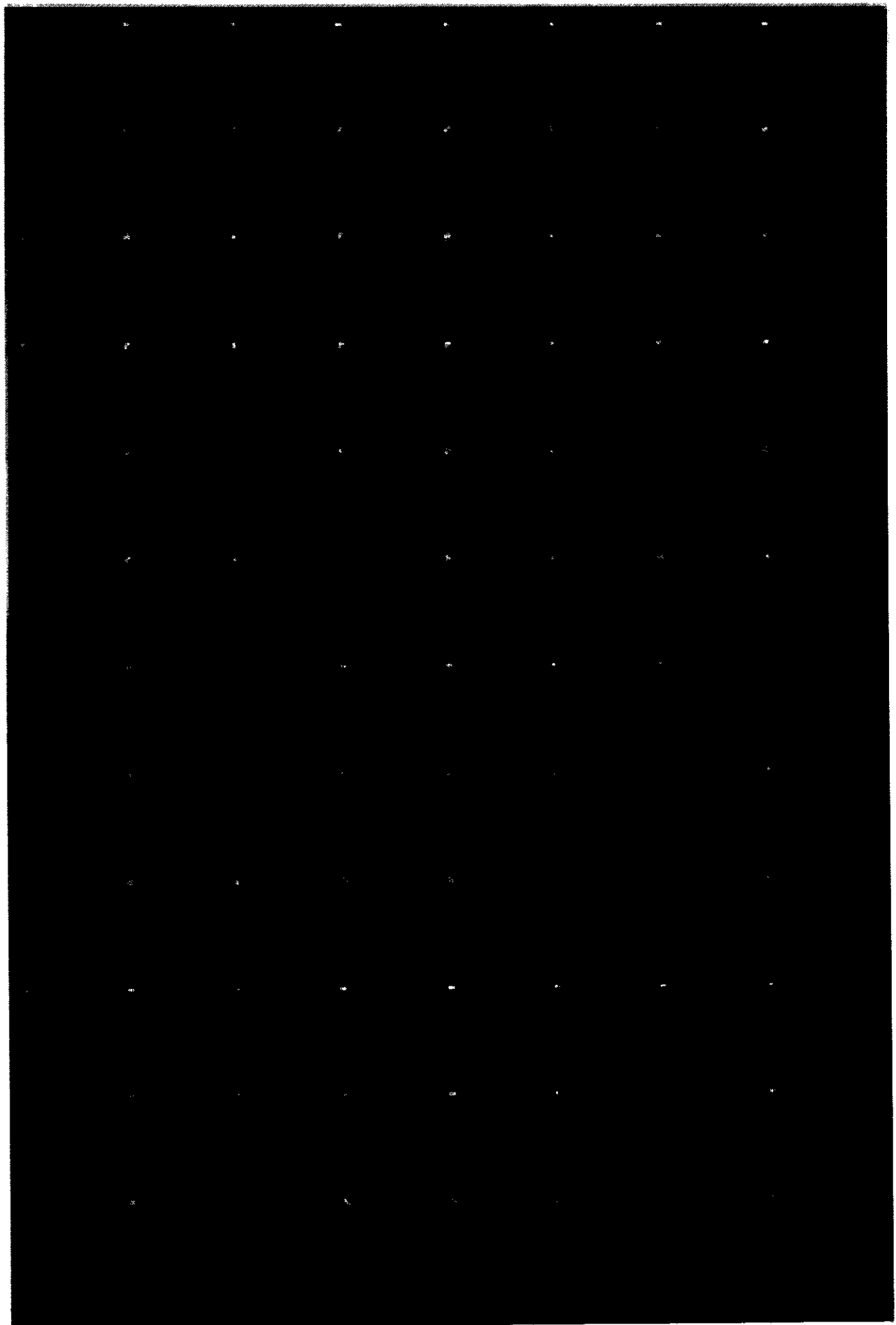
Mid Clamp



Row-to-Row Grounding Clip

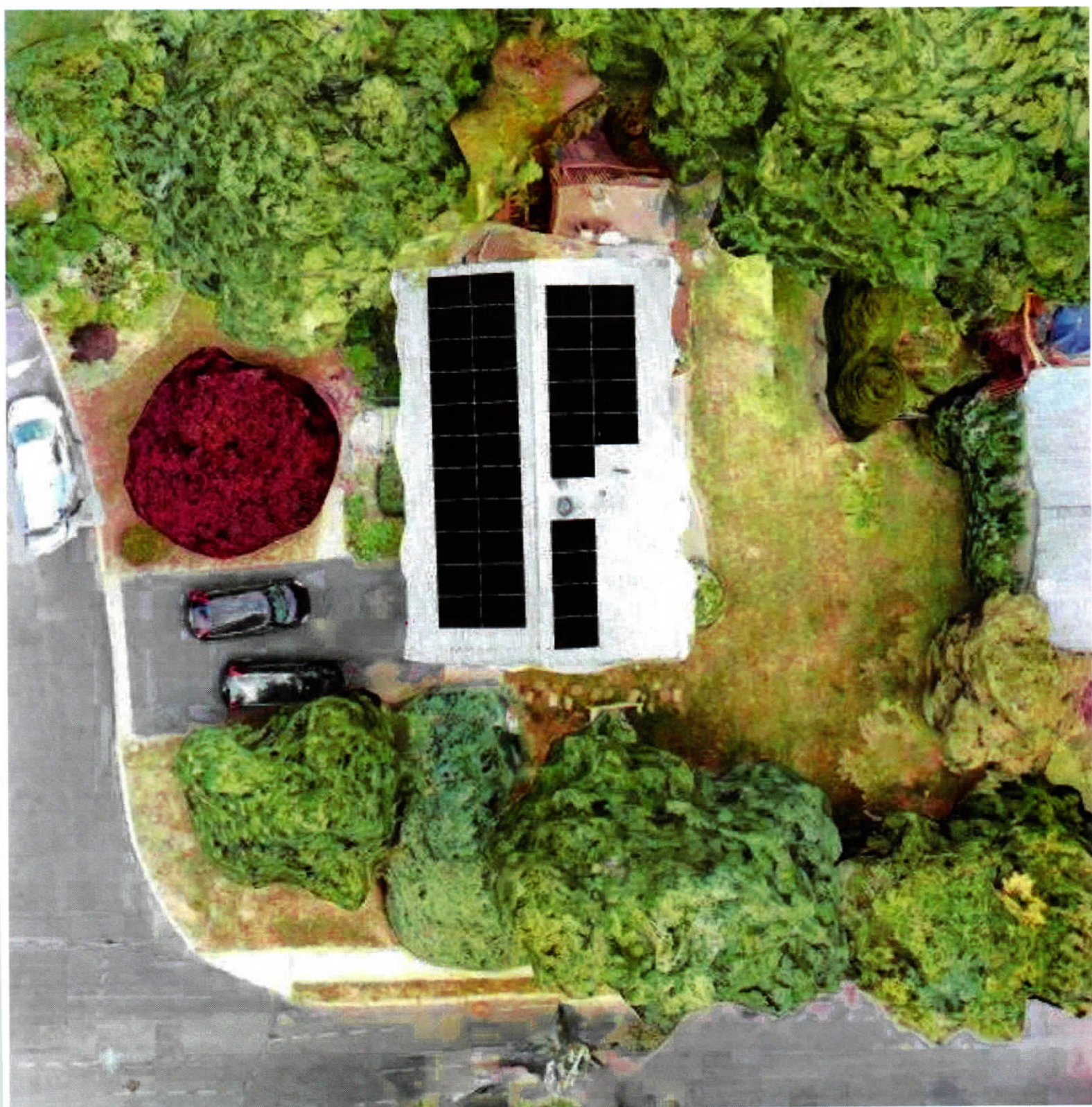
InvisiMount Component Details

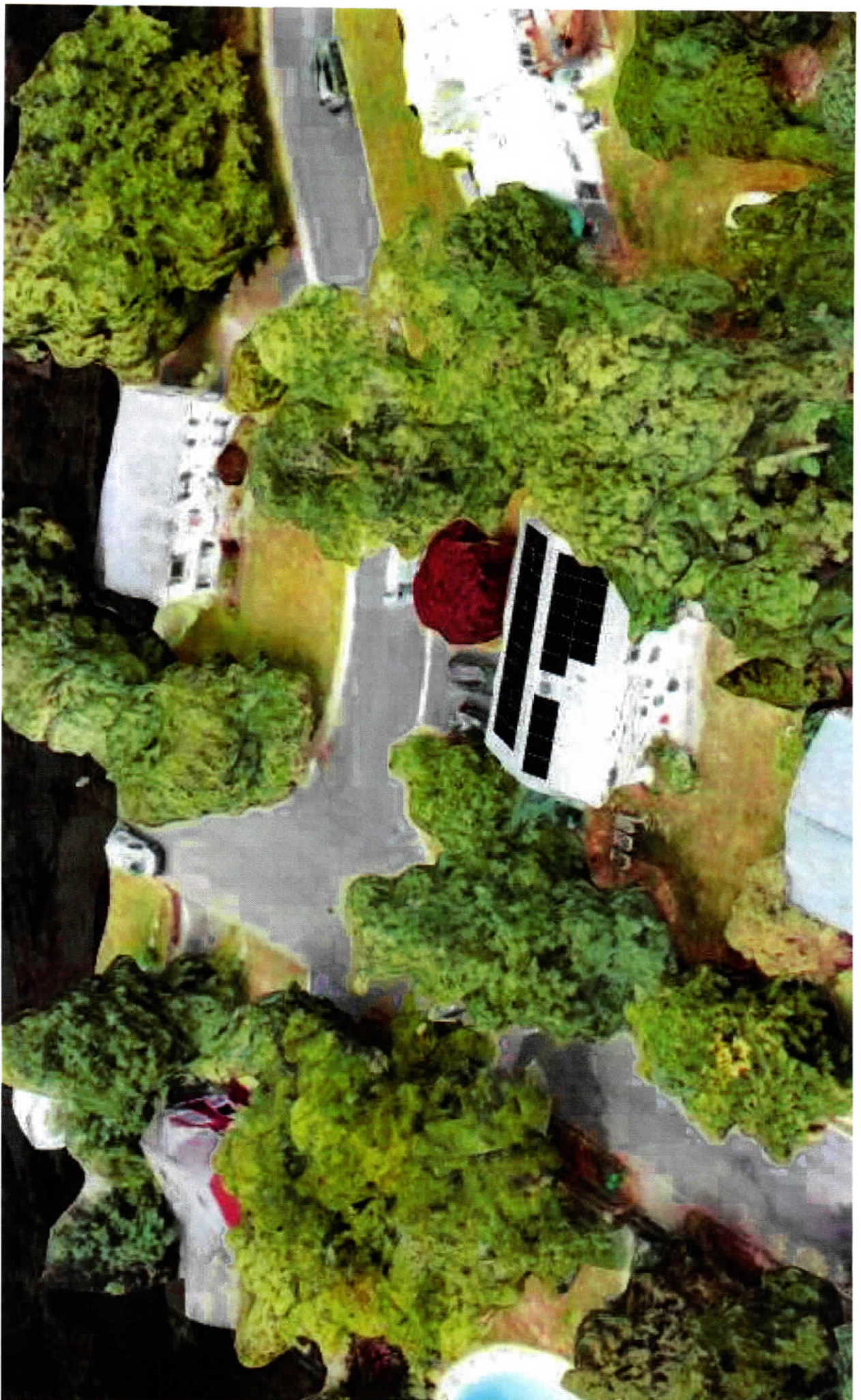
Mid clamp	Black oxide stainless steel 300 series	63 g (2.2 oz)
End clamp	Black anodized aluminum 6000 series	110 g (3.88 oz)
Rail	Black anodized aluminum 6000 series	830 g/m (9 oz/ft)



