Description of Work / Narrative - 201 Kuyper Drive Home Solar

Dear Village of Upper Nyack,

We are proposing to install 32 Solar Panels on the back of the roof on the residence located at 201 Kuyper Drive, Upper Nyack NY. (Campbell Residence). The panels will be rated 10.88 kw DC and 10 kw AC.

The proposed solar panel installation will be fastened on to the backside of the roof and will conform to the building department's requirements for solar which are:

- -will be all black anti-glare framed panels
- -and will be arranged to conform to the roof shape

For further information, see the attached egineering plans.

Paul Baluyut, Integrity Solar Solutions Engineering Department

Office: (845) 584-3100 ext. 2 Mobile: (201) 566-0487

28 New Hempstead Road, Suite F

New City NY, 10956 Serving NY and NJ www.integritysolarsolutions.com



"Ethical and Reliable Solar Installations"

Orange and Rockland Contractor License #: H-18092 Westchester Contractor License #: WC-35479-H22 NJ State Contractor License: 13VH10369100 NYSERDA Registration Number: 0000086716

APPLICATION REVIEW FORM

PARTI

vame of Municipanty	Please check all the	nt apply:
Planning Zoning (*Fill out Parts Subdivision Site Plan Special Permit Conditional Use Zoning Code As Zone Change Variance	g Board Board of Appeals* s I & II of this form)# of Lots	Municipal Board Historical Board Architectural Board Pre-preliminary/Sketch Preliminary Final
Section	Block	Lot(s)Lot(s)
Location: On the	of	in the
Street Address: Acreage of Parcel School District Fire District Water District Project Description: (If ac	ditional space required, ple	Zoning District Postal District

APPLICATION REVIEW FORM

If subdivision:		
1) I	s any variance from the subdivision	regulations required?
2) I	s any open space being offered?	If so, what amount?
3) I	s this a standard or average density	subdivision?
If site plan:		
1) E	Existing square footage	
2) 1	Total square footage	
	Number of dwelling units	
If special permi	it, list special permit use and what the	he property will be used for.
	Constraints: s greater than 25%? If yes, please tea.	all the first section of the property of the section of the sectio
		le the names.
	nds on the site? If yes, please provi	
	y: Has this project ever been review ovide a narrative, including the list of	
	peared before, and the status of any	
List tax map sec	ction, block & lot numbers for all othis project.	her abutting properties in the same

APPLICATION REVIEW FORM

Contact Information:	
Applicant: Paul Balayu +	Phone # 201-566
Address 28 Now Hempstead 1	
Street Name & Number	(Post Office) State Zip code
Property Owner: Anthony Campe	Phone # 845 - 40
Address 201 Knyper Dr.	upper Nyack NY 10960
Street Name & Number	(Post Office) State Zip code
Engineer/Architect/Surveyor: Vincent	1wame Phone # 858-40
Address 5052 Claremon + Dr.	San Diego CA 92177
Street Name & Number	(Post Office) State Zip code
Attorney: n/a	Phone #
Address	
Street Name & Number	(Post Office) State Zip code
Contact Person: Same as App	Iran + Phone #
Address	
Street Name & Number	(Post Office) State Zip code
IF ANY ITEM IS CHECKED, A REVIEW MUST BE DON PLANNING UNDER THE STATE GENERAL MUN	BE BY THE ROCKLAND COUNTY COMMISSIONER OF SICIPAL LAW, SECTIONS 239 L, M, N, AND NN.
State or County Road	State or County Park
Long Path	County Stream
Municipal Boundary	County Facility
List name(s) of facility checked above.	
Referral Agencies: (Please make sure that the copies of your application and plans for their re	view.)
RC Highway Department	RC Division of Environmental Resources
RC Drainage Agency	RC Dept. of Health
	NYS Dept. of Environmental Conservation
NYS Thruway Authority	Palisades Interstate Park Comm.
Adjacent Municipality	
Other	

**All applicants must send copies of their applications and plans to:
Orange and Rockland, Regional manager, 75 West Route 59, Spring Valley, NY 10997.

VILLAGE OF UPPER NYACK SCHEDULE OF FEES

Applications to the Village Board

Petition to Amend Zoning Ordinance: \$200 plus the costs and expenses including advertising and transcription costs, incurred in hearing and deciding the petition, plus the fees required in \$16:66 of the Zoning Ordinance (see below).

