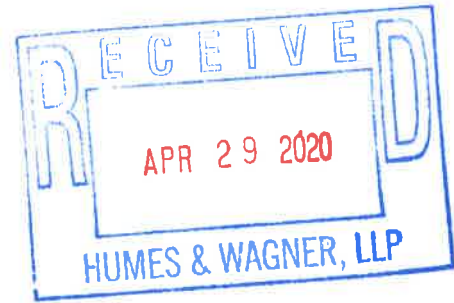


# Village of Centre Island

303 Centre Island Road  
Oyster Bay NY, 11771  
(516)922-0606



12/17/2019

Edward Pulling  
344 Centre Island Road  
Centre Island, NY 11771

Re: **Application to install generator in front yard.**

NCTM: Section: 28 Block: C Lot: 02 Zone: A-1

## Notice of Zoning Denial

Dear Resident,

Your most recent application for a building permit has been DENIED for the following reason(s):

- Pursuant to Village of Centre Island Code, section 122-10.C.(3): No accessory structure or building whatsoever shall be located closer to the front lot line than the rear line of the principal dwelling to which it is accessory.

*Proposed generator is located adjacent to existing front yard detached garage which is forward of the rear building line of the principal dwelling to which it is accessory.*

**Should you wish to pursue this application as submitted, a variance must be obtained from the Centre Island Board of Zoning Appeals. If you are successful in obtaining the required variance, you will then be required to submit to the Architectural Review Board for approval.**

**If you have any questions, please contact me at Village Hall or on my cell phone at (516) 659-0010.**

Joseph E. Richardson, Building Inspector

**INCORPORATED VILLAGE OF CENTRE ISLAND  
APPLICATION TO BOARD OF APPEALS FOR VARIANCE**

1. Applicant(s)/Owner(s) Name: Elaine Kauras (As agent for The Laurel group)

2. Address: 31 Prospect St. Huntington Phone #: (516) 456-5966

3. If Applicant is Contract Vendee, list name and current address of property owner(s) and attach owner's consent to the application

Madeline and Ted Pulling

4. Attorney, Engineer, or other Representative \_\_\_\_\_

Firm/Company Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

5. Description of Subject Property:

Address: 344 Centre Island Road Sec. 28 Blk. C Lot(s) 02

Zoning District: A-1 Lot area: \_\_\_\_\_

6. Appellants became the owner of said property on: July 6th 2016  
by deed dated July 15, 2016 recorded in Liber \_\_\_\_\_ at page \_\_\_\_\_

? 7. Has the premises at the subject address ever been the subject of a prior variance application? No

If yes, state the date of hearing, relief requested and result \_\_\_\_\_

8. The variance involved relates to: **CHECK ALL THAT APPLY AND INCLUDE APPLICABLE SECTION OF THE ZONING CODE**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Use (Section _____)                                | <input type="checkbox"/> Frontage (Section _____)                | <input type="checkbox"/> Side Yard (Section _____) |
| <input type="checkbox"/> Width (Section _____)                              | <input type="checkbox"/> Height (Section _____)                  | <input type="checkbox"/> Area (Section _____)      |
| <input checked="" type="checkbox"/> Front Yard (Section <u>12-10</u> )      | <input type="checkbox"/> Rear Yard (Section _____)               | <input type="checkbox"/> Depth (Section _____)     |
| <input type="checkbox"/> Gross Floor Area (Section _____)                   | <input type="checkbox"/> Principal Building Area (Section _____) |  |
| <input type="checkbox"/> Total Building Area (Section _____)                | <input type="checkbox"/> Height/Setback Ratio (Section _____)    |  |
| <input type="checkbox"/> Flood Zone Regulations (Article VI, Section _____) |  |  |

Attach the Building Inspector's written denial of building permit/certificate of occupancy.

(IF MORE THAN ONE VARIANCE IS REQUESTED, PLEASE CHECK HERE [ ] AND LIST THE INFORMATION REQUIRED UNDER # 8 ON AN ADDITIONAL PAGE.)