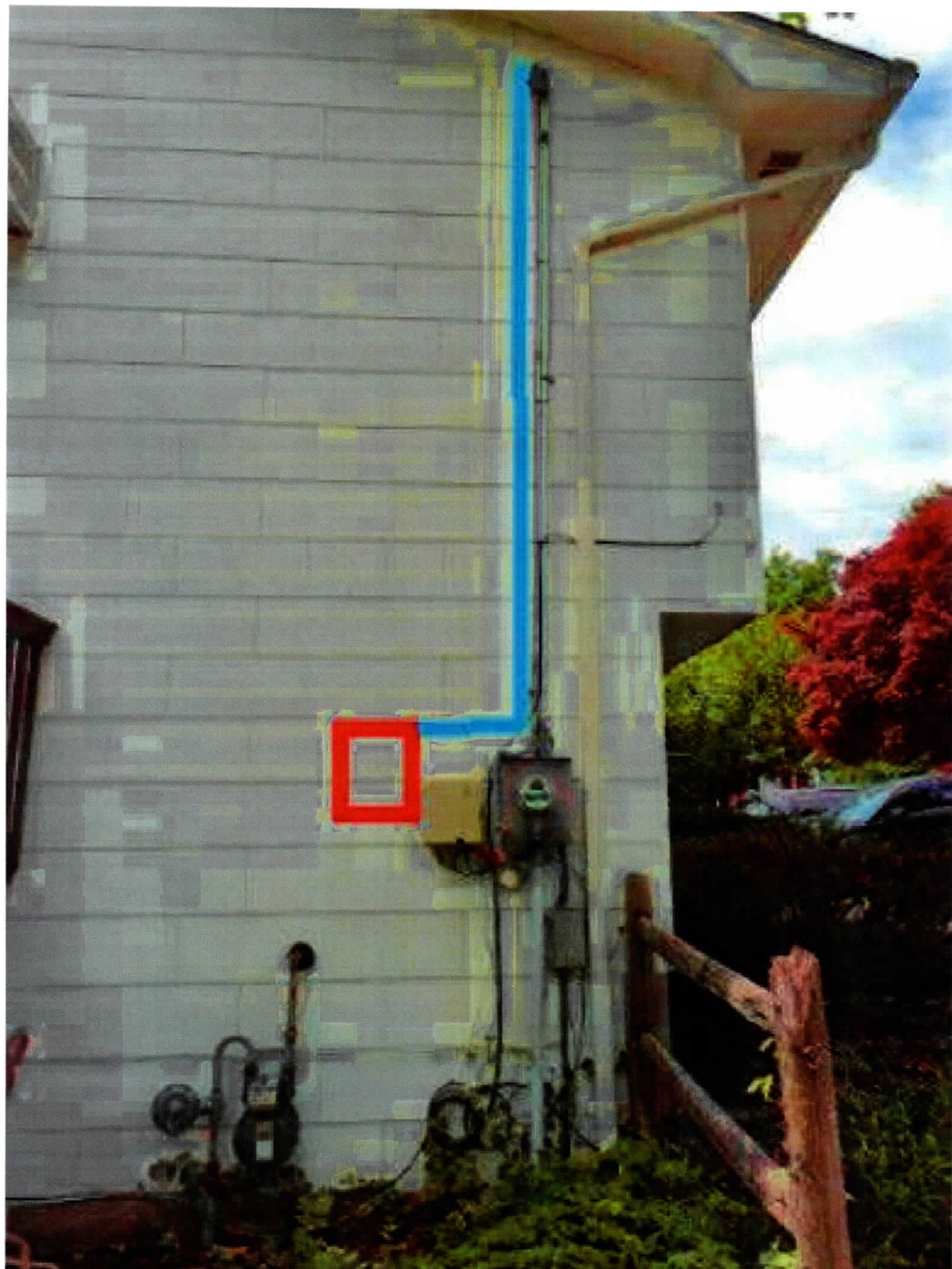












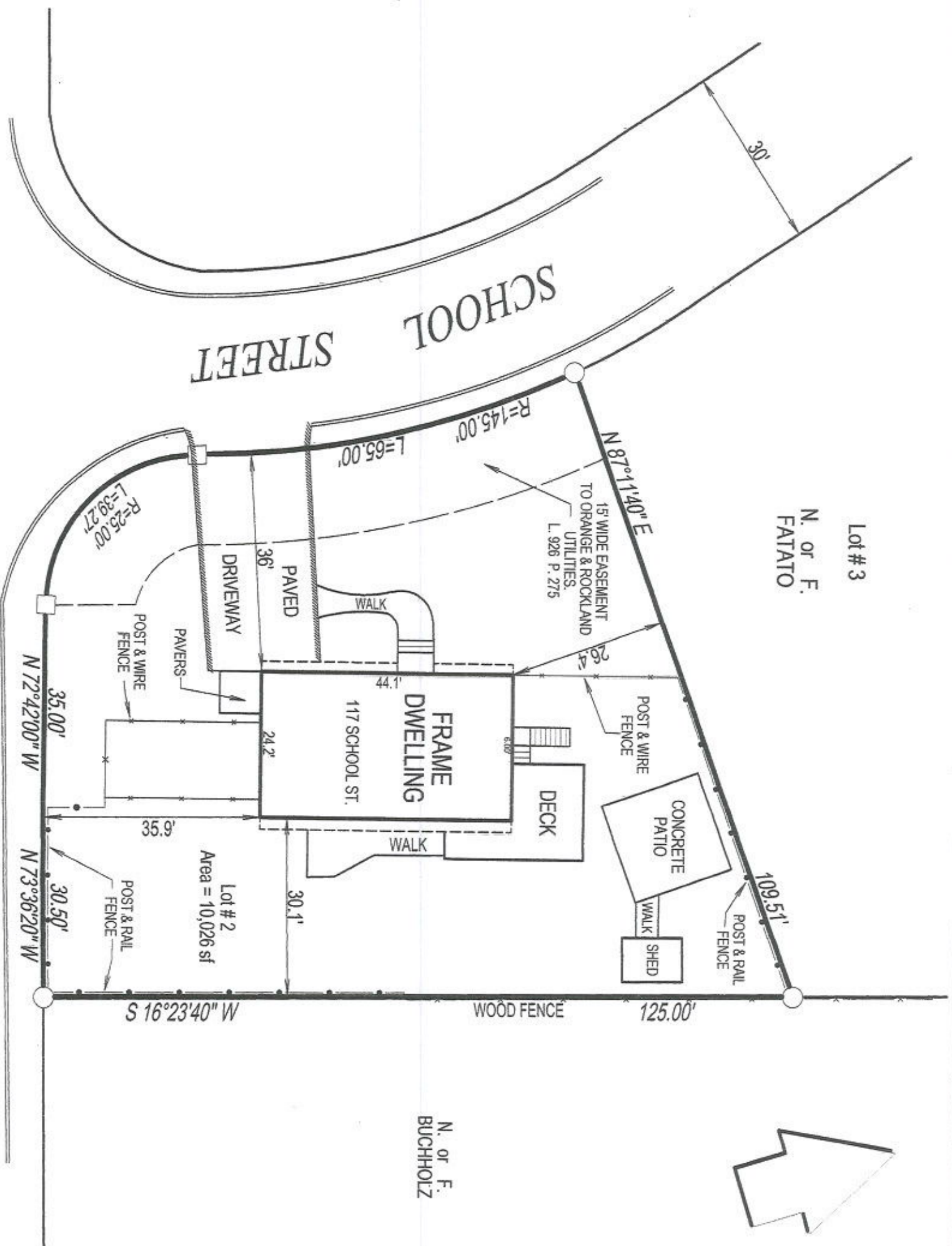








Lot # 3
N. or F.
FATATO



HIGHMOUNT AVENUE
(50 FT. WIDE)

RO 7151

Land Survey
For

BENTLEY & BERGER

Village of Upper Nyack

Town of Orangetown Rockland County, NY

Scale: 1" = 20' Area = 0.23 Ac.

November 8, 2022

Tax Lot Desig.: Section 60.17 Block 2 Lot 54

Reference: map entitled "GUSTO BUILDING CORP."
Filed in the Rockland County Clerks Office November 8, 1972
in book 85 page 2 as map # 4350.

Certified to:

- * Debra Bentley
- * Robert Berger

Certifications indicated hereon signify that this survey was prepared in accordance with the existing code of practice for Land Surveys adopted by the New York State Association of Professional Land Surveyors. Said certification shall run only to the person for whom the survey is prepared, and on behalf to the title company, governmental agency and lending institution listed hereon, and to the assignees of the lending institution. Certifications are not transferable to additional institutions or subsequent owners."



Robert E. Sorace, P.L.S.
135 South Main Street
New City, NY 10956
845-638-1498

Lic. 49162

James A. Koppenhaver, P.E.
575 Van Reed Rd, Wyomissing, PA 19610
(484) 794-9949 koppenhaverpe@gmail.com

August 15, 2022

Location: Robert Berger
 117 School St
 Nyack, NY 10960

Installer: Mr. Anthony Sicari, New York State Solar Farm
 1938 Route 44/55
 Modena, NY 12548

Re: Structural Verification for Solar Energy System's Rooftop Appurtenances

To Whom It May Concern:

The purpose of this letter is to verify that the existing roof rafters are adequate to support the additional loads from solar panels at the above location.

I have evaluated the structural wood rafters of the existing roof with the additional loading to account for the proposed solar panel application. Deflection and stresses of the structural components remain within the allowable for the existing roof. Compliance Method is through an Engineered Design in accordance with the 2020 Residential Code of New York State and Risk Category II for Wind Pressures from 115 mph, 3-sec. gust, Exposure B, and a Ground Snow Load of 30 psf. Mounting locations and methods are as indicated in our plan submission.

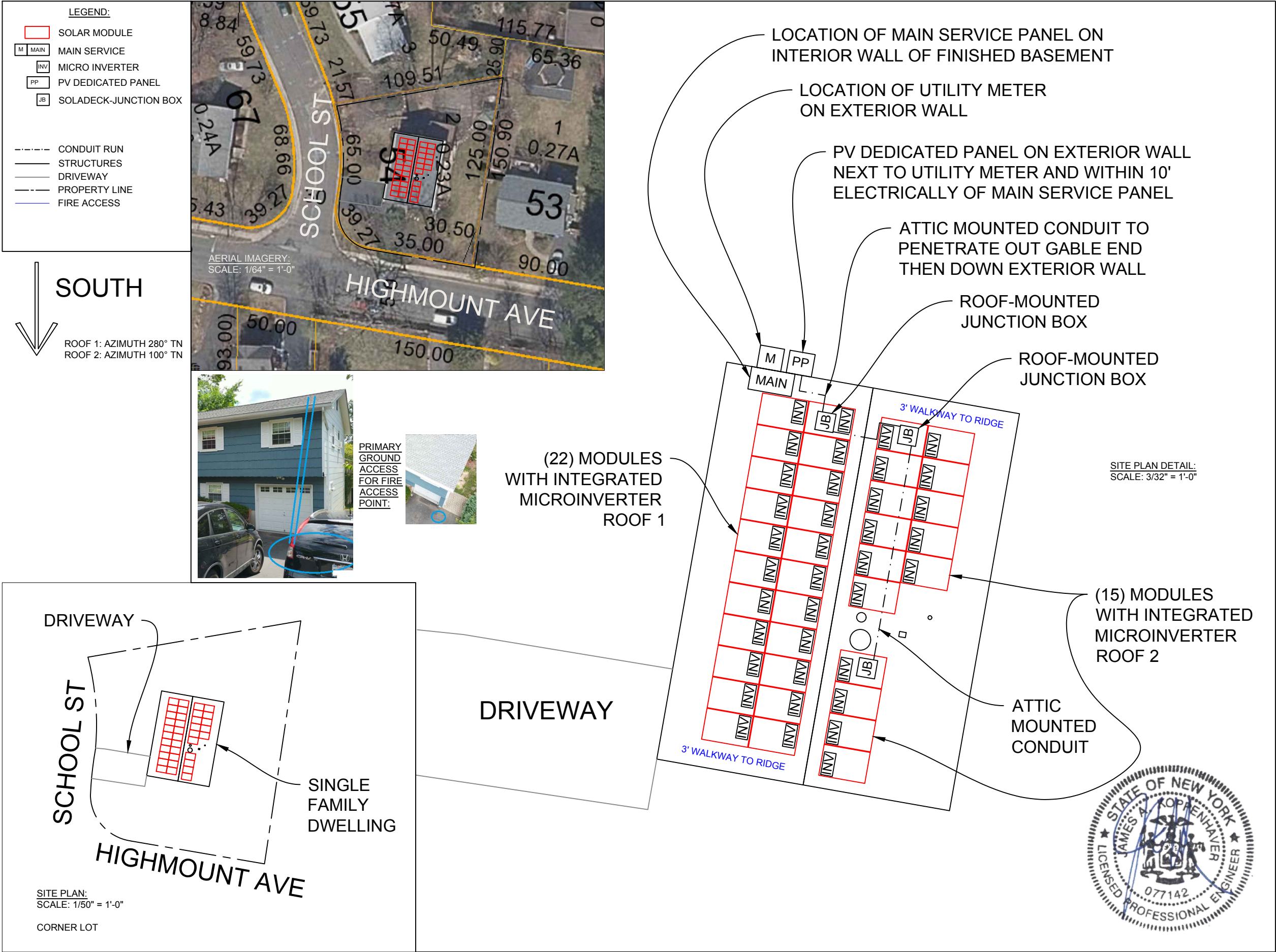
From the site inspection and analyses and as evidenced by previous roof loads withstood, the existing structure is certified to be structurally adequate to support the reactions of the solar panels in addition to the original design loading. Also, the wind analysis concluded that the existing structure is adequate to support the uplift pressures and strengthening or stiffening of the roof framing is not required. The dead load of the solar panel assembly in this assessment is approximately 3.0 psf.

Taking into consideration the risk to building and land, it is my professional opinion, with a reasonable degree of engineering certainty and probability, that the structural integrity of the roof framing will remain sound with the solar panel installation. Should you have any questions with regard to the information contained in this letter, please do not hesitate to contact me.

Submitted,



CONFORMING TO 2020 RESIDENTIAL CODE OF NEW YORK STATE & 2017 NEC



NEW YORK STATE SOLAR FARM INC.

