

# TOWN OF WEST SENECA



ENGINEERING DEPARTMENT

TOWN SUPERVISOR  
SHEILA M. MEEGAN  
TOWN COUNCIL  
EUGENE P. HART  
WILLIAM P. HANLEY JR.

February 6, 2014

Honorable Town Board  
Town of West Seneca

Honorable Board Members,

The Town has received an application for permit to construct a public improvement project (PIP) for Phase 3 of the Camelot Subdivision. Please note the Plans have previously been reviewed and approved.

The developer has provided the following for our consideration:

- A check in the amount of \$33,400 for the Town inspection fee.
- Appropriate insurance and worker's compensation certificates.
- Cost estimate in the amount of \$835,000 for the work.
- Assignment of Deposit Account Agreement (i.e. Letter of Credit) for the full amount of the cost of work. The Letter of Credit was provided in lieu of Performance Bond for 100% and a Maintenance Bond for 50% of the estimated cost of work.

Upon your authorization and approval, the Town Attorney and the Town Comptroller should sign and date the PIP form and return it to the Engineering Office for further processing. The check for the inspection fee shall be deposited into the Town's General Fund.

Feel free to contact me if you have any questions.

Very truly yours,

Jason A. Foote, P.E.  
Town Engineer

cc. Files: TB  
Project

Mr. Piotrowska 625-4040

Permit No. \_\_\_\_\_

APPLICATION FOR PERMIT TO CONSTRUCT A PUBLIC IMPROVEMENT  
TOWN OF WEST SENECA, NEW YORK

TO THE HONORABLE TOWN BOARD  
TOWN OF WEST SENECA, NEW YORK

Application is hereby made for permission to construct:  
State project name (name of Subdivision, Street, or other identifying location). Describe specifically all contemplated work. List quantities, linear footage, etc. for all items that will be built in this phase. List applicable approved drawings.

Project CAMELOT SQUARE PART 3 Job No. \_\_\_\_\_

Owner \_\_\_\_\_ Approved \_\_\_\_\_

Address \_\_\_\_\_

Drawings \_\_\_\_\_

Pavement Lin. Ft. 2813

Storm Sewer Size Lin. Ft. 12" = 1900 18" = 1344

Sanitary Sewer Size 8" Lin. Ft. 5551

Water Line Size 8" Lin. Ft. 2990

Street Lighting # of Lights \_\_\_\_\_

Sub-Lots 55

The estimated cost of the improvement is \$ 835,000 Estimate Approved by \_\_\_\_\_ Date \_\_\_\_\_

Estimated cost shall meet the approval of the Town Engineer. Owner shall submit copy of actual contract or other acceptable evidence to substantiate estimated cost inserted above.

Contractor NC CONTRACTING, INC

Address 151 SOUTH AVE W. SENECA, NY. 14224 Telephone (716) 677-0530

Maintenance Bond No. \_\_\_\_\_ Bonding Co. \_\_\_\_\_ \$ \_\_\_\_\_

Performance Bond No. \_\_\_\_\_ Bonding Co. \_\_\_\_\_ \$ \_\_\_\_\_

Performance Bonds shall be for 100% and Maintenance Bonds shall be for 50% of the estimated cost of the work. The Bonds shall include clauses to insure completion of specified items and maintenance of the work specified by the applicant for a period of two years following acceptance of the completed work by resolution of the Town Board of West Seneca.

Insurance Certificate No. \_\_\_\_\_ Ins. Co. M&T INSURANCE AGENCY INC  
The Contractor shall file with the Town Attorney certificates or proof of insurance with minimum coverage of 500,000/1,000,000/\$50,000 liability and workman's compensation naming Town of West Seneca and containing standard notice of cancellation clause.

- In consideration of the granting of this permit the undersigned agrees as follows:
- The undersigned will submit required Bonds(s) and certificates of insurance which are hereto attached, incorporated into and made a part of this application. The undersigned will deposit Inspection Fee with the Town of West Seneca.
  - In consideration of the granting of the permit hereby petitioned for, the undersigned hereby agrees that if such permit is granted he will comply with the terms thereof, the Laws of the State of New York, the Ordinances of the Town of West Seneca and Regulations of the various Departments of the Town and State of New York and that he shall notify the Town Engineer 48 hours in advance of commencing any work under this permit.
  - Work under this permit shall be started within 60 days from the date of approval thereof. Work under this permit shall be completed within 1 year from the date of approval thereof. Any request for extension shall be addressed in writing to the Town Board of West Seneca.
  - The undersigned guarantees that all persons connected with the actual work under this permit are duly covered by Liability and Workmen's Compensation Insurance and the State, County and Town shall be held harmless on account thereof by the undersigned.
  - The undersigned hereby agrees to hold harmless the Town of West Seneca, its Districts, Subdivisions, or its agents or employees from all liability of any kind arising out of the performance of the proposed construction, activities of town employees or the public in connection with the proposed construction or construction site.