9. State the zoning requirements, the proposed dimensions, and the differences for which the variance is requested. (Example: The proposed building/addition will be only 35 feet rather than the required 50 feet from side line)

Proposed generator is in the front yard but is 318'-5"  
away from the front property line

10. In making its determination, the Board of Zoning Appeals must take into consideration the benefit to the Applicant if the variance is granted weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. In making such determination, the Board shall also consider the following. Please provide a brief explanation of the 5 items following and be prepared to address each at the time of the hearing: (use an additional page if necessary)

- a. Will an undesirable change be produced in the character of the neighborhood or will a detriment to nearby properties be created by the granting of the area variance?

No, the proposed generator will not be seen from the  
street and will be ~~planted~~ screened with plantings

- b. Can the benefit sought in this appeal be achieved by some method feasible other than the requested area variance? Please explain. No, site conditions and

utility locations make this the best location

- c. Is the requested area variance substantial? N/A

- d. Will the granting of the proposed variance have an adverse effect or impact on the physical or environmental condition of the neighborhood? Please explain. No

Will be built with the ~~existing~~ property

- e. Was the alleged difficulty necessitating the requested variance self-created by the Appellant? No, the property has many natural features and

the location placed is due to those

The Board of Zoning Appeals may grant only the minimum variance, if any, that it shall deem necessary and adequate at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

11. The section, block, lot, name(s), and mailing addresses of all property owners within 100 feet of property of Appellants(s) are as follows: (Please use an additional page if necessary)

Sec., Blk., Lot	Name	Mailing Address (Street No.; Street; PO Box; Zip)
3C-1	Lally	345 Centre Island Rd.
28-D-212	Allen	358 Centre Island Rd.
28-D-211	Bromber	357 Centre Island Rd.
28-D-205	Buffin	376 Seawanhaka Yacht Club Rd.

**AFFIRMATION ON SEARCH OF NEIGHBORING PROPERTY OWNERS**

Chaine M. Kandas AS Agent for TLG deposes and says:

That he/she is over the age of eighteen and resides at 31 Prospect St Huntington.

That on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, deponent searched the current Village or Town tax roll records and hereby certifies that such records show the above listed current title owners of the above listed properties within 100 feet of the subject premises.

**I HAVE READ THE FOREGOING AND UNDERSTAND THAT ANY FALSE STATEMENT MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

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

Record Search Deponent's Signature

I/We, Chaine Kandas the Applicants/Appellants herein, do hereby authorize the members of the Board of Zoning Appeals to inspect our property as it relates to the foregoing variance application during reasonable hours and upon said Board of Zoning Appeals members providing reasonable notice of said inspection. I/We consent to the Board of Zoning Appeals members or the Clerk of the Board of Zoning Appeals to contact me/us at the phone number provided herein to arrange said inspection.

Landowner(s) Signature(s)

Date \_\_\_\_\_

Applicant(s)/Appellant(s) Signature(s)

(Note: General Municipal Law of the State of New York, Section 809 enacted in 1969 requires the filing of the following completed Disclosure Statement)

**DISCLOSURE STATEMENT**

Chino M. Kanas deposes and says:

1. **FOR INDIVIDUAL**

a. I am over the age of 21 and reside at \_\_\_\_\_

b. I am the Owner of the property designated as Section 28 Block C Lot(s) 2  
(owner/contract vendee - insert one)

on the Nassau County Land and Tax Map which forms the subject matter of this application and am fully familiar with all the facts and circumstances hereinafter set forth.

1. **FOR CORPORATION** (Strike out if not applicable)

a. I am the \_\_\_\_\_ of the \_\_\_\_\_ with offices  
(Office Held) (Name of Corp.)  
located at: \_\_\_\_\_  
and am fully familiar with all the facts and circumstances hereinafter set forth.

b. The corporation was incorporated under the Laws of the State of \_\_\_\_\_ and  
is the \_\_\_\_\_ of the property designated as Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_  
on the Nassau County Land and Tax Map.

c. The following are the names and residences of each officer, director and shareholder: (Set forth names, residences and relationship to corp.) (Add additional sheet if necessary.)

d. That the corporate stock of said corporation has not been pledged to any person nor has any agreement been made to pledge the said stock: (except: If any, set forth details.)