1938 ROUTE 44/55

MODENA, NY 12548 USA

PHONE: 1.877.SOLAR.95

BuySolarLocal.com
SUNPOWER®
by
New York State Solar Farm

CUSTOMER:

ROBERT BERGER

RESIDENCE

117 SCHOOL ST

NYACK, NY 10960

CUSTOMER ID#:

28829

PV SYSTEM CONFIGURATION:

SYSTEM SIZE: 12.099 kW DC

SYSTEM SIZE: 11.655 kW AC

PV MODULES:(37) SUNPOWER

E20-327-E-AC

MICRO INVERTER: (4 BRANCHES)

DRAWN BY: NYSOLAR-AS

DATE: 8-12-2022

REV: 0

INSTALLER CODE: 0

SHEET #: PV1

SHEET TITLE: SITE PLAN

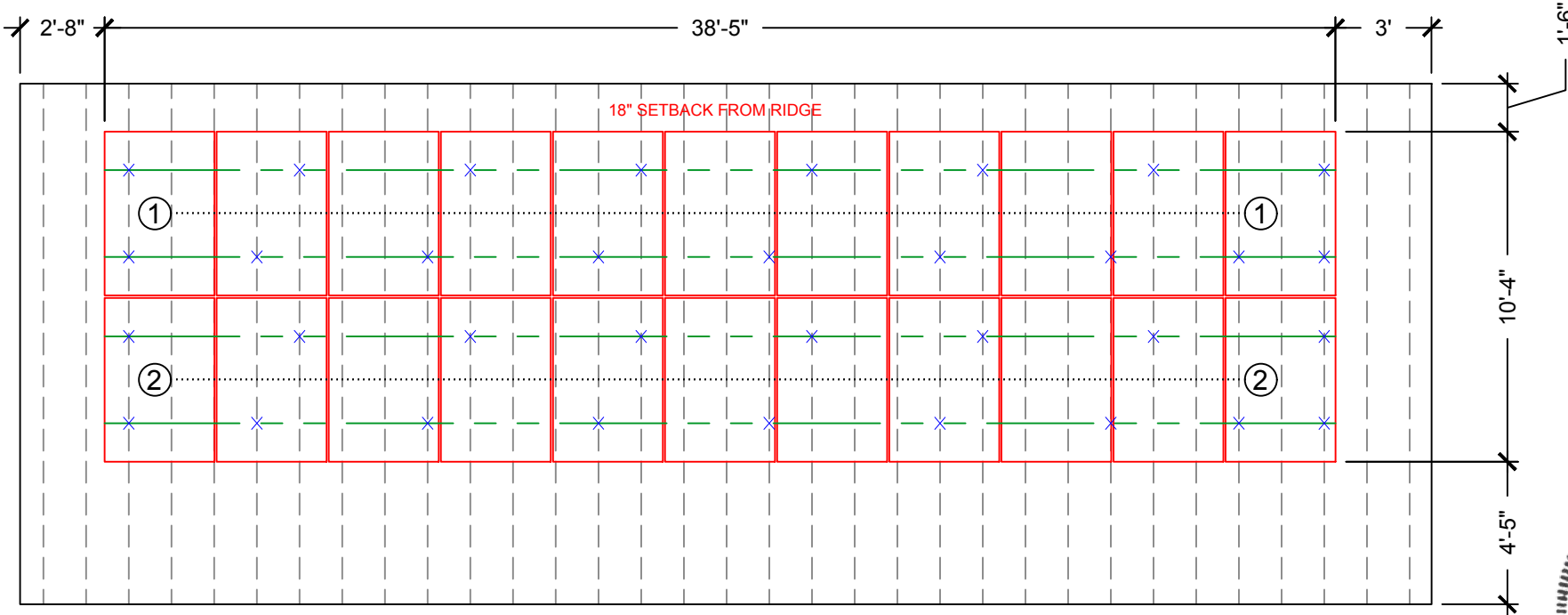
1 OF 10 SHEETS

SCALE: LISTED

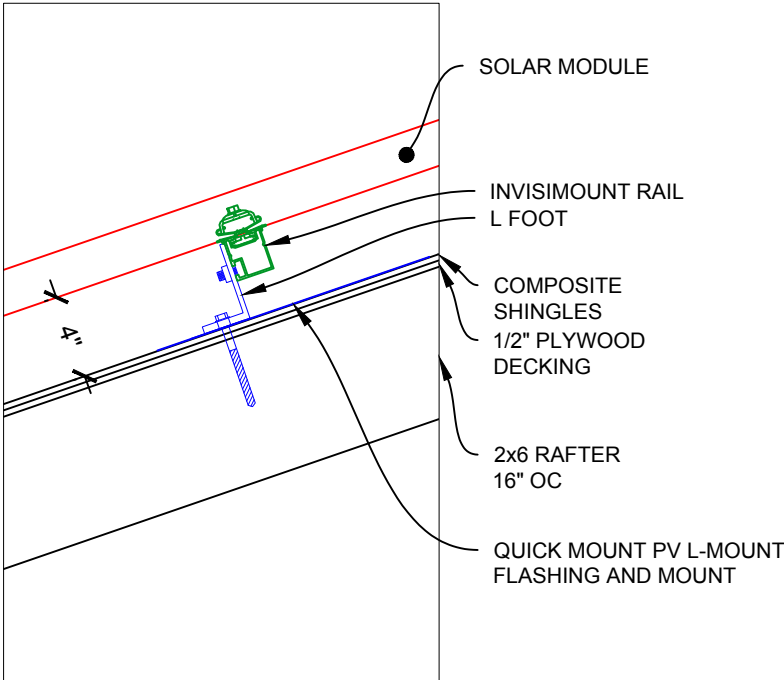
SOLAR ARRAYS AND THEIR SYSTEM COMPONENTS SHALL BE INSTALLED IN CONJUNCTION WITH LOCAL CODES, 2020 RESIDENTIAL CODE OF NEW YORK STATE & 2017 NEC

CONFORMING TO 2020 RESIDENTIAL CODE OF NEW YORK STATE & 2017 NEC

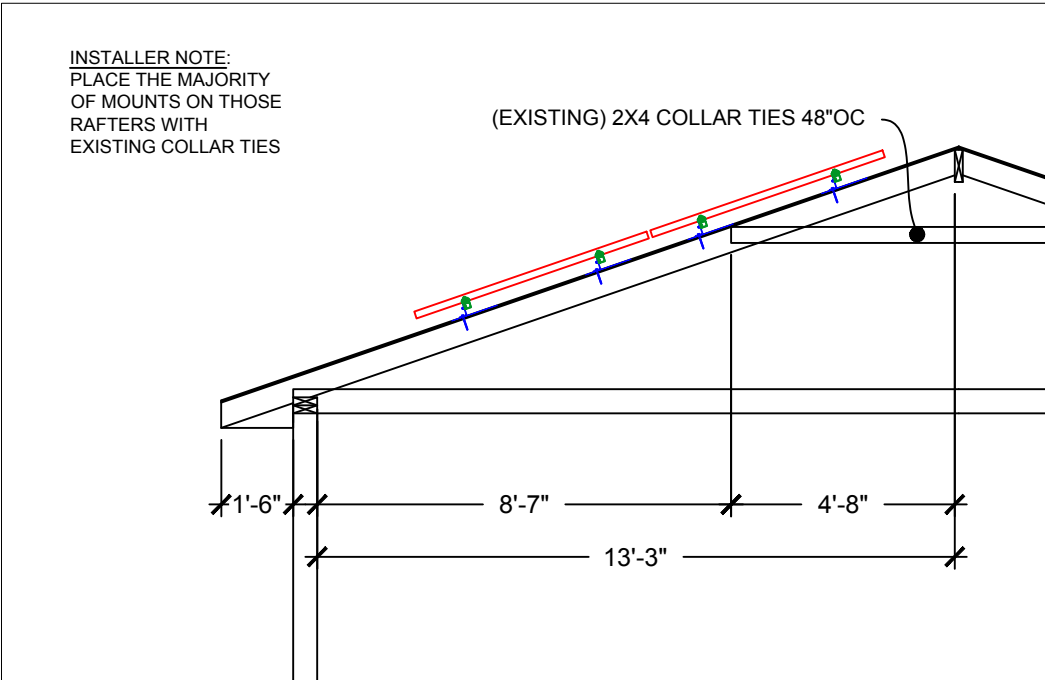
ROOF 1 ARRAY LAYOUT (3/16"=1'-0" SCALE)



MOUNT DETAIL (1-1/2" = 1'-0"SCALE)



ROOF 1 ATTIC X SECTION (1/4" = 1'-0"SCALE)



SYMBOL KEY:

- × MOUNT
- RAIL
- RAFTERS
- ROOF
- SOLAR MODULE
- ⊙ BRANCH LAYOUT

STRUCTURAL SPECS:

MODULE WIDTH, LENGTH:	41.2"x61.3"
MODULE WEIGHT:	42.9 LBS
# OF MODULES:	22
TOTAL MODULE WEIGHT:	943.8 LBS
TOTAL RACKING WEIGHT:	238.2 LBS
ARRAY WEIGHT:	1,182 LBS
ARRAY AREA:	395.5 SQFT
ARRAY DEAD LOAD:	2.99 LBS/SQFT
ROOF MATERIAL:	COMP SHINGLE
RAFTER SIZE:	2x6
RAFTER SPACING:	16" OC
RAFTER SPAN:	8'7"
NUMBER OF MOUNTS:	34
LOAD PER MOUNT:	34.76 LBS
ROOF PITCH:	19°
ROOF HEIGHT:	20'

NEW YORK STATE SOLAR FARM INC.

1938 ROUTE 44/55

MODENA, NY 12548 USA

PHONE: 1.877.SOLAR.95

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by
New York State Solar Farm

CUSTOMER:

ROBERT BERGER

RESIDENCE

117 SCHOOL ST

NYACK, NY 10960

CUSTOMER ID#:

28829

PV SYSTEM CONFIGURATION:

SYSTEM SIZE: 12.099 kW DC

SYSTEM SIZE: 11.655 kW AC

PV MODULES:(37) SUNPOWER

E20-327-E-AC

MICRO INVERTER: (4 BRANCHES)

DRAWN BY: NYSOLAR-AS

DATE: 8-12-2022

REV: 0

INSTALLER CODE: 0

SHEET #: PV2

SHEET TITLE: STRUCTURAL AND

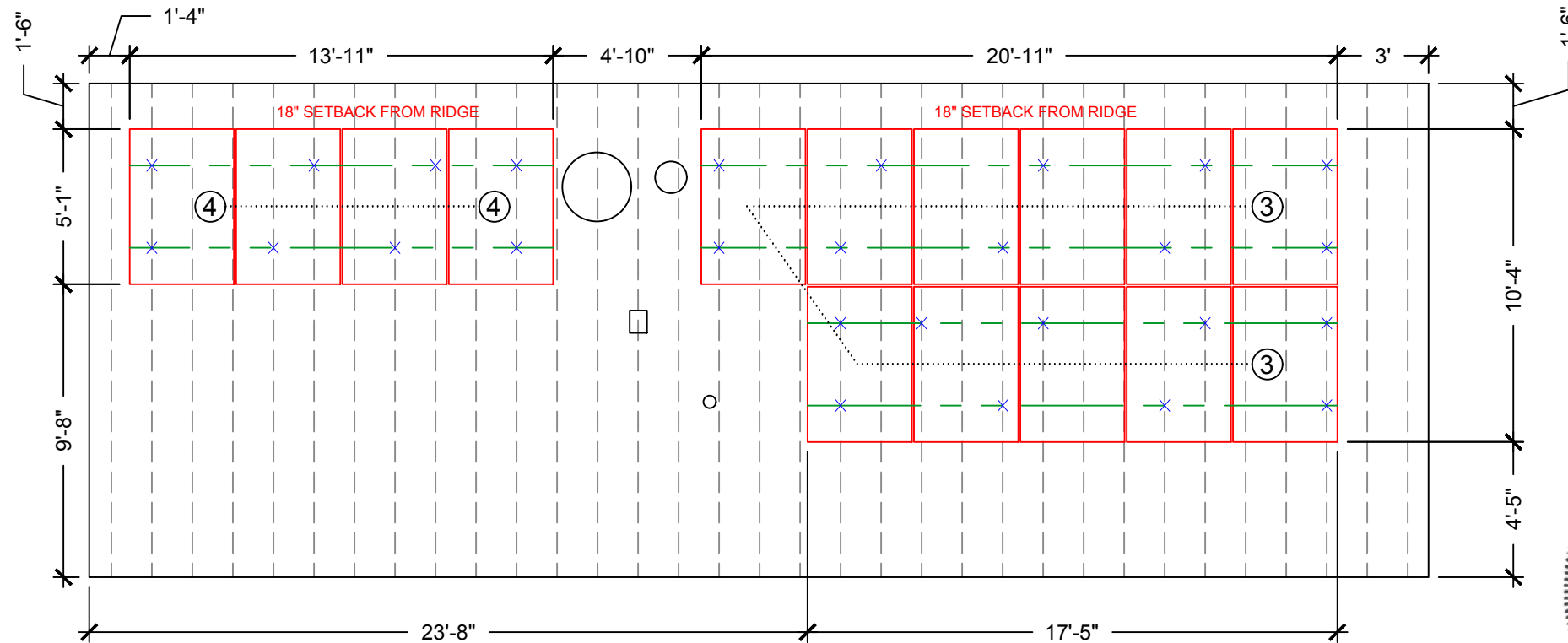
PV LAYOUT ROOF 1

2 OF 10 SHEETS

SCALE: LISTED

SOLAR ARRAYS AND THEIR SYSTEM
COMPONENTS SHALL BE INSTALLED
IN CONJUNCTION WITH LOCAL
CODES, 2020 RESIDENTIAL CODE OF
NEW YORK STATE & 2017 NEC

ROOF 2 ARRAY LAYOUT (3/16"=1'-0" SCALE)



SOLAR ARRAYS AND THEIR SYSTEM COMPONENTS SHALL BE INSTALLED IN CONJUNCTION WITH LOCAL CODES, 2020 RESIDENTIAL CODE OF NEW YORK STATE & 2017 NEC

A technical diagram showing a side view of a solar module mounted on a roof. The roof structure includes a 2x6 rafter spaced at 16 inches on center (OC). The roof deck is composed of 1/2-inch plywood, which is covered with composite shingles. A green solar module is mounted on the roof using a 'Quick Mount PV L-Mount Flashing and Mount' system. This system includes an 'Invisimount Rail' and an 'L Foot' that is secured into the rafter. A 'Solar Module' is shown at the top, connected to the rail. A dimension of 4 inches is indicated for the distance between the rail and the rafter.

