

is \$20,000 or more.

Town of North Castle Building Department

17 Bedford Road Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

Residential Building Permit Application

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

Section I- PROJECT ADDRESS: 25 Jackson Road, Bedford, NY 10506 DATE: 10/13/2020
Section II- CONTACT INFORMATION: (Please print clearly. All information must be current.)
APPLICANT: Miftar Bajraktari
ADDRESS: 25 Jackson Road, Bedford, New York 10506
PHONE:MOBILE:_917-418-7456_EMAIL:_Mike@BajraktariRealty.com
PROPERTY OWNER: Miftar Bajraktari
ADDRESS: 25 Jackson Road, Bedford, New York 10506
PHONE:MOBILE: 917-418-7456EMAIL: Mike@BajraktariRealty.com
Section III- DESCRIPTION OF WORK: (Any work conducted outside of the house requires approval from the RPRC unless the proposed action is minor in nature and complies with 355-26 C (3) of the Town of North Castle code.) Install 400 amp outdoor rated automatic transfer switch, 22kw propane generator, and install 500 gallon buried propane tank
Section IV- USE AND OCCUPANCY:
EXISTING/ CURRENT USE: standby power
PROPOSED RESIDENTIAL:
One Family Dwelling Two Family Dwelling Townhouse Detached Accessory Structure
Section V- PERMIT FEES: (\$100 app fee plus \$14 per \$1000, cost of construction and a \$75 CO fee.) ESTIMATED COST OF CONSTRUCTION (Based on fair market value labor & material) \$ \$18,771.00
AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost

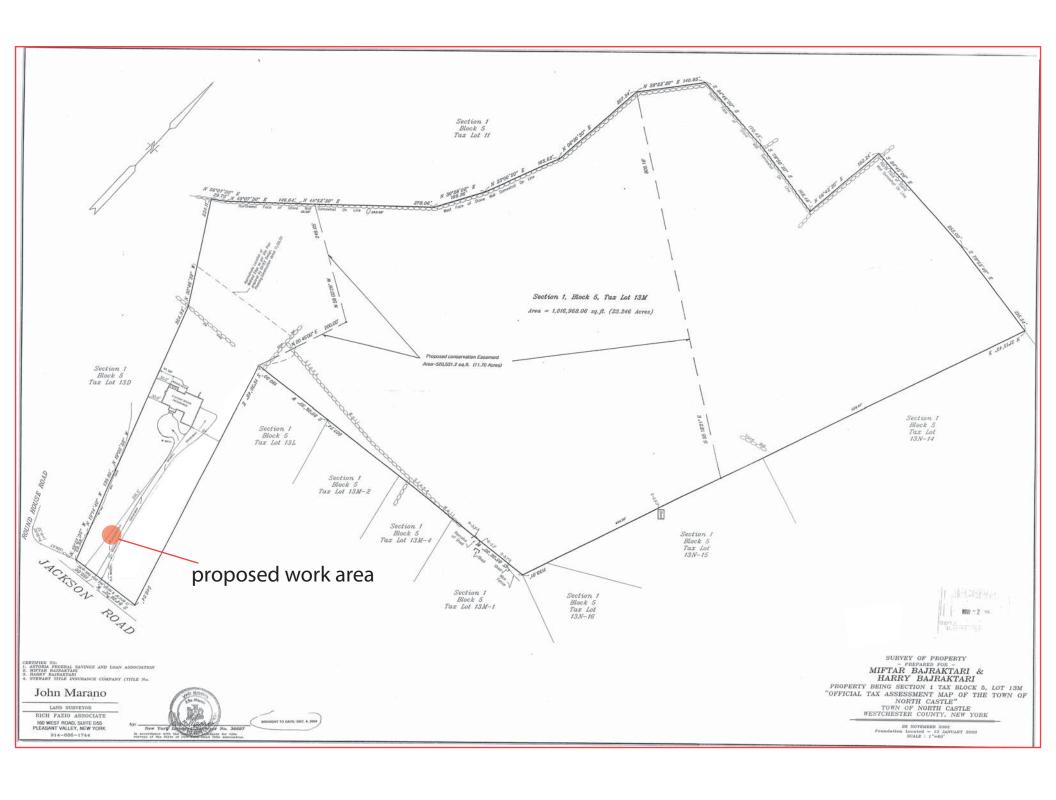
Town of North Castle Building Department