Signature of Applicant Eugene R. Piotrowski

Address 77 Hillview Terrace - West Seneca, N.Y. 14224 Telephone 716-628-4040

I have examined the Bond(s) and insurance certificates attached hereto and certify that they conform to the Improvement Ordinance of the Town of West Seneca.

\_\_\_\_\_  
Town Attorney Date

I have examined the foregoing application and certify that the required Inspection Fee established by the Town Board of West Seneca, New York, has been paid.

Inspection Fee \$ 33,400  
6% on first \$10,000; 5% on next \$40,000; 4% on all over \$50,000 Bookkeeper Date

I have examined the foregoing plans and specifications attached hereto and certify that they conform to the Improvement Ordinance and other Ordinances regulating construction in the Town of West Seneca, except as noted on the reverse side hereof.

\_\_\_\_\_  
Town Engineer Date Application Approved

- Copy to Town Engineer
- Copy to Town Attorney
- Copy to Bookkeeper
- Copy to Applicant

RECEIVED RECEIVED  
JAN 15 2014 DEC 23 2013  
TOWN OF WEST SENECA TOWN OF WEST SENECA



WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name &amp; Address of Insured (Use street address only)</p> <p>NC Contracting, Inc. 151 South Ave West Seneca, NY 14224</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 716-677-0530</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 11316874</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 161526260</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of West Seneca 1250 Union Road West Seneca, NY 14224</p>	<p>3a. Name of Insurance Carrier Main Street America Assurance</p> <p>3b. Policy Number of entity listed in box "1a" WCU3284H</p> <p>3c. Policy effective period <u>11/01/13</u> to <u>11/01/14</u></p> <p>3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) XXX all excluded or certain partners/officers excluded.</p>

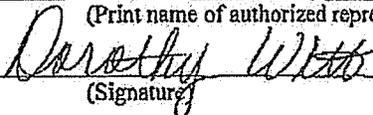
This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation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

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Dorothy Witt  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  10/29/13  
(Signature) (Date)

Title: Client Service Consultant

Telephone Number of authorized representative or licensed agent of insurance carrier: 716-853-7960  
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.  
C-105.2 (9-07)

STATE OF NEW YORK  
WORKER'S COMPENSATION BOARD

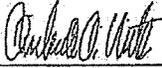
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

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

<p>1a. Legal Name and Address of Insured (Use street address only) N.C. CONTRACTING INC</p> <p>151 SOUTH AVENUE WEST SENECA, NY 14224</p>	<p>1b. Business Telephone Number of Insured 716-667-0530</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 1131687</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 161526260</p>
<p>2. Name and Address of the Entity requesting Proof of Coverage (Entity being listed as the Certificate Holder)</p> <p>Town of West Seneca 1250 Union Road West Seneca, New York 14224</p>	<p>3a. Name of Insurance Carrier The First Rehabilitation Life Insurance Company of America</p> <p>3b. Policy Number of Entity listed in box "1a": DBL117826</p> <p>3c. Policy effective period: 06/15/2013 to 06/14/2014</p>

4. Policy covers:
- a.  All of the employer's employees eligible under the New York Disability Benefits Law
  - b.  Only the following class or classes of the 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 Benefits Insurance coverage as described above.

Date Signed 10/29/2013 By   
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Title Chief Executive Officer

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  
If box "4b" is checked, this certificate is NOT COMPLETE for the purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Worker's Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, NY 12207.

PART 2. To be completed by NYS Worker's Compensation Board (Only if box "4b" of Part 1 has been checked)

State of New York  
Worker's Compensation Board

According to information maintained by the NYS Worker's Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of NYS Worker's Compensation Board Employee)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

Please Note: Only insurance carriers licensed to write NYS Disability Benefits Insurance policies and NYS Licensed Insurance Agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



151 SOUTH AVENUE  
WEST SENECA, NY 14224  
OFFICE: 716-677-0530  
FAX: 716-677-0533

**Proposal**

**# 707-R1**

June 14, 2013

Eugene Piotrowski  
77 Hillview Terrace  
West Seneca, NY 14224

RE: CAMELOT SQUARE – PART III

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1. EARTHWORK & SILT FENCE

Establish stabilized construction entrance  
Strip topsoil and stockpile on site  
Perform cuts and fills as required to establish road box & ROW  
Excess fill from north end will be used to balance south end of project  
All excess fill to be stockpiled on site  
Install silt fence as required per plan

2. STORMWATER RETENTION POND – NORTH

Strip topsoil and stockpile on site  
Excavate & shape stormwater retention pond  
Install (1) concrete weir wall  
Install (1) emergency spillway with RIP-RAP protection  
Excavate & shape emergency swale  
All excess fill to be stockpiled on site  
Stormwater prevention plan by others

3. STORMWATER RETENTION POND – SOUTH

Strip topsoil and stockpile on site  
Excavate & shape stormwater retention pond  
Install (1) concrete weir wall  
Install (1) emergency spillway with RIP-RAP protection  
All excess fill to be stockpiled on site  
Stormwater prevention plan by others

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DEC 23 2013

TOWN OF WEST SENECA  
ENGINEERING DEPT.