- SOLAR MODULE
- INVISIMOUNT RAIL
- L FOOT
- COMPOSITE SHINGLES
- 1/2" PLYWOOD DECKING
- 2x6 RAFTER 16" OC
- QUICK MOUNT PV L-MOUNT FLASHING AND MOUNT

INSTALLER NOTE:
PLACE THE MAJORITY
OF MOUNTS ON THOSE
RAFTERS WITH
EXISTING COLLAR TIES

(EXISTING) 2X4 COLLAR TIES 48"OC

1'-6"

8'-7"

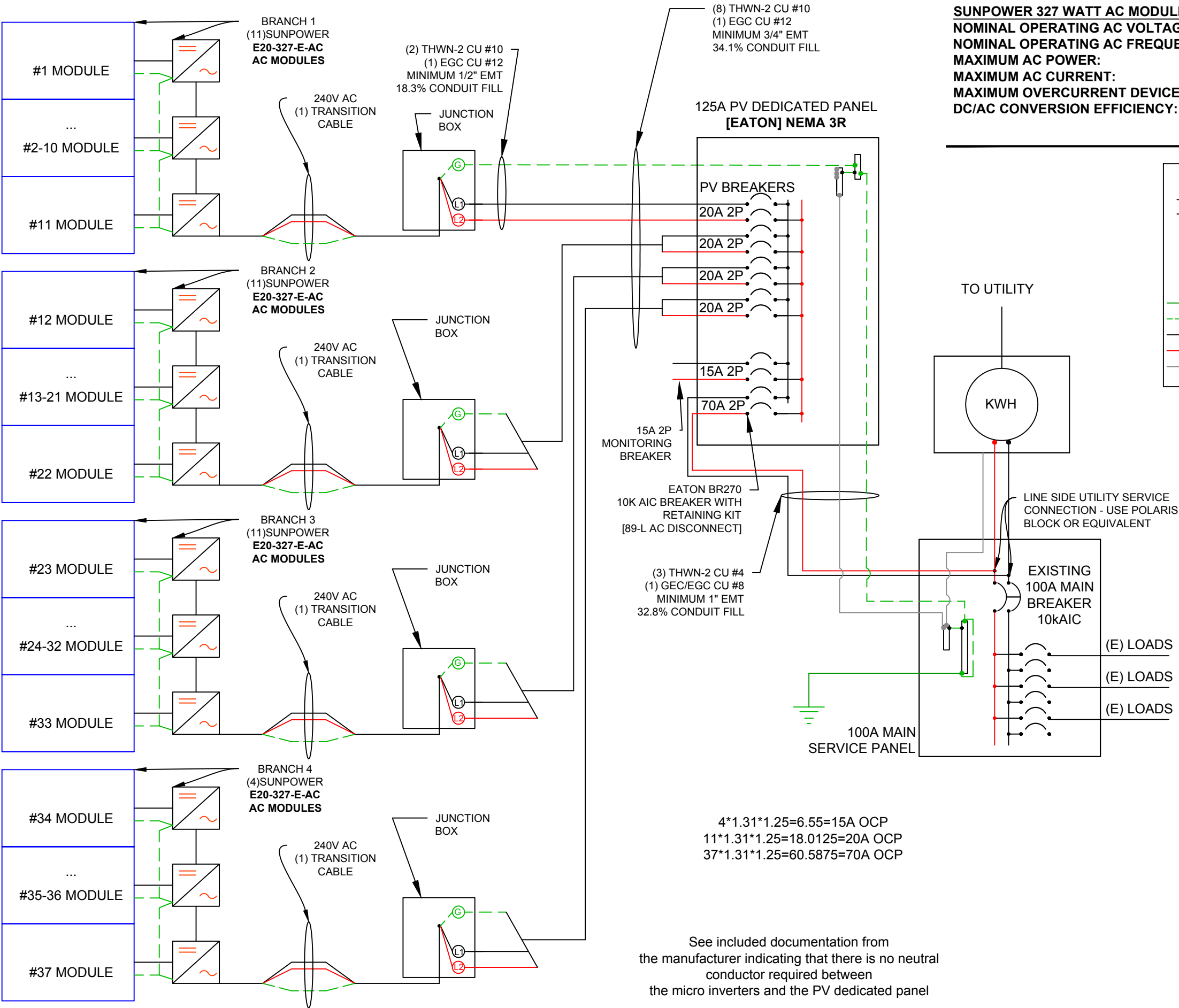
4'-8"

13'-3"

- × MOUNT
- RAIL
- RAFTERS
- ROOF
- SOLAR MODULE
- (#) BRANCH LAYOUT

MODULE WIDTH, LENGTH:	41.2"x61.3"
MODULE WEIGHT:	42.9 LBS
# OF MODULES:	15
TOTAL MODULE WEIGHT:	643.5 LBS
TOTAL RACKING WEIGHT:	157.5 LBS
ARRAY WEIGHT:	801 LBS
ARRAY AREA:	268 SQFT
ARRAY DEAD LOAD:	2.99 LBS/SQFT
ROOF MATERIAL:	COMP SHINGLE
RAFTER SIZE:	2x6
RAFTER SPACING:	16" OC
RAFTER SPAN:	8'7"
NUMBER OF MOUNTS:	27
LOAD PER MOUNT:	29.67 LBS
ROOF PITCH:	19°
ROOF HEIGHT:	20'

CONFORMING TO 2020 RESIDENTIAL CODE OF NEW YORK STATE & 2017 NEC



SUNPOWER 327 WATT AC MODULE SPECS:
NOMINAL OPERATING AC VOLTAGE: 240 V
NOMINAL OPERATING AC FREQUENCY: 60 HZ
MAXIMUM AC POWER: 320 WATT
MAXIMUM AC CURRENT: 1.31 A
MAXIMUM OVERCURRENT DEVICE RATING: 20A
DC/AC CONVERSION EFFICIENCY: 97.5 %

ELECTRICAL KEY:

- BREAKER
- SWITCH
- SCREW TERMINAL
- EARTH GROUND
- GEC
- EGC
- AC LINE 1
- AC LINE 2
- AC NEUTRAL

INSTALLER NOTE: LOCK
UP THE SYSTEM
BEFORE YOU LEAVE

JOB IS A LOAN

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1938 ROUTE 44/55
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by
New York State Solar Farm

CUSTOMER:
ROBERT BERGER
RESIDENCE
117 SCHOOL ST
NYACK, NY 10960

CUSTOMER ID#:
28829

PV SYSTEM CONFIGURATION:
SYSTEM SIZE: 12.099 kW DC
SYSTEM SIZE: 11.655 kW AC
PV MODULES: (37) SUNPOWER
E20-327-E-AC
MICRO INVERTER: (4 BRANCHES)

DRAWN BY: NYSOLAR-AS
DATE: 8-12-2022
REV: 0
INSTALLER CODE: 0

SHEET #: PV4

SHEET TITLE: ELECTRICAL
4 OF 10 SHEETS
SCALE: N/A

SOLAR ARRAYS AND THEIR SYSTEM
COMPONENTS SHALL BE INSTALLED
IN CONJUNCTION WITH LOCAL
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NEW YORK STATE & 2017 NEC

NEC 690.5(c)
PLACE THIS LABEL ON INVERTER(S) OR NEAR
GROUND-FAULT INDICATOR (ON INVERTER(S) U.O.N.)

WARNING
ELECTRIC SHOCK HAZARD
IF A GROUND FAULT IS INDICATED,
NORMALLY GROUNDED CONDUCTORS
MAY BE UNGROUNDED AND
ENERGIZED

NEC 690.17
PLACE THIS LABEL ON ALL DISCONNECTING
MEANS WHERE ENERGIZED IN AN OPEN POSITION

WARNING
ELECTRIC SHOCK HAZARD
DO NOT TOUCH TERMINALS
TERMINALS ON BOTH THE
LINE AND LOAD SIDE MAY
BE ENERGIZED IN THE
OPEN POSITION

NEC 705.12(D)(7)
PLACE THIS LABEL AT P.O.C. TO SERVICE
DISTRIBUTION EQUIPMENT (I.E. MAIN PANEL (AND
SUBPANEL IF APPLICABLE))

WARNING
INVERTER OUTPUT CONNECTION
DO NOT RELOCATE THIS
OVERCURRENT DEVICE

NEC 690.31 (E) 3 & 4
PLACE ON ALL JUNCTION BOXES EXPOSED
RACEWAYS EVERY 10'

**PHOTOVOLTAIC
POWER SOURCE**

NEC 690.54
PLACE THIS LABEL AT "INTERACTIVE POINT OF
INTERCONNECTION" (AT MAIN SERVICE PANEL AND
SUBPANEL IF APPLICABLE)

INTERACTIVE PHOTOVOLTAIC POWER SOURCE
RATED AC OUTPUT CURRENT (A): 48.47 A
NOMINAL OPERATING AC VOLTAGE (V): 240 V

NEC 690.52
PLACE THIS LABEL ON SERVICE
DISTRIBUTION EQUIPMENT

SUNPOWER 327 WATT AC MODULE SPECS:
NOMINAL OPERATING AC VOLTAGE: 240 V
NOMINAL OPERATING AC FREQUENCY: 60 HZ
MAXIMUM AC POWER: 320 WATT
MAXIMUM AC CURRENT: 1.31 A
MAXIMUM OVERCURRENT DEVICE RATING: 20A
DC/AC CONVERSION EFFICIENCY: 97.5 %

NEC 705.12(D)(4)
PLACE THIS LABEL ON ALL EQUIPMENT CONTAINING
OVERCURRENT DEVICES IN CIRCUITS SUPPLYING
POWER TO A BUSBAR OR CONDUCTORS SUPPLIED
FROM MULTIPLE SOURCES.

CAUTION
CONTAINS MULTIPLE POWER
SOURCES

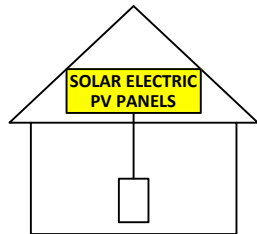
NEC 690.35(F)
PLACE THIS LABEL AT EACH JUNCTION BOX, COMBINER
BOX, INVERTER AND DEVICE WHERE ENERGIZED,
UNGROUNDING CIRCUITS MAY BE EXPOSED DURING
SERVICE.