Section V- (Continued)
Mittur Bajrattar; do hereby affirm and certify as follows: (i) I am the architect/engineer
circle one) licensed by the State of New York; (ii) I have reviewed the plans, drawings and specifications for this application and am fully familiar with the proposed construction; (iii) based on my experience, I estimate the total cost of construction including all labor, all materials, all professional fees and all associated costs to be approximately and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.
10 13 2020
Signature: Date: 10 - 13 - 2020 Home Owner
Sign and Affix Seal Here
Sign and thix Seal Here
Section VI- CONTACT INFORMATION: (Please print clearly. All information must be current)
ARCHITECT/ ENG:
ADDRESS:
PHONE:MOBILE:
EMAIL:
CONTRACTOR: Action Fuel - (Lic. #: WC-22533-H10)
ADDRESS: P. O. Box 60, Mahopac Falls, New York 10542
PHONE: 845-621-5100MOBILE: 845-531-7766MAIL: ActionFuel@Comcast.Net
PLUMBER:
ADDRESS:
PHONE:MOBILE:EMAIL:
ELECTRICIAN: Weigold Electric
ADDRESS: 101 Mill Street, Greenwich, Connecticut 06830
PHONE: 203-532-1552 MOBILE: 914-584-8059 EMAIL: Mike@WeigoldElectric.Com
Section VII- APPLICANT CERTIFICATION
I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.
Signature:

Town of North Castle Building Department

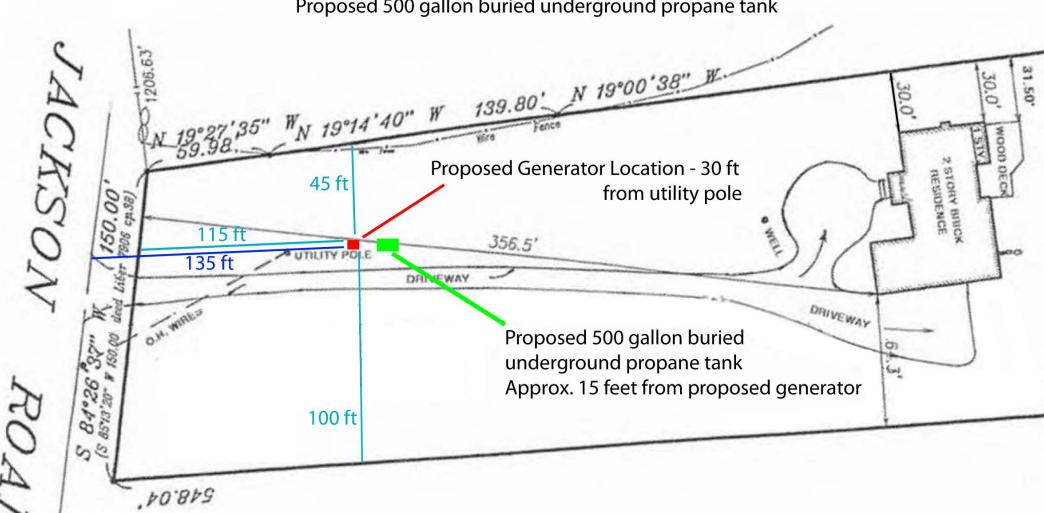
Section VIII- AFFIDAVIT OF OWNER AUTHORIZATION IF APPLICABLE: (To be notarized)
STATE OF NEW YORK }
COUNTY OF WESTCHESTER } SS:
The applicant Miftar Bajraktari has proper consent from said owner to make this application as
submitted and said owner agrees to all terms and conditions placed upon same.
Owner's Name (PRINT) Miftar Bajraktari Owner's Signature
Sworn to before me this 13th day of October, 20 20
Notary Signature Notary Public, State of New York No.01RI6401279 Qualified in BRONX County
Commission Expires December 9, 2023 Notary Stamp Here
OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE
Zone: Section: Block: Lot:
Building Department Checklist:
Does this permit require RPRC approval? Yes No
GC License Work. Comp. Liability. Ins. Disability Two sets of documents
Permit Fee Payment: Check #: Cash Credit Card
Name on check:
Received By: Application No.:
BUILDING INSPECTOR APPROVAL
Has all the conditions of the RPRC been met? Yes NA
Is a Flood Development permit required? Yes No
Reviewed By: Date:
Date.
Building Inspector Approval:
Conditions:

Proposed Site Plan



25 Jackson Road, Bedford, New York

Proposed pole mounted, outdoor rated, automatic transfer switch Proposed 22Kw propane generator Proposed 500 gallon buried underground propane tank

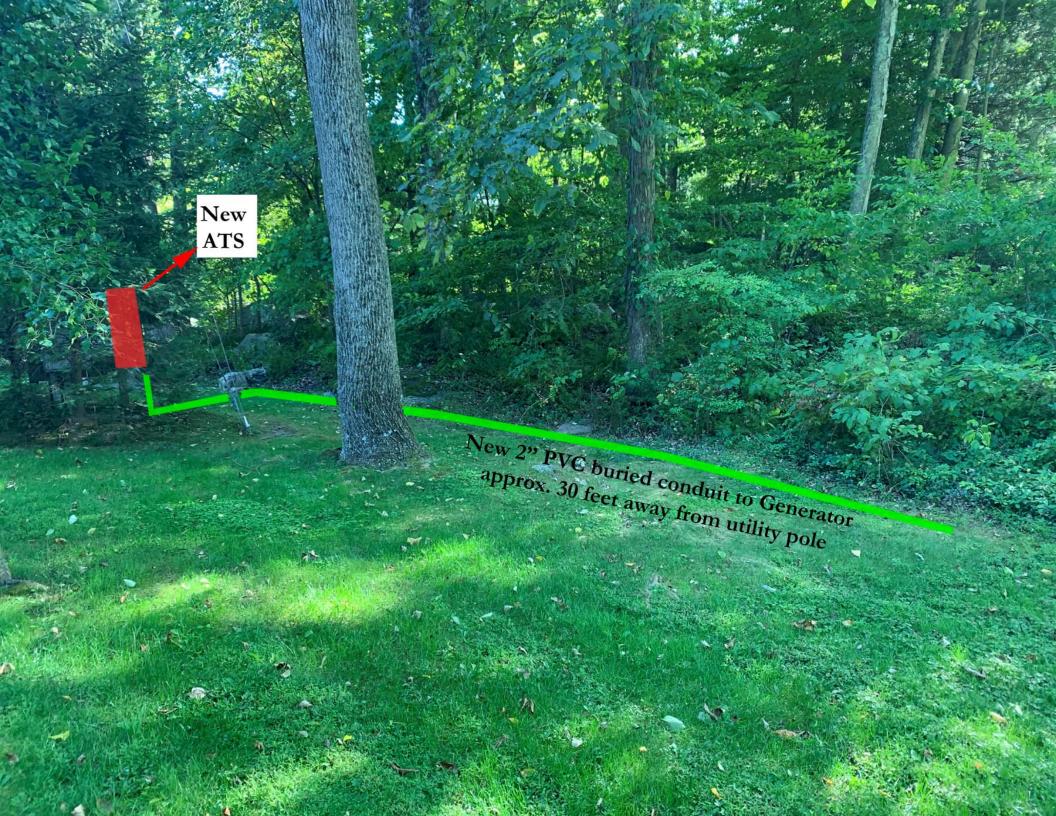


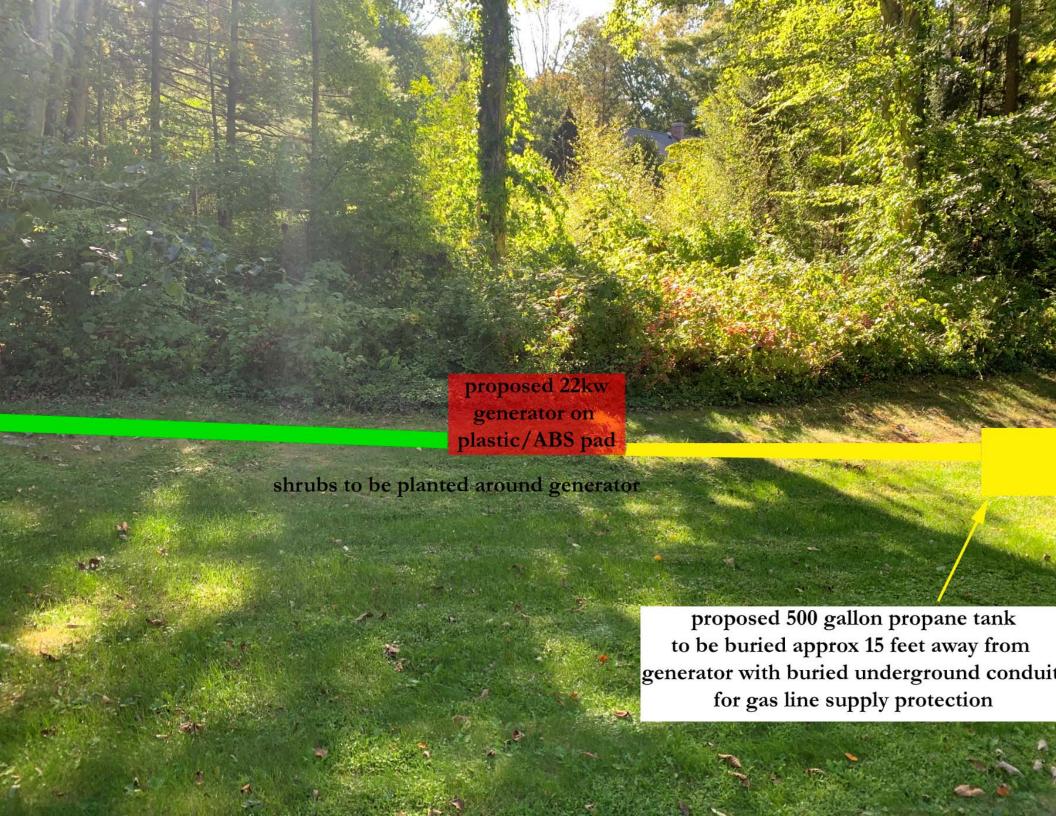
Proposed Site

Existing Pictures &

Views







Proposed Generator Specifications



20/22/24 kW



GUARDIAN® SERIES

Residential Standby Generators
Air-Cooled Gas Engine



INCLUDES:

- True Power ** Electrical Technology
- Two-line multilingual digital LCD Evolution[™] controller (English/Spanish/French/Portuguese)
- 200 amp service rated transfer switch available
- Electronic governor
- Standard Wi-Fi[®] connectivity
- System status & maintenance interval LED indicators
- Sound attenuated enclosure
- Flexible fuel line connector
- Natural gas or LP gas operation
- 5 Year limited warranty
- Listed and labeled by the Southwest Research Institute allowing installation as close as 18 in (457 mm) to a structure.*
 - *Must be located away from doors, windows, and fresh air intakes and in accordance with local codes.

Mps://assets.swn.arg/library/DirectoryOfListedProducts/ CommunitiesIndustry/973_DeC_204_13204-01-01 Rev9.pdf

Standby Power Rating

G007036-1 G007039-1 G007036-3 G007039-3 (Aluminum - Bisque) - 20 kN 60 Hz G007040-2 G007045-2 G007040-3 G007040-3 (Aluminum - Bisque) - 22 kN 60 Hz G007209-0, G007210-0 (Aluminum - Bisque) - 24 kW 60 Hz