Applications to the Planning Board

- 1. <u>Site Plan Application</u>: \$300 for first two appearances plus \$125 per each proposed residential unit or each one-thousand (1,000) square feet of non-residential floor area, plus the cost of publication of notice of public hearing, plus the fees required in \$16:66 of the Zoning Ordinance (see below). (Formal or Informal) \$100 each return.
- 2. <u>Application for Special Permit</u>: \$200 plus the costs and expenses, including advertising and transcription costs, incurred in hearing and deciding the application, plus the fees required in \$16:66 of the Zoning Ordinance (see below). Application for **Special Permit Renewal**: First appearance, no fee; Subsequent Appearance \$200.00.
- 3. <u>Subdivision Plat Application</u>: \$250 plus \$125 per lot proposed, plus the cost of publication of notice of public hearing, plus the fees required in §16:66 of the Zoning Ordinance (see below). (Formal or Informal) \$100 each return. Inspection Fee for Subdivision or Site Plan Improvements: Five Percent (5%) of the amount of a performance bond or value of site construction whichever is greater, but not less than \$100. Maintenance Bond for Subdivision or Site Plan Improvements (on completion of the improvements or release of the performance bond) 10 % of the performance bond or value of the site improvements, whichever is greater.

Applications to the Zoning Board of Appeals

- 1. <u>Interpretation of Zoning Ordinance</u>: \$200 plus the cost and expenses, including advertising and transcription costs, incurred in hearing and deciding the application, plus the fees required in \$16:66 of the Zoning Ordinance (see below). (Formal or Informal) \$100 each return.
- 2. <u>Variances</u>: \$200 plus the cost and expenses, including advertising and transcription costs, incurred in hearing and deciding the application, plus the fees required in §16:66 of the Zoning Ordinance (see below). (Formal or Informal) \$100 each additional variance. \$100 each return.

Applications to the Architectural Review Board

1. All Required Applications: \$150 plus the cost of publication of notice of public hearing, plus the fees required in \$16:66 of the Zoning Ordinance (see below). (Formal or Informal) \$50 each return.

Applications Subject to State Environmental Quality Review Act (SEQR)

Note: For definitions of terms see Part 617 of SEQR

- 1. Determination
 - a. For Excluded Actions, Exempt Actions and Type II Actions: No fee
 - b. For Type I Actions and Unlisted Actions: \$15
 - c. Environmental Impact Statement Processing: \$300 plus publication and notice cost, plus fees required in §16:66 of the Zoning Ordinance (see below).

ARTICLE V ADMINISTRATION OF ZONING

§ 16:66 Fees for Village Technical Consultant Services [LL #4 of 2011, Filed 12-28-11]

A. Payment for Village Technical Consultant Services

The Village, Zoning Board of Appeals, Planning Board or Architectural Review Board in the review of any application or petition described above may refer such application or petition presented to such engineering, planning, technical or environmental consultant as such Board shall deem reasonably necessary to enable it to review such application as required by law. The charges made by such consultants shall be in accord with charges usually made for such services in the metropolitan New York region or pursuant to an existing contractual agreement between the Village and such consultant. If the Board requires technical services to be provided to it to assist the Board in making its decision, the Board shall require the property owner to provide a sum of money to be placed in escrow with the Treasurer of the Village of Upper Nyack to pay for said services. The technical professional must provide an estimate of the cost of the service to be provided prior to entering into an agreement with the Village. The property owner shall place into escrow an amount to be determined by the Treasurer of the Village, which escrow funds are to be used to cover the amount of the technical services to be provided to the Board. The Village will not be obligated to pay for technical services and the Village will not enter into any agreement to pay for such service until such funds have been deposited with the Village Treasurer. The Board shall request an estimate from the technical service provider in advance and shall notify the property owner of the amount to be deposited in escrow with the Village Treasurer. After the funds are deposited, the Treasurer will notify the Board that the funds are available and they may enter into an agreement with the technical service provider. In the event an application is required to be reviewed by the Village Board, and any other Board, then in such event and to the extent applicable, both Boards shall use the same consultants who shall in such case prepare one report providing the data, information and recommendations requested by both Boards. In all instances, duplications of consultants' reports shall be avoided whenever possible in order to minimize the cost of such consultants' reports to the applicant. LL # 4 of 2011

B. Refunds

All petitions for refunds shall be made to the Village Board. Refunds of fees will be allowed in proportion to the status of the application and any funds expended in the processing of such applications. In no case shall more than one-half (50%) of the fee be refundable. Where applications are submitted which do not contain the required materials for review, an administrative fee of 10% of the application fee will be assessed with the returned application. NO FEE IS REFUNDABLE AFTER SCHEDULING OFA REQUIRED PUBLIC HEARING. Where the fee provides for the reimbursement to the Village of the cost of consultant services, such reimbursement shall be made prior to final action on the application.