WARNING
ELECTRIC SHOCK HAZARD
THE DC CONDUCTORS OF THIS
PHOTOVOLTAIC SYSTEM ARE UNGROUNDED
AND MAY BE ENERGIZED

**RAPID SHUTDOWN SWITCH
FOR SOLAR PV SYSTEM**

**SOLAR PV SYSTEM EQUIPPED
WITH RAPID SHUTDOWN**

TURN RAPID SHUTDOWN
SWITCH TO THE
"OFF" POSITION TO
SHUTDOWN PV SYSTEM
AND REDUCE
SHOCK HAZARD
IN ARRAY



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CUSTOMER:
ROBERT BERGER
RESIDENCE
117 SCHOOL ST
NYACK, NY 10960

CUSTOMER ID#:
28829

PV SYSTEM CONFIGURATION:
SYSTEM SIZE: 12.099 kW DC
SYSTEM SIZE: 11.655 kW AC
PV MODULES:(37) SUNPOWER
E20-327-E-AC
MICRO INVERTER: (4 BRANCHES)

DRAWN BY: NYSOLAR-AS
DATE: 8-12-2022
REV: 0
INSTALLER CODE: 0

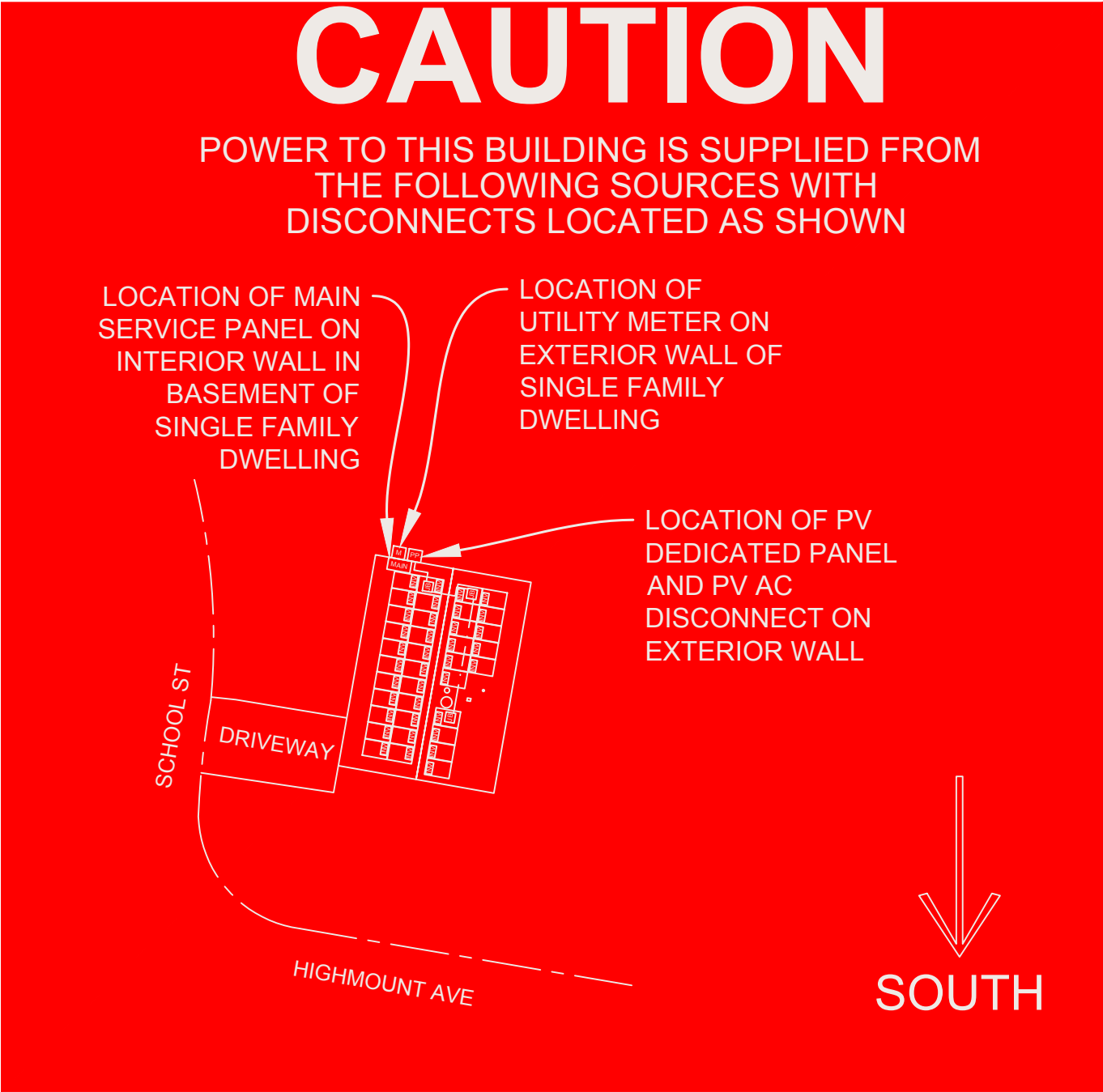
SHEET #: PV5

SHEET TITLE: LABELS
5 OF 10 SHEETS
SCALE: N/A

SOLAR ARRAYS AND THEIR SYSTEM
COMPONENTS SHALL BE INSTALLED
IN CONJUNCTION WITH LOCAL
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NEC 690.56(B) LINKS TO 705.10 DIRECTORY

A permanent plaque or directory denoting all electric power sources on or in the premises must be installed at each service equipment location and all interconnected electric power production sources.



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RESIDENCE
117 SCHOOL ST
NYACK, NY 10960

CUSTOMER ID#:
28829

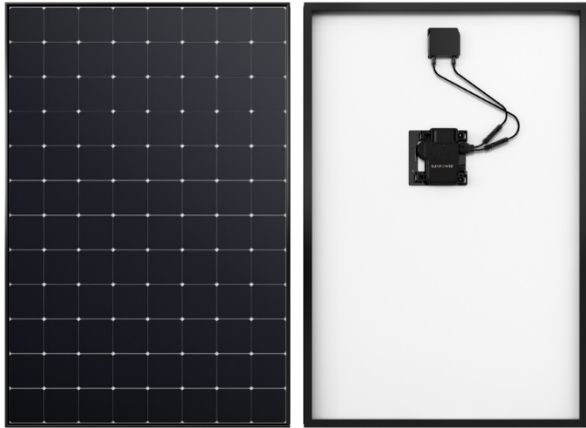
PV SYSTEM CONFIGURATION:
SYSTEM SIZE: 12.099 kW DC
SYSTEM SIZE: 11.655 kW AC
PV MODULES: (37) SUNPOWER
E20-327-E-AC
MICRO INVERTER: (4 BRANCHES)

DRAWN BY: NYSOLAR-AS
DATE: 8-12-2022
REV: 0
INSTALLER CODE: 0

SHEET #: PV6

SHEET TITLE: LABELS
6 OF 10 SHEETS
SCALE: N/A

SOLAR ARRAYS AND THEIR SYSTEM COMPONENTS SHALL BE INSTALLED IN CONJUNCTION WITH LOCAL CODES, 2020 RESIDENTIAL CODE OF NEW YORK STATE & 2017 NEC



SunPower® E-Series: E20-327 | E19-320

SunPower® Residential AC Module

Built specifically for use with the SunPower Equinox™ system, the only fully integrated solution designed, engineered, and warranted by one manufacturer.



Maximum Power. Minimalist Design.

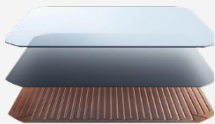
Industry-leading efficiency means more power and savings per available space. With fewer modules required and hidden microinverters, less is truly more.



Highest Lifetime Energy and Savings.

Designed to deliver 60% more energy over 25 years in real-world conditions like partial shade and high temperatures.¹

Fundamentally Different. And Better.



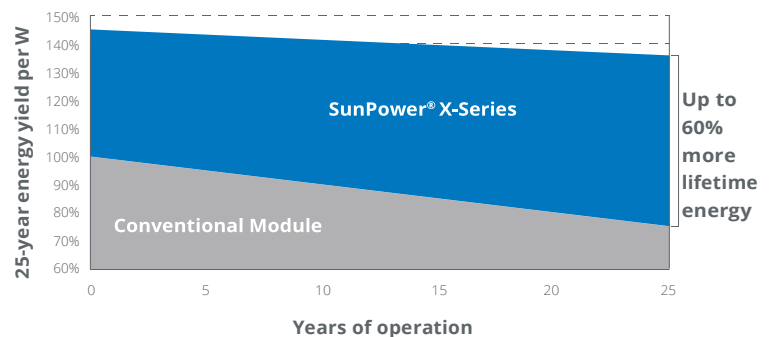
The SunPower® Maxeon® Solar Cell

- Enables highest-efficiency modules available.²
- Unmatched reliability³
- Patented solid metal foundation prevents breakage and corrosion



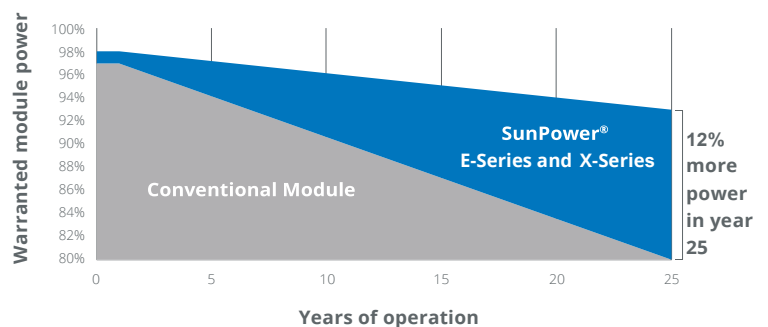
Factory-integrated Microinverter

- Simpler, faster installation
- Integrated wire management, rapid shutdown
- Engineered and calibrated by SunPower for SunPower modules



Best Reliability. Best Warranty.

With more than 25 million modules deployed around the world, SunPower technology is proven to last. That's why we stand behind our module and microinverter with the industry's best 25-year Combined Power and Product Warranty, including the highest Power Warranty in solar.



E-Series: E20-327 | E19-320 SunPower® Residential AC Module

AC Electrical Data		
Inverter Model: Enphase IQ 7XS (IQ7XS-96-ACM-US)	@240 VAC	@208 VAC
Peak Output Power	320 VA	320 VA
Max. Continuous Output Power	315 VA	315 VA
Nom. (L–L) Voltage/Range ² (V)	240 / 211–264	208 / 183–229
Max. Continuous Output Current (A)	1.31	1.51
Max. Units per 20 A (LL) Branch Circuit ³	12 (single phase)	10 (two pole) wye
CEC Weighted Efficiency	97.5%	97.0%
Nom. Frequency	60 Hz	
Extended Frequency Range	47–68 Hz	
AC Short Circuit Fault Current Over 3 Cycles	5.8 A rms	
Overvoltage Class AC Port	III	
AC Port Backfeed Current	18 mA	
Power Factor Setting	1.0	
Power Factor (adjustable)	0.7 lead. / 0.7 lag.	
No active phase balancing for three-phase installations		

DC Power Data		
	SPR-E20-327-E-AC	SPR-E19-320-E-AC
Nom. Power ⁵ (P _{nom})	327 W	320 W
Power Tol.	+5/–0%	+5/–0%
Module Efficiency	20.4%	19.9%
Temp. Coef. (Power)	–0.35%/°C	–0.35%/°C
Shade Tol.	<ul style="list-style-type: none"> • Three bypass diodes • Integrated module-level maximum power point tracking 	

Tested Operating Conditions	
Operating Temp.	–40°F to +185°F (–40°C to +85°C)
Max. Ambient Temp.	122°F (50°C)
Max. Load	Wind: 62 psf, 3000 Pa, 305 kg/m ² front & back Snow: 125 psf, 6000 Pa, 611 kg/m ² front
Impact Resistance	1 inch (25 mm) diameter hail at 52 mph (23 m/s)

Mechanical Data	
Solar Cells	96 Monocrystalline Maxeon Gen III
Front Glass	High-transmission tempered glass with anti-reflective coating
Environmental Rating	Outdoor rated
Frame	Class 1 black anodized (highest AAMA rating)
Weight	42.9 lbs (19.5 kg)
Recommended Max. Module Spacing	1.3 in. (33 mm)

1 SunPower 360 W compared to a conventional module on same-sized arrays (260 W, 16% efficient, approx. 1.6 m²), 4% more energy per watt (based on third-party module characterization and PVSim), 0.75%/yr slower degradation (Campeau, Z. et al. "SunPower Module Degradation Rate," SunPower white paper, 2013).

2 Based on search of datasheet values from websites of top 10 manufacturers per IHS, as of January 2017.

3 #1 rank in "Fraunhofer PV Durability Initiative for Solar Modules: Part 3," PVTech Power Magazine, 2015. Campeau, Z. et al. "SunPower Module Degradation Rate," SunPower white paper, 2013.

4 Factory set to 1547a-2014 default settings. CA Rule 21 default settings profile set during commissioning. See the Equinox Installation Guide #518101 for more information.

5 Standard Test Conditions (1000 W/m² irradiance, AM 1.5, 25°C). NREL calibration standard: SOMS current, LACCS FF and voltage. All DC voltage is fully contained within the module.

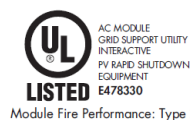
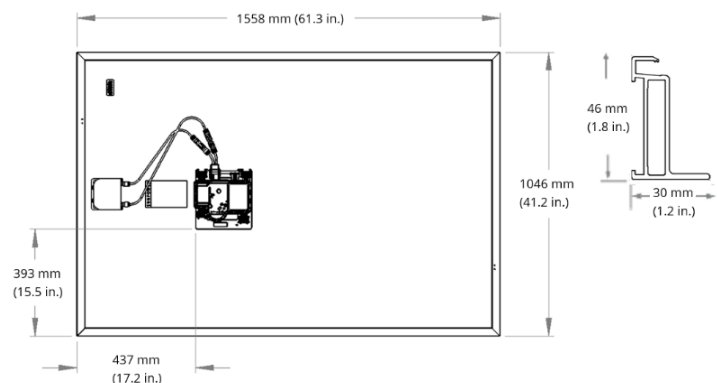
6 This product is UL Listed as PVRSE and conforms with NEC 2014 and NEC 2017 690.12; and C22.1-2015 Rule 64-218 Rapid Shutdown of PV Systems, for AC and DC conductors; when installed according to manufacturer's instructions.