Note: CETL or CUL certification only applies to unbundled units and units packaged with limited circuit switches. Units packaged with the Smart Switch are ETL or ÜL certified in the USA only.

FEATURES

- INNOVATIVE ENGINE DESIGN & RIGOROUS TESTING are at the heart of Generac's success in providing the most reliable generators possible. Generac's G-Force engine lineup offers added peace of mind and reliability for when it's needed the most. The G-Force series engines are purpose built and designed to handle the rigors of extended run times in high temperatures and extreme operating conditions.
- form produce less than 5% Total Harmonic Distortion for utility quality power. This allows confident operation of sensitive electronic equipment and micro-chip based appliances, such as variable speed HVAC systems.
- O TEST CRITERIA:
 - ✓ PROTOTYPE TESTED
 ✓ SYSTEM TORSIONAL TESTED

NEMA MG1-22 EVALUATION MOTOR STARTING ABILITY

MOBILE LINK® CONNECTIVITY: FREE with select Guardian Series Home standby generators. Mobile Link Wi-Fi allows users to monitor generator status from anywhere in the world using a smartphone, tablet, or PC. Easily access information such as the current operating status and maintenance alerts. Users can connect an account to an authorized service dealer for fast, friendly, and proactive service. With Mobile Link, users are taken care of before the next power outage.