1. **FOR PARTNERSHIP** (Strike out if not applicable.)

a. That I am a \_\_\_\_\_ of the \_\_\_\_\_  
(Partner, Joint Venturer, etc.) (Name of Partnership)  
and am fully familiar with all the facts and circumstances hereinafter set forth.

b. That the above partnership was established in \_\_\_\_\_  
(Place)

on \_\_\_\_\_ and is the \_\_\_\_\_ of the property designated as  
(Owner or Contract Vendee)  
Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ on the Nassau County Land and Tax Map.

c. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.): (Add additional sheet if necessary)

2. That there are no encumbrances or holders of any instruments creating an encumbrance upon the subject property (except: if any set forth details.)

3. That neither deponent nor any other person mentioned in this statement is a Village officer or employee, or is related to a Village officer or employee. (except: if any set forth details.)

4. That no State Officer or employee or local municipal officer or employee in the Nassau County or his spouse or a person by consanguinity related to either of them within the third degree is (are) the Applicant(s) or an officer, director or employee of the Applicant(s), or legally or beneficially owns or controls the corporate stock of the Applicant(s) or is a partner of the Applicant(s) or associated with the Applicant(s) in a joint venture or has an agreement with the Applicant(s), expressed or implied whereby his compensation for services is to be dependent or contingent upon the favorable exercise of discretion in the granting of the application herein. (except: if any set forth details.)

5. That in the event there is any change in the matters set forth herein prior to the public hearing relating to the property affected hereby, deponent(s) will file with the Village a supplemental statement indicating the details of such change within 48 hours of such change.

**I HAVE READ THE FOREGOING AND UNDERSTAND THAT ANY FALSE STATEMENT MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Applicant(s) Signature(s)

617.20  
Appendix B  
Short Environmental Assessment Form

Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part I. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part I based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>							
Name of Action or Project: <div style="font-size: 1.2em; font-family: cursive;">The Pulling Residence</div>							
Project Location (describe, and attach a location map): <div style="font-size: 1.2em; font-family: cursive;">344 Centre Island Road Centre Island NY</div>							
Brief Description of Proposed Action:							
Name of Applicant or Sponsor: <div style="font-size: 1.2em; font-family: cursive;">The Laurel Group</div>		Telephone: <div style="font-size: 1.2em; font-family: cursive;">631-547-5200</div>					
Address: <div style="font-size: 1.2em; font-family: cursive;">31 Prospect St</div>		E-Mail: <div style="font-size: 1.2em; font-family: cursive;">jzatl@the-laurelgroup.net</div>					
City/PO: <div style="font-size: 1.2em; font-family: cursive;">Huntington</div>		State: <div style="font-size: 1.2em; font-family: cursive;">NY</div>	Zip Code: <div style="font-size: 1.2em; font-family: cursive;">11743</div>				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NO</td> <td style="width: 50%; padding: 2px;">YES</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NO</td> <td style="width: 50%; padding: 2px;">YES</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3. a. Total acreage of the site of the proposed action? <div style="float: right; text-align: right;">.010 acres</div>							
b. Total acreage to be physically disturbed? <div style="float: right; text-align: right;">.010 acres</div>							
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <div style="float: right; text-align: right;">3 acres</div>							
4. Check all land uses that occur on, adjoining and near the proposed action.							
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Urban         <input type="checkbox"/> Rural (non-agriculture)       </div> <div style="width: 50%;"> <input type="checkbox"/> Industrial         <input type="checkbox"/> Commercial       </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Residential (suburban)       </div> <div style="width: 50%;"> <input type="checkbox"/> Forest         <input type="checkbox"/> Agriculture       </div> <div style="width: 50%;"> <input type="checkbox"/> Aquatic         <input type="checkbox"/> Other (specify): _____       </div> <div style="width: 50%;"> <input type="checkbox"/> Parkland       </div> </div>							