See www.sunpower.com/facts for more reference information.

For more details, see extended datasheet www.sunpower.com/datasheets. Specifications included in this datasheet are subject to change without notice.

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Warranties, Certifications, and Compliance	
Warranties	<ul style="list-style-type: none"> • 25-year limited power warranty • 25-year limited product warranty
Certifications and Compliance	<ul style="list-style-type: none"> • UL 1703 • UL 1741 / IEEE-1547 • UL 1741 AC Module (Type 2 fire rated) • UL 62109-1 / IEC 62109-2 • FCC Part 15 Class B • ICES-0003 Class B • CAN/CSA-C22.2 NO. 107.1-01 • CA Rule 21 (UL 1741 SA)⁴ • (includes Volt/Var and Reactive Power Priority) • UL Listed PV Rapid Shutdown Equipment⁵ <p>Enables installation in accordance with:</p> <ul style="list-style-type: none"> • NEC 690.6 (AC module) • NEC 690.12 Rapid Shutdown (inside and outside the array) • NEC 690.15 AC Connectors, 690.33(A)–(E)(1) <p>When used with InvisiMount racking and InvisiMount accessories (UL 2703):</p> <ul style="list-style-type: none"> • Module grounding and bonding through InvisiMount • Class A fire rated <p>When used with AC module Q Cables and accessories (UL 6703 and UL 2238)⁶:</p> <ul style="list-style-type: none"> • Rated for load break disconnect
PID Test	Potential-induced degradation free



SUNPOWER®

Please read the Safety and Installation Instructions for details.

531948 RevA

SunPower® InvisiMount™ | Residential Mounting System

Simple and Fast Installation

- Integrated module-to-rail grounding
- Pre-assembled mid and end clamps
- Levitating mid clamp for easy placement
- Mid clamp width facilitates consistent, even module spacing
- UL 2703 Listed integrated grounding

Flexible Design

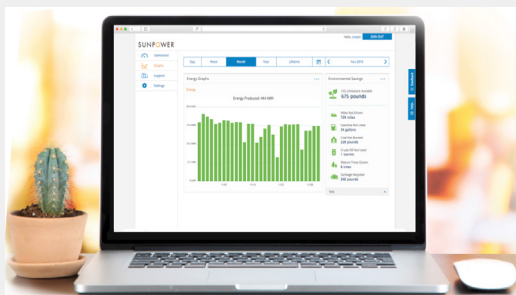
- Addresses nearly all sloped residential roofs
- Design in landscape and portrait with up to 8' rail span
- Pre-drilled rails and rail splice
- Rails enable easy obstacle management

Customer-Preferred Aesthetics

- #1 module and #1 mounting aesthetics
- Best-in-class system aesthetics
- Premium, low-profile design
- Black anodized components
- Hidden mid clamps and capped, flush end clamps

Part of Superior System

- Built for use with SunPower DC and AC modules
- Best-in-class system reliability and aesthetics
- Optional rooftop transition flashing, rail-mounted J-box, and wire management rail clips
- Combine with SunPower modules and SunPower EnergyLink® monitoring app



Elegant Simplicity

SunPower® InvisiMount™ is a SunPower-designed rail-based mounting system. The InvisiMount system addresses residential sloped roofs and combines faster installation time, design flexibility, and superior aesthetics. The InvisiMount product was specifically envisioned and engineered to pair with SunPower modules. The resulting system-level approach amplifies the aesthetic and installation benefits—for homeowners and for installers.

sunpower.com

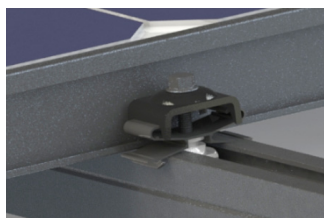




SunPower® InvisiMount™ | Residential Mounting System

InvisiMount Components

Module¹ / Mid Clamp and Rail

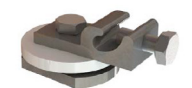


Row-to-Row Spacer

Module¹ / End Clamp and Rail



End Clamp



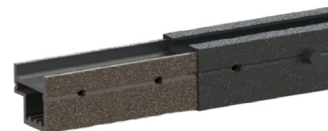
Ground Lug Assembly



Mid Clamp



Row-to-Row Grounding Clip



Rail and Rail Splice

InvisiMount Component Details

Mid clamp	Black oxide stainless steel 300 series	63 g (2.2 oz)
End clamp	Black anodized aluminum 6000 series	110 g (3.88 oz)
Rail	Black anodized aluminum 6000 series	830 g/m (9 oz/ft)
Rail splice	Aluminum alloy 6000 series	830 g/m (9 oz/ft)
Rail bolt	M10-1.5 x 25 mm; custom T-head SS304	18 g (0.63 oz)
Rail nut	M10-1.5; DIN 6923 SS304	nominal
Ground lug assembly	SS304; A2-70 bolt; tin-plated copper lug	106.5 g (3.75 oz)
Row-to-row grounding clip	SS 301 with SS 304 M6 bolts	75 g (2.6 oz)
Row-to-row spacer	Black POM-grade plastic	5 g (0.18 oz)

InvisiMount Component LRFD Capacities²

Mid clamp	Uplift	664 lbf
	Shear	540 lbf
End clamp	Uplift	899 lbf
	Shear	220 lbf
Rail	Moment: upward	548 lbf-ft
	Moment: downward	580 lbf-ft
Rail splice	Moment: upward	548 lbf-ft
	Moment: downward	580 lbf-ft
L-foot	Uplift	1000 lbf
	Shear	390 lbf

InvisiMount Operating Conditions

Temperature	-40° C to 90° C (-40° F to 194° F)
Max. Load (LRFD)	<ul style="list-style-type: none"> • 3000 Pa uplift • 6000 Pa downforce

Roof Attachment Hardware Supported by Design Tool

Application	<ul style="list-style-type: none"> • Composition Shingle Rafter Attachment • Composition Shingle Roof Decking Attachment • Curved and Flat Tile Roof Attachment • Universal interface for other roof attachments
-------------	--

InvisiMount Warranties And Certifications

Warranties	<ul style="list-style-type: none"> • 25-year product warranty • 5-year finish warranty
Certifications	<ul style="list-style-type: none"> • UL 2703 Listed • Class A Fire Rated

Roof Attachment Hardware Warranties

Refer to roof attachment hardware manufacturer's documentation.

¹ Module frame that is compatible with the InvisiMount system required for hardware interoperability.

² SunPower recommends that all Equinox™, InvisiMount™, and AC module systems always be designed using the InvisiMount Span Tables #524734. If a designer decides to instead use the component capacities listed in this document to design a system, note that the capacities shown are Load and Resistance Factor Design (LRFD) design loads, and are NOT to be used for Allowable Stress Design (ASD) calculations; and that a licensed Professional Engineer (PE) must then stamp all calculations. If you have any questions please contact SunPower Technical Support at 1-855-977-7867.

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sunpower.com
509506 RevF



September 21, 2021

SunPower
77 Rio Robles
San Jose, CA 95134
TEL: (408) 514-4063

Attn: Sunpower – Engineering Department

Re: Engineering Certification for the SunPower Corporation Invisimount Mounting System Span Tables and Design Methodology

PZSE, Inc.-Structural Engineers has reviewed the SunPower Invisimount Mounting System Span Tables Revision F published September 21, 2021 and their design methodology. This certification covers the module clamp, rail analysis, and attachment Tile hook/L bracket components. All information, data and analysis contained within are based on, and comply with, the following building codes and typical specifications:

Building Codes:

1. Minimum Design Loads for Buildings and other Structures, ASCE 7-10, & 7-16
2. 2015, & 2018 International Building Code, by International Code Council, Inc.
3. 2017 NY State Uniform Code Supplement
4. 2020 NY State Building Code
5. 2015 Aluminum Design Manual, by The Aluminum Association
6. CPP Wind Tunnel report number 9790, dated 16 February 2017.
7. SEAOC PV-2, 2017
8. 2015 NDS, by the American Wood Council
9. UL 2703 Testing report for PV solar panels.
10. AC428, Acceptance Criteria for Modular Framing Systems Used to Support Photovoltaic (PV) Panels, November 1, 2012 by ICC-ES

Component and Cladding Roof Zones:

The Components and Cladding Roof Zones shall be determined based on ASCE 7 Chapter 30, and CPP Wind Tunnel test number 9790, dated 16 February 2017.

Notes:

- 1) Racking system and panels shall be installed per manufacturer's specifications.
- 2) Design assumptions are specified in the Inputs pages of attached span tables.
- 3) Attachment design is based on 5/16" Dia. Lag Screw with 2.5" Embedment into SPF#2 or equivalent per NDS. Designer shall be responsible for verifying project specific site conditions.
- 4) Wind speeds are LRFD values.
- 5) Attachment spacing(s) apply to seismic design category E or less.

**Design Responsibility:**

These tables are intended to be used under the responsible charge of a registered design professional where required by the authority having jurisdiction. In all cases, these tables should be used under the direction of a design professional with sufficient structural engineering knowledge and experience to be able to:

- Evaluate whether these tables are applicable to the project, and
- Understand and determine the appropriate values for all input parameters of these tables.

This letter certifies that the loading criteria and design basis SunPower Invisimount Mounting System Span Tables are in compliance with the Codes above.

This certification excludes the capacity check of the building structure to support the loads imposed on the building by the array, such as bending strength of roof rafters spanning between supports. This requires additional knowledge of the building and is outside the scope of the design tool and our review.

If you have any questions on the above, do not hesitate to call.

Prepared By:

PZSE, Inc. - Structural Engineers
Roseville, CA



09/23/2021

Exposure B
Ground Snow (psf) 30
Roof Height (ft) 20

INVISIMOUNT ALLOWABLE SPANS - ZONE 1 (IN)											
Slope →	9.46 °	14.04 °	18.43 °	22.62 °	26.57 °	30.26 °	33.69 °	36.87 °	39.81 °	42.51 °	45 °
Speed ↓	2:12	3:12	4:12	5:12	6:12	7:12	8:12	9:12	10:12	11:12	12:12
90	72	72	72	80	80	80	96	96	96	96	96
95	72	72	72	80	80	80	96	96	96	96	96
100	72	72	72	80	80	80	96	96	96	96	96
105	72	72	72	80	80	80	96	96	96	96	96
110	72	72	72	80	80	80	96	96	96	96	96
120	72	72	72	80	80	80	96	96	96	96	96
130	72	72	72	80	96	80	80	96	96	96	96

INVISIMOUNT ALLOWABLE SPANS - ZONE 2 (IN)											
Slope →	9.46 °	14.04 °	18.43 °	22.62 °	26.57 °	30.26 °	33.69 °	36.87 °	39.81 °	42.51 °	45 °
Speed ↓	2:12	3:12	4:12	5:12	6:12	7:12	8:12	9:12	10:12	11:12	12:12
90	72	72	72	80	80	80	96	96	96	96	96
95	72	72	72	80	80	80	96	96	96	96	96
100	72	72	72	80	80	80	96	96	96	96	96
105	72	72	72	80	80	80	96	96	96	96	96
110	72	72	72	80	80	80	96	96	96	96	96
120	72	72	72	80	80	80	96	96	96	80	80
130	72	72	72	80	80	80	80	96	80	80	80

INVISIMOUNT ALLOWABLE SPANS - ZONE 3 (IN)											
Slope →	9.46 °	14.04 °	18.43 °	22.62 °	26.57 °	30.26 °	33.69 °	36.87 °	39.81 °	42.51 °	45 °
Speed ↓	2:12	3:12	4:12	5:12	6:12	7:12	8:12	9:12	10:12	11:12	12:12
90	72	72	72	80	80	80	96	96	96	96	96
95	72	72	72	80	80	80	96	96	96	96	96
100	72	72	72	80	80	80	96	96	96	96	80
105	72	72	72	80	80	80	96	96	96	80	80
110	72	72	72	80	80	80	96	96	80	80	80
120	72	72	72	80	80	80	96	80	80	72	72
130	72	72	72	80	80	80	80	80	72	72	64

Notes:

- Tables are based on strength of the InvisiMount rail and approved roof attachment in the Engineering Summary Letter of this document, in conformance with IBC and referenced standards.
- The color of a given cell indicates the area on the module where clamps may be installed. Green cells allow clamps to be installed in Portrait or Landscape orientations; Orange allows clamps to be installed only in Portrait; Blue allows clamps to be installed only in Portrait within the given dimensions from the edge. Refer to the key at the beginning of this document for more details.
- Maximum allowable cantilever is equal to 1/3 of the allowable span.
- Wind speeds are ultimate values in mph, as defined in ASCE 7. Wind pressure coefficients are derived from ASCE 7 Chapter 30.
- User is responsible for verifying the strength of the roof.