- SOLID-STATE, FREQUENCY COMPENSATED VOLTAGE REGULATION: This state-of-the-art power maximizing regulation system is standard on all Generac models. It provides optimized FAST RESPONSE to changing load conditions and MAXIMUM MOTOR STARTING CAPABILITY by electronically torque-matching the surge loads to the engine. Digital voltage regulation at ±1%.
- SINGLE SOURCE SERVICE RESPONSE from Generac's extensive dealer network
 provides parts and service know-how for the entire unit, from the engine to the smallest electronic component.
- GENERAC TRANSFER SWITCHES: Long life and reliability are synonymous with GENERAC POWER SYSTEMS. One reason for this confidence is that the GENERAC product line is offered with its own transfer systems and controls for total system compatibility.
- PWRVIEW*** TRANSFER SWITCH: The Generac PWRview Automatic Transfer Switch integrates the PWRview energy monitor to provide real-time energy consumption data that can help lower a home's electricity bill. Using a convenient mobile app, homeowners can access energy usage and alert information while under utility power or generator power. The PWRview energy monitor is a simple to use and low cost tool which helps save money over the life of the generator. Included with model G007210-0.











Features and Benefits

Engine

Generac G-Force design

20/22/24 kW

"Spiny-lok" cast iron cylinder walls

Electronic ignition/spark advance

Full pressure lubrication system

Low oil pressure shutdown system

High temperature shutdown

Maximizes engine "breathing" for increased fuel efficiency. Plateau honed cylinder walls and plasma moly rings help the engine run cooler, reducing oil consumption and resulting in longer engine life.

Rigid construction and added durability provide long engine life.

These features combine to assure smooth, quick starting every time.

Pressurized lubrication to all vital bearings means better performance, less maintenance, and longer engine life. Now featuring up to a 2 year/200 hour oil change interval.

Shutdown protection prevents catastrophic engine damage due to low oil.

Prevents damage due to overheating.

Generator

Revolving field

Skewed stator

Displaced phase excitation

Automatic voltage regulation

UL 2200 listed

Allows for a smaller, light weight unit that operates 25% more efficiently than a revolving armature generator.

Produces a smooth output waveform for compatibility with electronic equipment.

Maximizes motor starting capability.

Regulating output voltage to $\pm 1\%$ prevents damaging voltage spikes.

For your safety.

Transfer Switch (if applicable)

Fully automatic

NEMA 3R

Integrated load management technology

Remote mounting

Transfers vital electrical loads to the energized source of power.

Can be installed inside or outside for maximum flexibility.

Capability to manage additional loads for efficient power management.

Mounts near an existing distribution panel for simple, low-cost installation.

PWRview Transfer Switch (if applicable)

PWRview energy monitor

Ability to view real-time energy consumption data

PWRview mobile app

Energy usage at-a-glance.

Better understand the home's energy profile.

Access daily energy intelligence and insights.

Evolution™ Controls

AUTO/MANUAL/OFF illuminated buttons

Two-line multilingual LCD

Sealed, raised buttons

Utility voltage sensing

Generator voltage sensing

Utility interrupt delay

Engine warm-up

Engine cool-down

Programmable exercise

Selects the operating mode and provides easy, at-a-glance status indication in any condition.

Provides homeowners easily visible logs of history, maintenance, and events up to 50 occurrences.

Smooth, weather-resistant user interface for programming and operations.

Constantly monitors utility voltage, setpoints 65% dropout, 80% pick-up, of standard voltage.

Constantly monitors generator voltage to verify the cleanest power delivered to the home.

Prevents nuisance start-ups of the engine, adjustable 2-1500 seconds from the factory default setting of 5 seconds by a qualified dealer.

Verifies engine is ready to assume the load, setpoint approximately 5 seconds.

Allows engine to cool prior to shutdown, setpoint approximately 1 minute.

Operates engine to prevent oil seaf drying and damage between power outages by running the generator for 5 minutes every other week. Also offers a selectable setting for weekly or monthly operation providing flexibility and potentially lower fuel costs to the owner.

Delivers charge to the battery only when needed at varying rates depending on outdoor air temperature.

Compatible with lead acid and AGM-style batteries.

Protects generator from overload.

Maintains constant 60 Hz frequency.