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
b. Consistent with the adopted comprehensive plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: <u>No water needed</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: <u>No water needed</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, briefly describe: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/Sponsor Name: <u>Elaine M. Knudsen (As Agent for T&amp;E)</u> Signature: <u>[Signature]</u> Date: <u>3/16/20</u>		

**Part 2 - Impact Assessment.** The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3 - Determination of significance.** The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
<div> <div>Name of Lead Agency</div> <div>Date</div> </div>	
<div> <div>Print or Type Name of Responsible Officer in Lead Agency</div> <div>Title of Responsible Officer</div> </div>	
<div> <div>Signature of Responsible Officer in Lead Agency</div> <div>Signature of Preparer (if different from Responsible Officer)</div> </div>	

PRINT

RESET

**APPLICATION FOR BUILDING PERMIT**  
INCORPORATED VILLAGE OF CENTRE ISLAND, NASSAU COUNTY, NY

**INSTRUCTIONS**

- This application must be completely filled in by typewriter or in ink and submitted in duplicate to the Building Inspector. **ALL QUESTIONS MUST BE ANSWERED**
- A separate plot plan in duplicate (drawn to scale of not less than 1 in. equals 20 feet, and on a sheet 8 1/2 x 14) on which must be indicated the block and lot numbers, also all existing and proposed buildings with distances of same from the lot and street lines together with names of all streets lines together with names of all streets and distances from corners.
- This application must be accompanied by two complete sets of plans showing proposed construction. Plans shall describe the nature of the work to be performed, the material and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. Plans must be filed by a Registered Architect or a Professional engineer. At the completion of the work, the Architect or Engineer will certify to the Building Inspector that the work was completed in accordance with the approved plans, and all codes.
- The work covered by this application shall not be commenced before the issuance of a Building Permit.
- Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant together with approved, duplicate sets of plans. Such permit and approved plans shall be kept on the premises available for inspection throughout the progress of the work.
- No building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy have been granted by the Building Inspector.

**APPLICATION IS HEREBY MADE** to the Building Inspector of the Incorporated Village of Centre Island for the approval of the detailed statement and plans herewith submitted for the construction of the buildings, herein described. The applicant agrees to comply with all provisions of the Building and Zoning Ordinances and with the provisions of all other laws and rules relating to the construction of said buildings, whether herein described or not.

Date: 10/11/19  
Section: 28 Block: C Lot: 2 Zone: \_\_\_\_\_  
Location: 344 Centre Island Road  
Owner: Edmund Polling  
Address: 344 Centre Island Rd.  
Phone #: (516) 456-5900

Architect/Engineer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contractor: The Laurel Group Address: 31 Prospect St. Huntington

Phone #: (631) 541-5200

Work Proposed (FULL DESCRIPTION): \_\_\_\_\_

Installation of generator in front yard.

**ESTIMATED COST OF CONSTRUCTION:** \_\_\_\_\_

Size of Lot: Front \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Size of Existing Building (s) Front: \_\_\_\_\_ Depth: \_\_\_\_\_ % of Lot Occupied: \_\_\_\_\_

Distance from Lot Lines: Front 318' Side 44.8' Side 112' Rear \_\_\_\_\_

Size of Proposed Building (s) Front: \_\_\_\_\_ Depth: \_\_\_\_\_ % of Lot Occupied: \_\_\_\_\_

Height of Building: \_\_\_\_\_ Size of Existing Building: \_\_\_\_\_ sq. ft. Proposed sq. ft. \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