151 SOUTH AVENUE  
WEST SENECA, NY 14224  
OFFICE: 716-677-0530  
FAX: 716-677-0533

Proposal

# 707-R1

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#### 4. STORM SEWER

Install 12" HDPE pipe per plan  
Install 18" HDPE pipe per plan  
Install 6" perf PVC underdrain pipe per plan  
Install underdrain bends as required  
Install (16) road D I's with Reticuline frames & grates  
Install (16) 48" diameter storm manholes with frames and covers  
Install (2) Outlet Control Structures with frames & grates  
Install (3) end sections with Rip-Rap outlet protection  
Install pipe & precast bedding as required  
Install select fill under paved areas  
Connect existing pipe to catch basins & manholes as required  
Excavate & shape drainage swale at rear of properties  
Install (1) rear yard catch basin with frame & grate  
All excess fill to be stockpiled on site

#### 5. SANITARY SEWER

Install 8" PVC SDR-35 pipe per plan  
Install 6" PVC SDR-35 pipe per plan  
Install (23) 48" diameter manholes with frames and covers  
Install (5) 60" diameter manholes with frames and covers  
Core & connect to (3) existing manholes  
Connect existing pipe to manholes as required  
Install (2) permanent cleanouts  
Install pipe & precast bedding as required  
Install select fill under paved areas  
Perform testing as required  
All excess fill to be stockpiled on site

#### 6. WATERLINE

Install 8" PVC SDR-18 pipe per plan  
Install 8" CL-52 ductile iron pipe per plan  
Install (4) hydrant assemblies complete  
Install (10) 8" line valves  
Install (5) 2" permanent blow-offs & sampling points  
Install (3) 3/4" temporary blow-offs & sampling points

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DEC 23 2013

1000 S. 31 ST. SENeca  
WEST SENeca, NY 14224



151 SOUTH AVENUE  
WEST SENECA, NY 14224  
OFFICE: 716-677-0530  
FAX: 716-677-0533

Proposal

# 707-R1

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#### WATERLINE (Continued)

Install tees & bends as required  
Install restraints & blocking as required  
Install pipe bedding as required  
Install select fill under paved areas  
Connect to existing waterline as required  
Perform testing as required  
All excess fill to be stockpiled on site

#### 7. GUTTER CURBING

Remove existing gutter curbing as required  
Install 3' V-Shape gutter curbing per plan

#### 8. PAVING

Prep sub grade 18" below finish grade  
Install Geotextile Fabric  
Install 12" of 2" ROC sub-base course  
Install 3" of Type 1 Base  
Install 2" of Type 3 Binder  
Install 1" of Type 7 Top

#### 9. TOPSOIL REGRADE & SEED

Re-grade topsoil at ROW's, easements, ponds & swales  
Finish grade & seed ROW's, easements, ponds & swales  
All excess topsoil to remain stockpiled on site

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DEC 23 2013

TOWN OF WEST SENECA  
CONTRACTING DEPT



151 SOUTH AVENUE  
WEST SENECA, NY 14224  
OFFICE: 716-677-0530  
FAX: 716-677-0533

Proposal

# 707-R1

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**TOTAL PROJECT COST = \$835,000.00**

**NOTES:**

- Clearing, stump & debris removal by others
- Sidewalks by others
- Stormwater Prevention Plan by others
- Rock excavation excluded from price
- All excess fill to remain stockpiled on site
- All excess topsoil to remain stockpiled on site
- Additional inspection and testing fees by others
- Permits and fees by others
- P.I.P.'s by others
- Compaction testing by others
- Survey and layout for infrastructure only
- Property and lot survey by others
- As built drawings by others
- Building survey by others
- Silt fence to be maintained through road construction only
- Maintenance bond for NC work included in price
- Terms of this proposal become an integral part of any resulting contract, even if not explicitly stated in said contract

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TOWN OF WEST SENECA  
PUBLIC WORKS DEPT

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

Respectfully Submitted

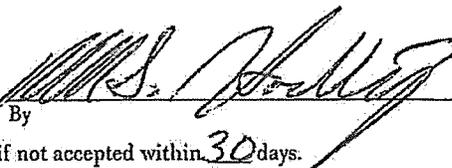


Signature

Date of Acceptance

Signature

Date of Acceptance

By 

This proposal may be withdrawn by us if not accepted within 30 days.