Smart battery charger

Main line circuit breaker

Electronic governor

Features and Benefits

Unit

- SAE weather protective enclosure
- Enclosed critical grade muffler
- Small, compact, attractive

Sound attenuated enclosures ensure quiet operation and protection against mother nature, withstanding winds up to 150 mph (241 km/h). Hinged key locking roof panel for security. Lift-out front for easy access to all routine maintenance items. Electrostatically applied textured epoxy paint for added durability.

Quiet, critical grade muffler is mounted inside the unit to prevent injuries.

Makes for an easy, eye appealing installation, as close as 18 in (457 mm) away from a structure.

Installation System

20/22/24 kW

- 14 in (35.6 cm) flexible fuel line connector
- Integral sediment trap

Listed ANSI Z21.75/CSA 6.27 outdoor appliance connector for the required connection to the gas supply piping.

Meets IFGC and NFPA 54 installation requirements.

Connectivity (Wi-Fi equipped models only)

- Ability to view generator status
- Ability to view generator Exercise/Run and Total Hours
- Ability to view generator maintenance information
- Monthly report with previous month's activity
- Ability to view generator battery information
- Weather information

Monitor generator with a smartphone, tablet, or computer at any time via the Mobile Link application for complete peace of mind.

Review the generator's complete protection profile for exercise hours and total hours.

Provides maintenance information for the specific model generator when scheduled maintenance is due.

Detailed monthly reports provide historical generator information.

Built in battery diagnostics displaying current state of the battery.

Provides detailed local ambient weather conditions for generator location.

20/22/24 kW

Programmable start delay between 2-1500 seconds

Field upgradable firmware

Specifications

Generator		
Model		G007042-2
		G007043-2
		(22 kW)
Rated maximum continuous power cap	acity (LP)	22,000 Walts**
Rated maximum continuous power cap	pacity (NG)	19,500 Watts*
Rated voltage		
Rated maximum continuous load curre	nt – 240 volts (LP/NG)	91.7 / 81.3
Total Harmonic Distortion		
Main line circuit breaker		100 amp
Phase		The state of the s
Number of rotor poles		2
Rated AC frequency		60 Hz
Power factor		1.0
Battery requirement (not included)		12 Volts, Group 26R 540 CCA minimum or Group 35AGM 650 CCA minimum
Unit weight (lb / kg)		466 / 211
Dimensions (L x W x H) in / cm		48 x 25 x 29 / 121.9 x 63.5 x 73.7
Sound output in dB(A) at 23 ft (7 m) w	rith generator operating at normal load**	67
Sound output in dB(A) at 23 ft (7 m) w	with generator in Quiet-Test** low-speed exercise mode**	57
Exercise duration		5 min
Engine	The state of the s	
Engine type		GENERAC G-Force 1000 Series
Number of cylinders		2
Displacement		999 cc
Cylinder block		Aluminum w/ cast iron sleeve
Valve arrangement		Overhead valve
Ignition system		Solid-state w/ magneto
Governor system		Electronic
Compression ratio		9.5:1
Starter		12 VDC
Oil capacity including fitter		
Operating rpm		Approx. 1.9 qL/1.8 L 3.600
Fuel consumption		3,000
Natural gas	ft ⁹ /hr (m ³ /hr)	
	1/2 Load	228 (6.46)
	Full Load	327 (9.26)
Liquid propane	ft ³ /hr (gal/hr) [L/hr]	
	1/2 Load	92 (2.53) [9.57]
Note: Fuel also much be also dies d	Full Load	142 (3.90) [14.77]
gas. For BTO content, multiply IP/nr x	un toad. Required fuel pressure to generator fuel inter at all load 2500 (LP) or ft ³ /hr x 1000 (NG). For Megajoule content, multiply	ranges -3.5 –7 in water column (0.87–1.74 kPa) for NG, 10–12 in water column (2.49–2.99 kPa) for L m 3 /hr x 93.75 (LP) or m 3 /hr x 37.26 (NG).
Controls		
Two-line plain text multilingual LCD		Simple user interface for ease of operation,
Mode buttons: AUTO		Automatic start on utility failure. Weekly, Bi-neekly, or Monthly selectable exercises,
MANUAL		Start with starter control, unit stays on. If utility fails, transfer to load takes place.
OFF		Stops unit, Power is removed, Control and charger still operate,
Ready to Run/Maintenance messages		Standard
Engine run hours indication		Standard
December of the Late of the Community of	AFFEC CONTRACTOR	Section (Section 5)