STATE OF NEW YORK }  
COUNTY OF NASSAU }

**AFFIDAVIT**

ss: Edmund Polling being duly sworn,  
deposes and says: That he resides at 344 Centre Island Rd. of \_\_\_\_\_  
in the State of New York; that he is the owner in fee of all that certain lot, piece or parcel of land lying in the Incorporated Village of  
Centre Island, designated on the Tax Map of the Town of Oyster Bay as Section 28, Block \_\_\_\_\_ Lot 2  
and is duly authorized by the aforesaid \_\_\_\_\_ to make application for  
\_\_\_\_\_ to be erected on aforesaid property. The undersigned, Fee Owner of the  
premises described below, having applied to the Inc. Village of Centre Island for a permit to build, demolish, move or alter structures  
on the below premises hereby grants permission to The Building Inspector and other Village Officials and Professionals to enter upon  
and into the premises at any and all reasonable times for the purposes of inspecting work in progress, determining compliance with  
filed drawings and with all applicable laws and codes. This permission shall remain valid until a Certificate of Occupancy completion  
is duly issued  
Sworn to before me this 23 day  
of October, 19 2019.

Notary Public

White - Original

Yellow - Copy

Pink - Inspector

(Sign here) Susan Giarrizzo  
NOTARY PUBLIC STATE OF NEW YORK  
SUFFOLK COUNTY  
LIC. #0161347482  
COMM. EXP. 7/2025



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF:

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH OR ST #	PERMIT #	SPECIFIC ZONING DESIGNATION
28	C	2			
Location of Building N.E.S.W. SIDE OF (OR CORNER OF) 341 Centre Island Rd. CITY TOWN VILLAGE Centre Island			N.E.S.W. SIDE OF		
ESTIMATED COST OF CONSTRUCTION:			Check one <input checked="" type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE NAME OF BUSINESS CONTACT PERSON ADDRESS CITY, STATE, ZIP OLD WESTBURY, NY 11568 PHONE EMAIL		
WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION		IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION		
PERMIT EXP DATE	<input type="checkbox"/> STEEL				
LOT SIZE S.F.	<input type="checkbox"/> MASONRY				
# BLDGS ON LOT	<input type="checkbox"/> FRAME				

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

\*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

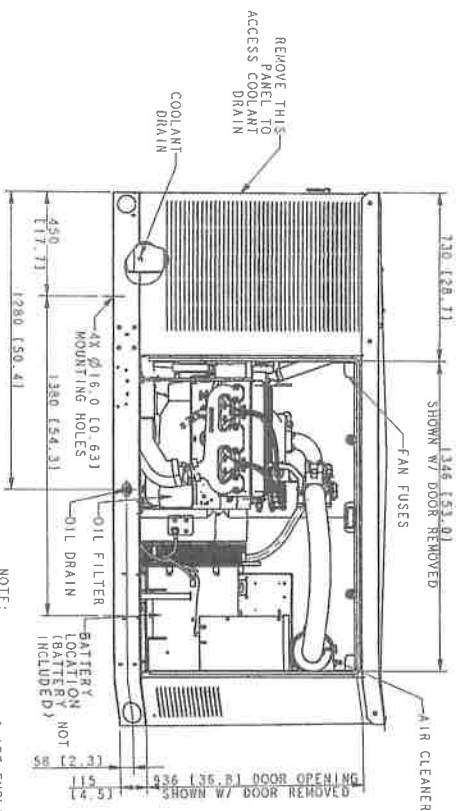
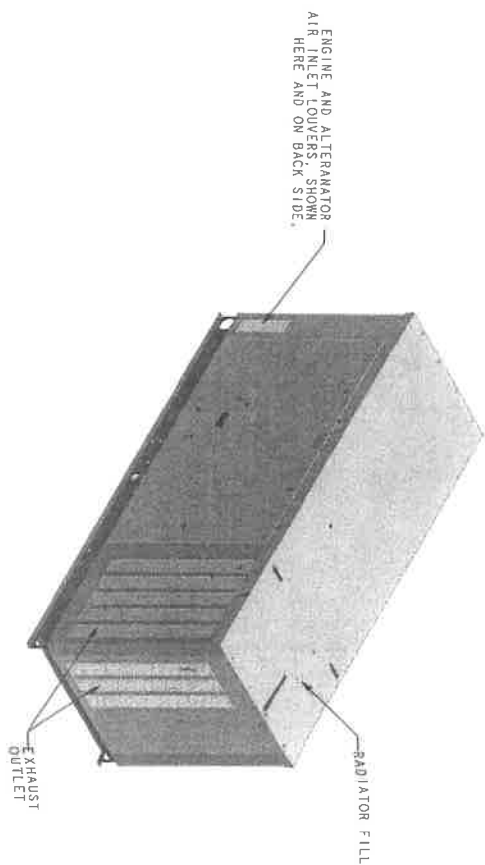
Proposed installation of generator in front yard