Exposure B
Ground Snow (psf) 30
Roof Height (ft) 30

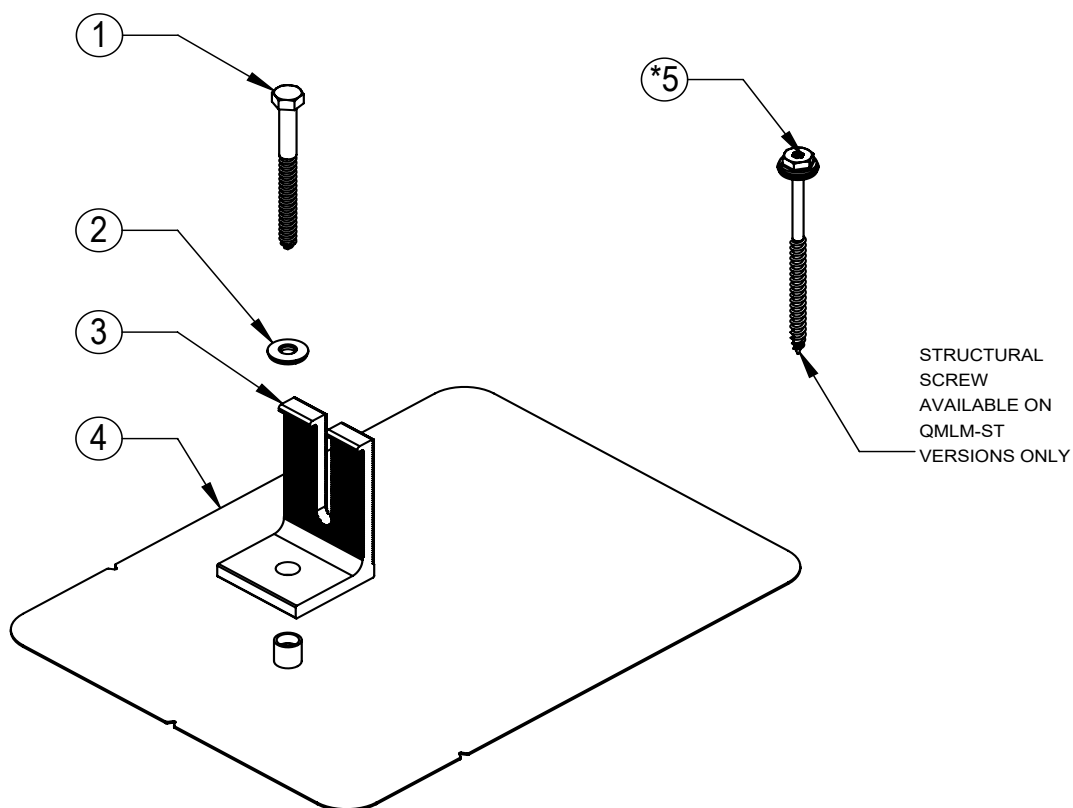
INVISIMOUNT ALLOWABLE SPANS - ZONE 1 (IN)											
Slope →	9.46 °	14.04 °	18.43 °	22.62 °	26.57 °	30.26 °	33.69 °	36.87 °	39.81 °	42.51 °	45 °
Speed ↓	2:12	3:12	4:12	5:12	6:12	7:12	8:12	9:12	10:12	11:12	12:12
90	72	72	72	80	80	80	96	96	96	96	96
95	72	72	72	80	80	80	96	96	96	96	96
100	72	72	72	80	80	80	96	96	96	96	96
105	72	72	72	80	80	80	96	96	96	96	96
110	72	72	72	80	80	80	96	96	96	96	96
120	72	72	72	80	96	80	96	96	96	96	96
130	72	72	72	80	80	80	80	96	96	96	96

INVISIMOUNT ALLOWABLE SPANS - ZONE 2 (IN)											
Slope →	9.46 °	14.04 °	18.43 °	22.62 °	26.57 °	30.26 °	33.69 °	36.87 °	39.81 °	42.51 °	45 °
Speed ↓	2:12	3:12	4:12	5:12	6:12	7:12	8:12	9:12	10:12	11:12	12:12
90	72	72	72	80	80	80	96	96	96	96	96
95	72	72	72	80	80	80	96	96	96	96	96
100	72	72	72	80	80	80	96	96	96	96	96
105	72	72	72	80	80	80	96	96	96	96	96
110	72	72	72	80	80	80	96	96	96	96	80
120	72	72	72	80	80	80	96	96	80	80	80
130	72	72	72	80	80	80	80	80	80	80	72

INVISIMOUNT ALLOWABLE SPANS - ZONE 3 (IN)											
Slope →	9.46 °	14.04 °	18.43 °	22.62 °	26.57 °	30.26 °	33.69 °	36.87 °	39.81 °	42.51 °	45 °
Speed ↓	2:12	3:12	4:12	5:12	6:12	7:12	8:12	9:12	10:12	11:12	12:12
90	72	72	72	80	80	80	96	96	96	96	96
95	72	72	72	80	80	80	96	96	96	96	80
100	72	72	72	80	80	80	96	96	96	80	80
105	72	72	72	80	80	80	96	96	80	80	80
110	72	72	72	80	80	80	96	80	80	80	72
120	72	72	72	80	80	80	80	80	72	72	64
130	64	64	64	72	72	80	80	72	64	64	64

Notes:

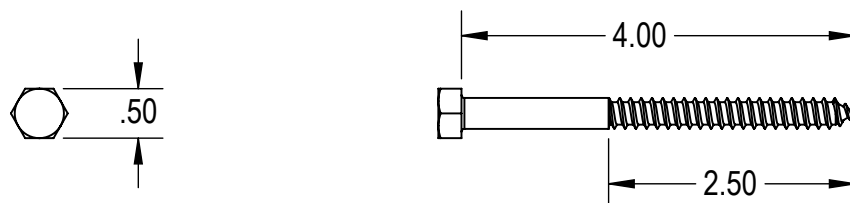
- Tables are based on strength of the InvisiMount rail and approved roof attachment in the Engineering Summary Letter of this document, in conformance with IBC and referenced standards.
- The color of a given cell indicates the area on the module where clamps may be installed. Green cells allow clamps to be installed in Portrait or Landscape orientations; Orange allows clamps to be installed only in Portrait; Blue allows clamps to be installed only in Portrait within the given dimensions from the edge. Refer to the key at the beginning of this document for more details.
- Maximum allowable cantilever is equal to 1/3 of the allowable span.
- Wind speeds are ultimate values in mph, as defined in ASCE 7. Wind pressure coefficients are derived from ASCE 7 Chapter 30.
- User is responsible for verifying the strength of the roof.



ITEM NO	DESCRIPTION	QTY IN KIT
1	LAG SCREW, 5/16" X 4"	1
2	WASHER, SEALING, EPDM BONDED SS	1
3	OPEN SLOTTED L-FOOT, MILL/BLACK	1
4	FLAHING, ROUNDED CORNERS, MILL/BLACK	1
5	STRUCTURAL SCREW, T-30 HEX WASHER HEAD, 5/16" X 4-1/2	1

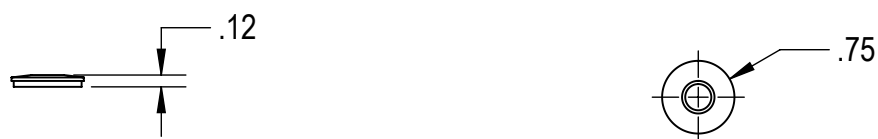
PART NUMBER	DESCRIPTION
QM-LM-01-M1	L-MOUNT, OPEN SLOT
QM-LM-01-B1	L-MOUNT, OPEN SLOT, BLACK
QM-LMST-01-M1	L-MOUNT, OPEN SLOT, STRUCTURAL SCREW
QM-LMST-01-B1	L-MOUNT, OPEN SLOT, STRUCTURAL SCREW, BLACK

1) LAG SCREW



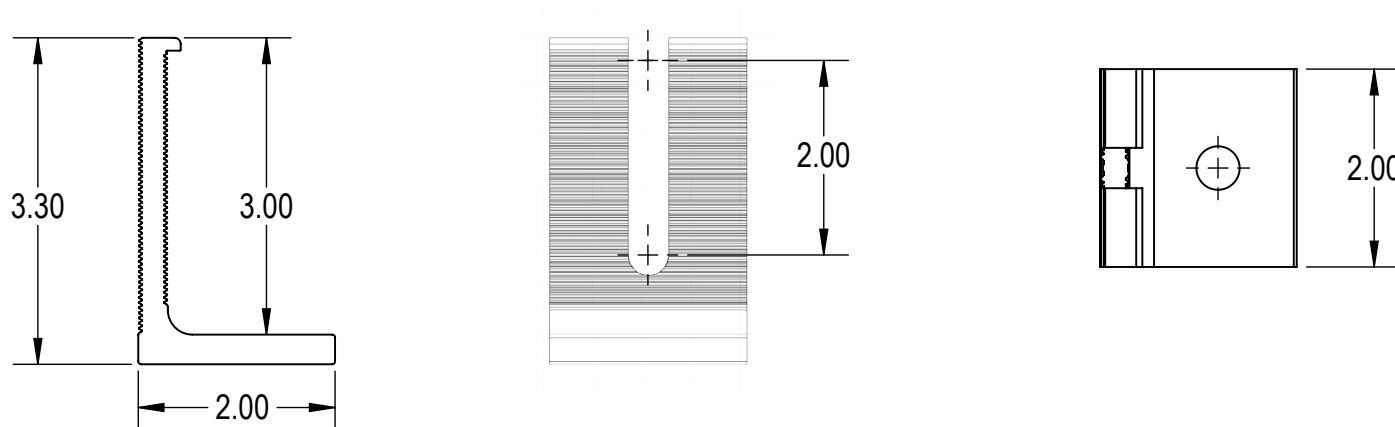
Property	Value
Material	300 Series Stainless Steel
Finish	Clear

2) WASHER, SEALING, EPDM BONDED SS



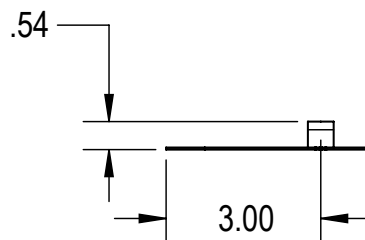
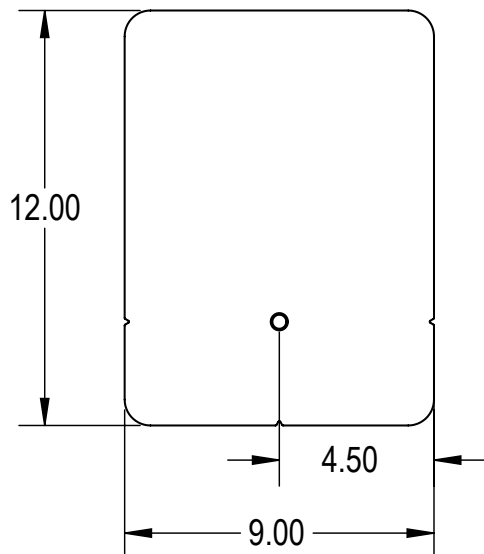
Property	Value
Material	300 Series Stainless Steel
Finish	Clear

3) OPEN SLOTTED L-FOOT, MILL/BLACK



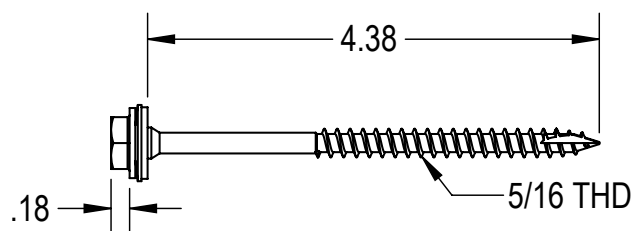
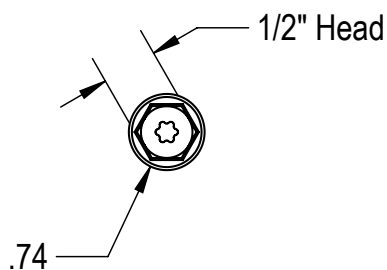
Property	Value
Material	6000 Series Aluminum
Finish	Mill

4) FLASHING, ROUNDED CORNERS, MILL/BLACK



Property	Value
Material	6000 Series Aluminum
Finish	Mill

5) STRUCTURAL SCREW



Property	Value
Material	300 Series Stainless Steel
Finish	Clear



February 17, 2020

Attn: Mr. Marshall Green
Quick Mount PV
Director of Engineering
2700 Mitchell Dr., Bldg 2
Walnut Creek, CA 94598

RE: Quick Mount PV L-Mount
State of New York Compliance Letter

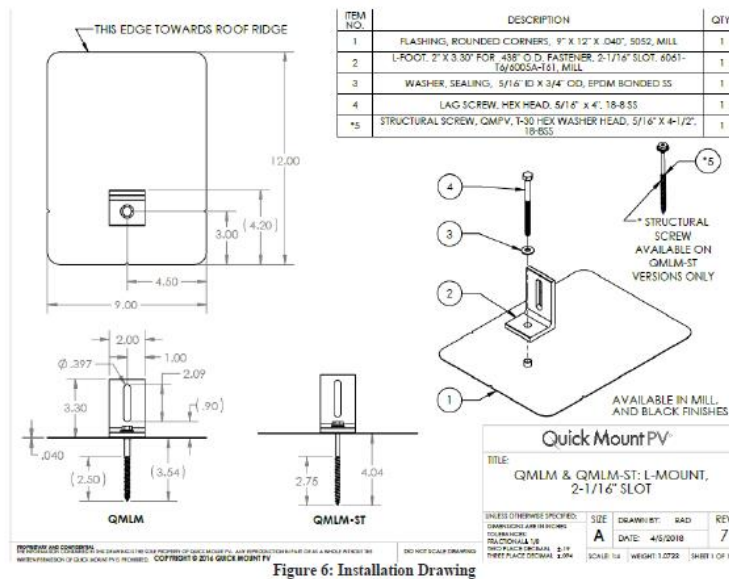
SEI Project No.: 19586.00

Dear Mr. Green:

Structural Enginuity Inc. (SEI) submits this letter regarding our review of the test data for the Quick Mount PV (QMPV) L-Mount (QMLM) photovoltaic (PV) array mounting system. The test data is from Construction Testing Services (CTS) Project Number QMPV #20170517-Revision E, titled, "Quick Mount PV Load Testing – L-Mount", dated June 22, 2017 and is available upon request from QMPV.