C. Periodic Review

The Village Board shall periodically review the fee schedule set forth in this local law and shall by resolution, after public hearing for which notice shall be given ten (10) days prior thereto, amend the fees set forth herein.

D. Effective Date This local law shall take effect immediately.

E. Separability

Should any section or provision of this local law be decided by the courts to be unconstitutional or invalid, such decision shall not affect the validity of this Local Law as a whole or any part thereof other than the part so decided to be unconstitutional or invalid.



PO Box 66699, Albany, NY 12206

nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 823950682 INTEGRITY SOLAR SOLUTIONS, LLC (A NJ LLC) 12-44 RIVER ROAD, SUITE 1065 FAIR LAWN NJ 07410



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

INTEGRITY SOLAR SOLUTIONS, LLC (A NJ LLC) 28 NEW HEMPSTEAD RD, STE F NEW CITY NY 10956 CERTIFICATE HOLDER

VILLAGE OF UPPER NYACK 328 N. BROADWAY UPPER NYACK NY 10960

POLICY NUMBER W2437 517-2 CERTIFICATE NUMBER 141263 POLICY PERIOD 02/17/2022 TO 02/17/2023 DATE 8/10/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2437 517-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY,

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

Rockland County

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

死力(3%, K. Att 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-18092

LICENSE CLASSIFICATIONS:

40 Solar Panel Installer

ISSUED TO: Integrity Solar Solutions, LLC

28 New Hempstead Road, Suite F

New City, NY 10956

LICENSE HOLDER: Paul M. Baluyut

INITIAL APPLICATION DATE: 3/5/2018

EFFECTIVE DATE: 4/1/2022

EXPIRATION DATE: 3/31/2023

Director and Public Advocate

3/14/2022

PLEASE NOTE:

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/10/2022

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 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).