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY		DOES RESIDENCE HAVE THE FOLLOWING	
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER	<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/>	FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>
		BASEMENT FINISH: 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	

PROPOSED TOTAL PLUMBING FIXTURES				
FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

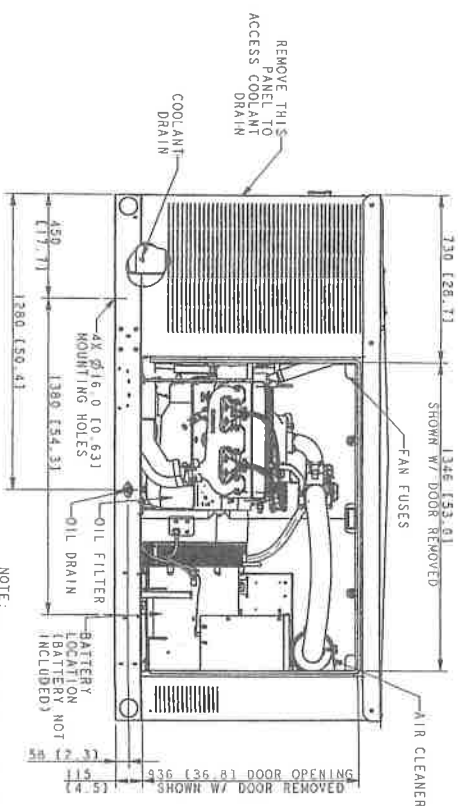
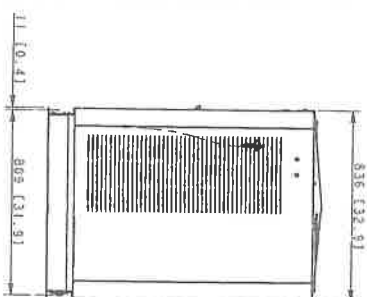
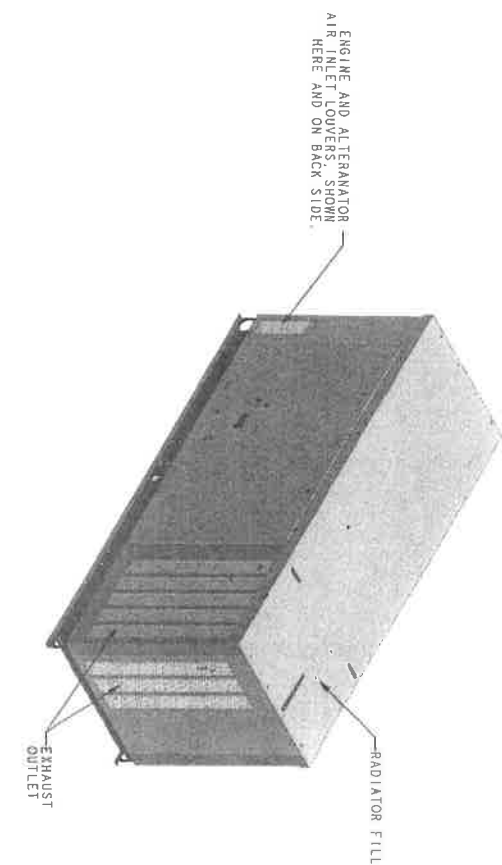
NUMBER OF EXISTING AND PROPOSED BATHS	
NUMBER OF EXISTING FULL BATHS	NUMBER OF PROPOSED FULL BATHS
NUMBER OF EXISTING HALF BATHS	NUMBER OF PROPOSED HALF BATHS
HALF BATH EQUALS TWO FIXTURES. FULL BATH EQUALS THREE OR MORE FIXTURES	
NEW C/O NEEDED	YES <input type="checkbox"/> NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/> NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/> NO <input type="checkbox"/>