CTS performed additional testing on the L-Mount product to determine the change in allowable loads due to attaching the L-Mount product with a proprietary QMPV Structural Screw as opposed to a wood lag screw. This product is identified by the addition of "-ST", for structural screw at the end of the product code (QMLM-ST). The new test data is shown in the CTS report titled "Quick Mount PV Load Testing – L-Mount with QMPV Dual Drive Structural Screw", dated April 6, 2018 which is also available upon request from QMPV.

CTS is a licensed testing and engineering firm located in California, where the testing of the L-Mount assembly was performed. The L-Mount assembly is designed to support and fasten rails and PV modules manufactured by others to the structural roof framing through plywood or OSB sheathing and roofing material consisting of composition shingles. Figure 1 below delineates the components of an L-Mount assembly.



Testing of the L-Mount assembly consisted of test specimens that were made up of the following:

- a wood test bed representing a composition shingle roof, wood framed roof that is comprised of 1/2" OSB APA rated Structural I sheathing over 13" long 2"x4" Douglas Fir rafters covered with felt paper and composition shingles,
- a QPMV L-Mount attached to rafters using one 5/16"Ø x 4" lag screw with a minimum screw embedment of 2-1/2" into the structural member for the QMLM & QMLM-SNR,
- a QMPV L-Mount attached to rafters using a QMPV Dual Drive Structural Screw with a minimum embedment of 2-3/4" into the structural member for the QMLM-ST

The test procedures were created to simulate the reactions that would be applied to the L-Mount assembly due to the environmental loads projected on a PV solar roof array that is fastened to a roof by the L-Mount system. The tests were simulated for the environmental loads as follows:

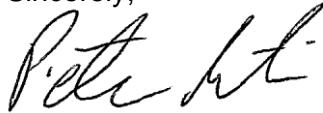
- Tension load test simulated wind uplift that was normal to the slope of the roof minus self-weight of the PV modules,
- Compression load test simulated a low-slope roof condition with snow and array self-weight vertically down plus wind down normal to the slope of the roof.
- Lateral load parallel to rafter simulated parallel to roof force component of downward snow and self-weight loads,
- Lateral perpendicular to rafter test simulated seismic loads on the cross-slope direction of the roof.

Tests were conducted such that the applied load acted at the highest point of the L-Foot slot in order to create the largest stresses on the L-Mount. Loads applied to the weak axis of the L-Foot for the Lateral Parallel to Rafter tests were applied with the L-Mount oriented in both possible directions to determine the worst case bending stresses. It is understood that the testing was only performed to determine the allowable service capacity of the QMPV L-Mount system under its worst case layout conditions.

The evaluation was limited to the components of the L-Mount that is manufactured by Quick Mount PV with test specimens installed conformance with Quick Mount PV's product installation manual and specifications. Elements of the test specimen that are not manufactured by Quick Mount PV, such as the roof rafters, rails, and PV modules, were not analyzed in SEI's evaluation of the QMPV L-Mount product; therefore, load capacities of these external elements should be determined by others or referenced by test data provided by the manufacturers of these elements. The following tables attached to this letter list the combined results of the four applied test load directions from the CTS Test Report, allowable stress design (ASD) capacities extrapolated from the test results using ASD load combinations listed in ASCE 7-16 for conformance with the 2018 International Building Code and International Residential Code for verifying capacity of the Quick Mount PV L-Mount to be used as a fastener for roof mounted PV Solar Arrays in the state of New York.

Should you have any questions relating to this matter please contact me at your convenience

Sincerely,



Peter Martin
Engineer III

pmartin@structuralenginuityinc.com



Allan T. Myket, P.E.
President/Founder

amyket@structuralenginuityinc.com



Structural Enginuity Inc.

02/18/2020

THAT IT IS A VIOLATION OF THIS LAW FOR ANY PERSON, UNLESS HE IS ACTING UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER OR LAND SURVEYOR, TO ALTER AN ITEM IN ANY WAY. IF AN ITEM BEARING THE SEAL OF AN ENGINEER OR LAND SURVEYOR IS ALTERED, THE ALTERING ENGINEER OR LAND SURVEYOR SHALL AFFIX TO THE ITEM HIS SEAL AND THE NOTATION "ALTERED BY" FOLLOWED BY HIS SIGNATURE AND THE DATE OF SUCH ALTERATION, AND A SPECIFIC DESCRIPTION OF THE ALTERATION.

Table 1: Summary of Allowable Loads for Quick Mount PV L-Mount QMLM with Lag Screw

CTS Test Report Results

Loading Condition	Mean Tested Peak Load (lbs)	Minimum Tested Peak Load (lbs)	No. of Tests	Rafter Avg Specific Gravity	Type of Failure	FS: Method of Calculation	Factor of Safety	Allowable Load (lbs)
Tension	2646	2332	5	0.467	Lag Screw Withdrawal	NDS for Wood Construction, 2012	N/A (Note 3)	984 (Note 1, 3)
Compression	1545	1288	9	0.513	L-Foot Bending	Aluminum Design Manual, 2010	2.21	700
Shear (Lateral) Parallel to Rafter	560	500	6	0.52	L-Foot Bending	Aluminum Design Manual, 2010	2.33	240
Shear (Lateral) Perpendicular to Rafter	770	649	6	0.469	Flashing Puncture / Lag Screw Pullout	Aluminum Design Manual, 2010	2.54	303

Factor of Safety Calculation Methods:

Aluminum Design Manual, 2015, Appendix 1: Testing, 1.3.2 Tests for Determining Structural Performance, Eq. 1.3-3
NDS for Wood Construction, 2018, Commentary Section C12.2.1 Lag Screw Withdrawal Design Values, Eq C12.2.1-2

Material Notes:

The Quick Mount PV L-Mount Parts observed in tests to failure modes as noted above.

L-Foot = 6061-T6 (6005A-T61 is also acceptable)

Test Loading Notes:

1. The average Specific Gravity of the Rafters used in the testing are given in the above table. Wood species and grade used that differs from this may cause lag screw pull-out to occur sooner; therefore, adjustment of the tabulated allowable values is done based on the specific gravity of the other species of wood following Equation 12.2-1 of the NDS for Wood Construction. The adjustment factors for various wood species are shown below. In no circumstance shall the allowable loads given in the above table be increased due to a higher value of Specific Gravity than what was present in the test data.

Alaska Yellow Cedar (G=0.46) - Multiply allowable Tension values by 0.97

Hem-Fir and Spruce-Pine-Fir (G=0.42) - Multiply allowable Tension values by 0.85

Open-Grained Redwood and Western Cedar (G=0.36) - Multiply allowable Tension values by 0.67

2. All loads were applied at the highest point of the slot in the L-Foot.

3. The Allowable Tension values determined through testing were greater than the maximum design values allowed per NDS for a 5/16" lag screw with 2-1/2" screw embedment for a specific gravity of 0.5 after a safety factor of 4 has been applied. As such, the allowable load provided is controlled by NDS Eq 12.2-1 and has been multiplied by a load duration factor of 1.6 for Wind and Seismic load conditions per section 11.3.2 in the NDS for Wood Construction.

4. Allowable load tables are based on a minimum screw embedment of 2-1/2" into the structural member. If less embedment is achieved, loads should be adjusted accordingly.

Table 2: Summary of Allowable Loads for Quick Mount PV L-Mount QMLM-ST with QMPV
Dual Drive Structural Screw CTS Test Report Results

Loading Condition	Mean Tested Peak Load (lbs)	Minimum Tested Peak Load (lbs)	No. of Tests	Rafter Avg Specific Gravity	Type of Failure	FS: Method of Calculation	Factor of Safety	Allowable Load (lbs)
Tension	2378	1982	6	0.464	Lag Screw Pull Out	NDS for Wood Construction, 2012	4.00	951 (Note 1, 3)
Compression	1545	1288	9	0.513	L-Foot Bending	Aluminum Design Manual, 2010	2.21	700
Shear (Lateral) Parallel to Rafter	560	500	6	0.52	L-Foot Bending / Lag Screw Pull Out	Aluminum Design Manual, 2010	2.33	240
Shear (Lateral) Perpendicular to Rafter	768	652	5	0.507	Flashing Puncture / Lag Screw Pullout	Aluminum Design Manual, 2010	3.03	253

Factor of Safety Calculation Methods:

Aluminum Design Manual, 2015, Appendix 1: Testing, 1.3.2 Tests for Determining Structural Performance, Eq. 1.3-3
NDS for Wood Construction, 2018, Commentary Section C12.2.2 Wood Screw Withdrawal Design Values, Eq C12.2.2-2

Material Notes:

The Quick Mount PV L-Mount Parts observed in tests to failure modes as noted above.

L-Foot = 6061-T6 (6005A-T61 is also acceptable)

Test Loading Notes:

1. The average Specific Gravity of the Rafters used in the testing are given in the above table. Wood species and grade used that differs from this may cause wood screw pull-out to occur sooner; therefore, adjustment of the tabulated allowable values is done based on the specific gravity of the other species of wood following Equation 12.2-2 of the NDS for Wood Construction. The adjustment factors for various wood species are shown below. In no circumstance shall the allowable loads given in the above table be increased due to a higher value of Specific Gravity than what was present in the test data.

Alaska Yellow Cedar (G=0.46) - Multiply allowable Tension values by 0.98

Hem-Fir and Spruce-Pine-Fir (G=0.42) - Multiply allowable Tension values by 0.82

Open-Grained Redwood and Western Cedar (G=0.36) - Multiply allowable Tension values by 0.60

2. All loads were applied at the highest point of the slot in the L-Foot.

3. The allowable values determined through testing have been multiplied by a load duration factor of 1.6 for Wind and Seismic load conditions per section 11.3.2 in the NDS for Wood Construction. No further factors may be applied to the allowable load

4. Allowable load tables are based on a minimum screw embedment of 2-3/4" into the structural member. If less embedment is achieved, loads should be adjusted accordingly.













117 School Street circled, viewed from the steps of 112 School Street



117 School Street viewed from the steps of 107 Highmount Ave



117 Scchool Street viewed from 109 Highmount Ave



117 School Street viewed from 105 School Street



117 School Street viewed from 114 School Street.



117 School Street viewed from the steps of 116 School Street



117 School Street viewed from 115 School street



**VILLAGE OF UPPER NYACK
ZONING BOARD OF APPEALS
PLANNING BOARD
ARCHITECTURAL REVIEW BOARD**

**AFFIDAVIT OF
SERVICE BY MAILING**

For _____
(Location)

STATE OF NEW YORK)
 : SS.:
COUNTY OF ROCKLAND)

Rosemarie Tronclair, being duly sworn, deposes and says:

I am over 18 years of age and reside in Modena, New York.

On December 29, 2023, deponent served the attached Notice of a Public Hearing for (site plan approval by the Planning Board); (special use permit by the Planning Board); (area variance by the Zoning Board of Appeals); (use variance of the Zoning Board of Appeals); (special permit of Zoning Board of Appeals); (review architectural harmony by Architectural Review Board); at least five (5) days prior to the public hearing by regular mail with US Postal Certificate of Mailing, addressed to the individuals named on the attached list at their respective addresses, which are all property owners within two hundred feet of the subject property. The mailing was enclosed in a sealed postpaid envelope with return address and name of the sender plainly endorsed on the outside thereof, addressed to said persons as provided by the Clerk of the Board at the addresses on the attached list and this affidavit of mailing confirms that no mailing was returned as undeliverable, or if the mailing was returned as not delivered to the addressee, the affidavit shall specify the reason for the return. Attached hereto is proof from the United States Postal Service of a Certificate of Mailing for each envelope. This affidavit is being filed with the Clerk of the Board at least two (2) days before the commencement of the Public Hearing. The notice was also posted on the property at least 5 days prior to the public hearing:

Sworn to before me this 29th day
of December 2023
Bianca V. Cauchi
Notary Public

[Signature]
(Signature)
____ Applicant ☒ Agent

BIANCA V. CAUCHI
Notary Public, State of New York
No. 01CA6233239
Qualified in Ulster County
Term Expires December 27, 2025