Insurance In Blvd & 200 Sa Integrity Solar Solutions, LLC 28 New Hempstead Rd Suite F New City AGES TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PISIONS AND CONDITIONS OF SUCH	OF INS		CA 92626	E-MAIL ADDRESS INSURER	Ext): 714-62 s: ara@sola INS A: GuideOr	rinsure.com SURER(S) AFFOR	FAX (A/C, No): DING COVERAGE urance Company	714-6	25-8290 NAIC#		
n Blvd & 200 ssa Integrity Solar Solutions, LLC 28 New Hempstead Rd Suite F New City AGES TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PISIONS AND CONDITIONS OF SUCH	OF INS			INSURER	ara@sola INS A: GuideOr B:	rinsure.com SURER(S) AFFOR	DING COVERAGE	714-6	NAIC#		
& 200 sa Integrity Solar Solutions, LLC 28 New Hempstead Rd Suite F New City AGES TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PISIONS AND CONDITIONS OF SUCH	OF INS			INSURER INSURER INSURER	INS A: GuideOr B:	SURER(S) AFFOR			100 . 34		
Integrity Solar Solutions, LLC 28 New Hempstead Rd Suite F New City AGES CEF TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PISIONS AND CONDITIONS OF SUCH	OF INS			INSURER	A: GuideOr B:	T 022 T 0			100 . 34		
Integrity Solar Solutions, LLC 28 New Hempstead Rd Suite F New City AGES CEF TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PISIONS AND CONDITIONS OF SUCH	OF INS			INSURER	В:	ne National Ins	urance Company		4 6 4 4 4		
28 New Hempstead Rd Suite F New City AGES CEF TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PI SIONS AND CONDITIONS OF SUCH	OF INS		NIV. 100F6	INSURER					14167		
28 New Hempstead Rd Suite F New City AGES CEF TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PI SIONS AND CONDITIONS OF SUCH	OF INS		NV 10056		C:		INSURER B:				
Suite F New City AGES CEF TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PI SIONS AND CONDITIONS OF SUCH	OF INS		NV 10056	INSURER		INSURER C:					
New City AGES CEF TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PI SIONS AND CONDITIONS OF SUCH	OF INS		NV 10056		D:						
AGES CEF TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PI SIONS AND CONDITIONS OF SUCH	OF INS		NIV 10056	INSURER	E:						
TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PI SIONS AND CONDITIONS OF SUCH	OF INS		NY 10956	INSURER	F:						
TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY PI SIONS AND CONDITIONS OF SUCH	QUIRE	CLIDA	NUMBER:		-		REVISION NUMBER:				
TYPE OF INSURANCE	POLI	MEN'	F, TERM OR CONDITION C EINSURANCE AFFORDED	F ANY CO	NTRACT OF OLICIES DE	OTHER DOC SCRIBED HER	UMENT WITH RESPECT T	O WHIC	H THIS		
Circon moordings	ADDL	SUBR	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS			
COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT HOMBER		WIND DITTI	(minubor 1111)	EACH OCCURRENCE	\$ 1.0	00,000		
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0			
J. J							MED EXP (Any one person)	\$ 5,0	10		
	Y		ENV562008746-00		02/17/2022	02/17/2023	PERSONAL & ADV INJURY		00,000		
A CORECATE LIMIT APPLIES DED.	1.5	1	LIV 3020007 40-00		OL/ 1// ZUZZ	02/1//2023	GENERAL AGGREGATE	100	00,000		
L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG		00,000		
POLICY JECT LOC							PRODUCTS - COMPTOP AGG	\$	00,000		
OTHER: DMOBILE LIABILITY							COMBINED SINGLE LIMIT	s			
							(Ea accident) BODILY INJURY (Per person)	s			
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	-			
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
HIRED AUTOS AUTOS							(Per accident)	\$			
								-			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADI							AGGREGATE	\$			
DED RETENTION \$		1					DER LOTH-	\$			
KERS COMPENSATION EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER				
PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
datory in NH)	1						E.L. DISEASE - EA EMPLOYE	E \$			
RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
ntractors Pollution Liability			ENV562008746-00		02/17/2022	02/17/2023	Limit: \$1,000,000				
ON OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORE	101, Additional Remarks Sche	dule, may be	attached if mo	re space is requi	red)				
ICATE HOLDER				CANC	ELLATION						
				SHO	JLD ANY OF EXPIRATION	THE ABOVE D	OF, NOTICE WILL BE DELI				
1	describe under RIPTION OF OPERATIONS below tractors Pollution Liability ON OF OPERATIONS / LOCATIONS / VEHIC	describe under RIPTION OF OPERATIONS below tractors Pollution Liability ON OF OPERATIONS / LOCATIONS / VEHICLES (A	describe under RIPTION OF OPERATIONS below tractors Pollution Liability DN OF OPERATIONS / LOCATIONS / VEHICLES (ACORD	describe under RIPTION OF OPERATIONS below tractors Pollution Liability ENV562008746-00 ON OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Scheduler) CATE HOLDER	describe under RIPTION OF OPERATIONS below tractors Pollution Liability ENV562008746-00 ON OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be CATE HOLDER CATE HOLDER CANC SHOULTHE I THE I ACCORD 102 Additional Remarks Schedule, may be CANC	describe under RIPTION OF OPERATIONS below tractors Pollution Liability ENV562008746-00 02/17/2022 DN OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if mo CATE HOLDER CANCELLATION SHOULD ANY OF THE EXPIRATION ACCORDANCE W	describe under RIPTION OF OPERATIONS below tractors Pollution Liability ENV562008746-00 02/17/2022 02/17/2023 ON OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required by the control of the c	CATE HOLDER CATE HOLDER CANCELLATION CANCELLATION CANCELLATION CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE ACCORDANCE WITH THE POLICY PROVISIONS.	describe under RIPTION OF OPERATIONS below tractors Pollution Liability ENV562008746-00 02/17/2022 02/17/2023 Limit: \$1,000,000 ON OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL ACCORD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL ACCORDANCE WITH THE POLICY PROVISIONS.		