DATE OF GRANTING OF PERMIT	
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING	
FIELD REPORT ON REVERSE	
PLEASE ATTACH ALL PERMITS & SURVEYS AVAILABLE	
Signature of Applicant/Contact Person - Sign & Print 31 Prospect St. Huntington	
Address of Applicant/Contact Person	
Telephone	



48 RCLB/ 60 RCLA

[illegible]



48 RCLB/ 60 RCLA

[illegible]

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2019

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).

<b>PRODUCER</b> <b>Rampart Brokerage Corp.</b> <b>1983 Marcus Avenue, Suite C130</b> <b>Lake Success, NY 11042</b> <b>516 538-7000</b>		<b>CONTACT NAME:</b> Jen Elferis <b>PHONE (A/C, No, Ext):</b> 516.390.3704 <b>FAX (A/C, No):</b> 15163903705 <b>E-MAIL ADDRESS:</b> JElferis@Rampartinsurance.com	
<b>INSURED</b> <b>Laurelton Group Inc</b> <b>31 Prospect Street</b> <b>Huntington, NY 11743</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> National Fire Ins Co of Hartford <b>INSURER B:</b> United States Fire Ins Co <b>INSURER C:</b> Technology Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> <b>20478</b> <b>21113</b> <b>42376</b>

## 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>		4027035909	02/01/2019	02/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>		WPP161218601	02/01/2019	02/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> DED <input checked="" type="checkbox"/> <b>RETENTION \$10000</b>		5821117164	02/01/2019	02/01/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> <b>Y/N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> <b>OTH-ER</b> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

Village of Centre Island  
 303 Centre Island Road  
 Oyster Bay, NY 11771

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

*Stanley Spornis*

© 1988-2010 ACORD CORPORATION. All rights reserved.

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

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

1a. Legal Name and Address of Insured (Use street address only)  Laurelton Group 31 Prospect Street Huntington, NY 11743	1b. Business Telephone Number of Insured 631.547.5200  1c. NYS Unemployment Insurance Employer Registration Number of Insured  1d. Federal Employer Identification Number of Insured or Social Security Number 113144186
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  Village of Centre Island 303 Centre Island Road Oyster Bay, NY 11771	3a. Name of Insurance Carrier Wesco Insurance Company  3b. Policy Number of entity listed in box "1a": 89100214005  3c. Policy effective period: 01/01/19 to 02/01/20

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 10/23/2019

By [Signature]  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516.390.3704

Title Account Executive

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

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

State Of New York  
Workers' Compensation Board

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

Date Signed \_\_\_\_\_

By \_\_\_\_\_

(Signature of NYS Workers' Compensation Board Employee)

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

Title \_\_\_\_\_

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

## Additional Instructions for Form DB-120.1

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

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

### DISABILITY BENEFITS LAW

#### §220. Subd. 8

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

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

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 113144186  
LOVELL SAFETY MGMT CO., LLC  
110 WILLIAM STREET 12TH FLR  
NEW YORK NY 10038



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> LAURELTON GROUP, INC D/B/A THE LAUREL GROUP 31 PROSPECT ST HUNTINGTON NY 11743		<b>CERTIFICATE HOLDER</b> VILLAGE OF CENTRE ISLAND 303 CENTRE ISLAND ROAD OYSTER BAY NY 11771	
<b>POLICY NUMBER</b> Z2022 227-9	<b>CERTIFICATE NUMBER</b> 423331	<b>POLICY PERIOD</b> 04/01/2019 TO 04/01/2020	<b>DATE</b> 10/23/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2022 227-9, 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.

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](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.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

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

VALIDATION NUMBER: 482453680