Home Pictures- 201 Kuyper Drive





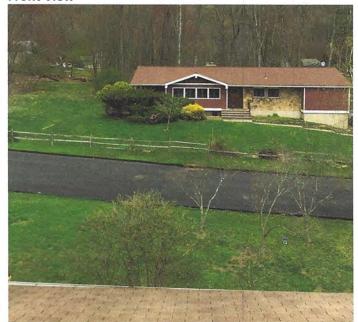


ADJACENT PROPERTIES – From Roof Point of View





Front View



Right Side





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

ELECTRICAL

LICENSE NUMBER: E-00076

ISSUED TO: Valvo Electric, LLC
50 Fairmont Ave

Haverstraw, NY 10927

SUPERVISOR OF THE WORK: James Forzono

INITIAL APPLICATION DATE: 3/1/1987

EFFECTIVE DATE: 3/1/2022

EXPIRATION DATE: 2/28/2023

Director and Public Advocate

2/2/2022

PLEASE NOTE: THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/24/2022

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 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	CONTACT DONNA				
ALLSTATE INSURANCE	PHONE (A/C, No, Ext): 845-268-4100 FAX (A/C, No): 845-2	68-4109			
LUCIANO AGENCY	E-MAIL DONNAKELLY@ALLSTATE.COM				
15 S ROUTE 303	INSURER(S) AFFORDING COVERAGE	NAIC#			
CONGERS, NY 10920	INSURER A: NORTHEAST MAIN ST AMERICA	29939			
INSURED	INSURER B: ALLSTATE INSURANCE COMPANY	19232			
VALVO ELECTRIC	INSURER C:				
50 FAIRMONT AVE	INSURER D :				
HAVERSTRAW, NY 10927	INSURER E :				
·	INSURER F:				
COVERAGES CERTIFICATE NUMBER	DEVICION NUMBER				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC	X	X	MPV78936	9/07/2021	9/07/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$500,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000
В	AUTOMOBILE LIABILITY AND AUTOS X ALL OWNED AUTOS X HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS	x	x	048289865	3/01/2021	3/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$						EACH OCCURRENCE AGGREGATE	\$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	*
A	BUSINESS PERSONAL PROPERTY			MPV78936	9/07/2021	9/07/2023		LIMIT \$5,306.00

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

JOB: ADDITIONALLY INSURED Village of Nyack 9 N. Broadway Nyack, NY 10960

CERTIFICATE HOLDER	CANCELLATION				
Village of Upper Nyack 9 N. Broadway Nyack,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.				
NY 10960	AUTHORIZED REPRESENTATIVE	Verified by pdfFiller			
		Ernest Luciano			
		08/24/2022			

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

^^^^^ 260845350

VALVO ELECTRIC LLC

50 FAIRMONT AVE

HAVERSTRAW NY 10927



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

VALVO ELECTRIC LLC
50 FAIRMONT AVE

HAVERSTRAW NY 10927

CERTIFICATE HOLDER

VILLAGE OF UPPER NYACK
9 N.BROADWAY NYACK NY
10960

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W1489 383-8	995770	09/08/2021 TO 09/08/2022	8/23/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1489 383-8, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

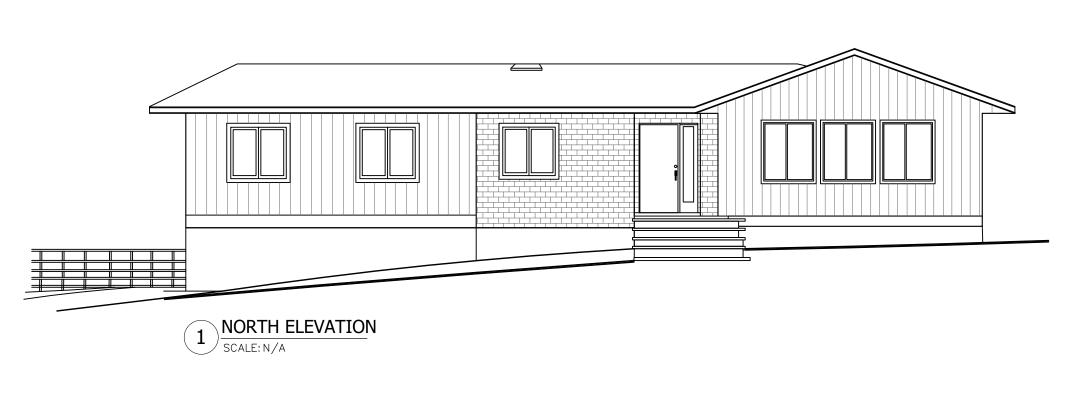
IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

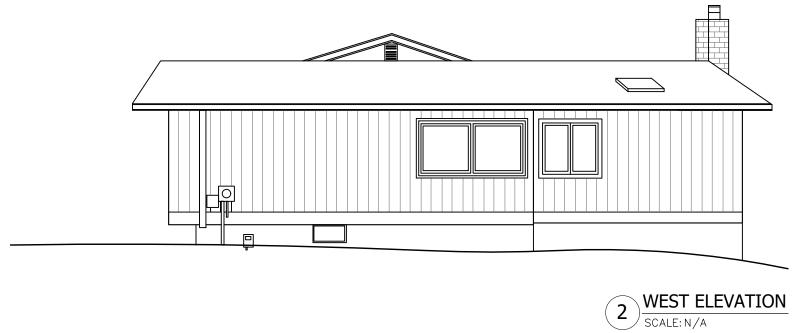
THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING







ELEVATIONS PLAN

THE ANTHONY CAMPBELL RESIDENCE 201 KUYPER DRIVE, UPPER NYACK, NY 10960 FLOT B-1

1065, FAIR LAWN, NJ, 07410 56-0487 INTEGRITYSOLARSOLUTIONS.COM

08.24.2022

DRAWN BY: BPM
APN: 392001A0600050
0020280000000
LOT: 0.85 Acres

DWELLING: 2,204 Sq.Ft

M-2

ELEVATIONS PLAN

SCALE: N/A

4