Utility Voltage Loss/Return to Utility adjustable (brownout setting) From 140-171 V / 190-216 V Future Set Capable Exerciser/Exercise Set Error warning Run/Alarm/Maintenance logs Engine start sequence Cyclic cranking: 16 sec on, 7 rest (90 sec maximum duration). Starter lock-out Starter cannot re-engage until 5 sec after engine has stopped. Smart Battery Charger Charger Fault/Missing AC warning

Standard Standard Low Battery/Battery Problem Protection and Battery Condition Indication Standard Automatic Voltage Regulation with Over and Under Voltage Protection Standard Under-Frequency/Overload/Stepper Overcurrent Protection Standard Safety Fused/Fuse Problem Protection Standard Automatic Low Oil Pressure/High Oil Temperature Shutdown Standard Overcrank/Overspeed (@ 72 Hz)/rpm Sense Loss Shutdown Standard High Engine Temperature Shutdown Standard Internal Fault/Incorrect Wiring protection Standard Common external fault capability Standard

Standard ""Sound levels are taken from the front of the generator. Sound levels taken from other sides of the generator may be higher depending on installation parameters. Rating definitions - Standby: Applicable for supplying emergency power for the duration of the utility power outage. No overload capability is available for this rating. (All ratings in accordance with BS5514, ISO3046 and DIN6271). " Maximum kilovolt amps and current are subject to and limited by such factors as fuel BTU/megajoule content, ambient temperature, altitude, engine power and condition, etc. Maximum power decreases approximately 3.5% for each 1,000 ft (304.8 m) above sea level; and also will decrease approximately 1% for each 10 °F (6 °C) above 60 °F (16 °C).

Standard (programmable by dealer only)

Standard

50 events each

20/22/24 kW

Switch Options

Service Rated Automatic Transfer Switch Features

- Intelligently manages up to four air conditioner loads with no additional hardware.
- Up to eight additional large (240 VAC) loads can be managed when used in conjunction with Smart Management Modules (SMMs).
- Electrically operated, mechanically-held contacts for fast, clean connections.
- Rated for all classes of load, 100% equipment rated, both inductive and resistive.
- 2-pole, 250 VAC contactors.
- Service equipment rated, dual coil design.
- Rated for both aluminum and copper conductors.
- Main contacts are silver plated or silver alloy to resist welding and sticking.
- NEMA/UL 3R aluminum outdoor enclosure allows for indoor or outdoor mounting flexibility.

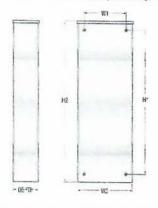
Dimensions

	200 Amps 120/240, 1ø Open Transition Service Rated							
	Hei	ight	Wi	T				
	H1	H2	W1	W2	Depth			
in	26.8	30.1	10.5	13.5	6.9			
cm	67.95	76.43	26.67	34.18	17.5			

Wire Ranges						
Conductor Lug	Neutral Lug	Ground Lug				
250 MCM - #6	350 MCM - #6	2/0 - #14				

Model	G007039-1, G007039-3 (20 kW)
ACCUPATION AND ADDRESS OF THE PARTY OF THE P	G007043-2, G007043-3 (22 kW)
No. of poles	2
Current rating (amps)	200
Voltage rating (VAC)	120/240, 10
Utility voltage monitor (fixed)* -Pick-up -Dropout	80% 65%
Return to Utility*	Approx. 13 sec
Exercises bi-weekly for 5 minutes*	Standard
ETL or UL listed	Standard
Enclosure type	NEMA/UL 3R
Circuit breaker protected	22,000
Lug range	250 MCM - #6
AF	

*Function of Evolution controller Exercise can be set to weekly, bi-weekly, or monthly





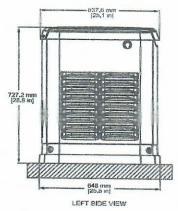
Available Accessories

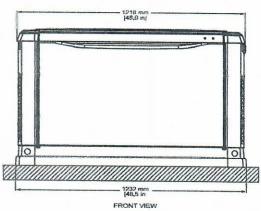
20/22/24 kW

Model #	Product	Description
G005819-0	26R Wet Cell Battery	Every standby generator requires a battery to start the system. Generac offers the recommended 26R wet cell battery for use with all air-cooled standby product (excluding PowerPact [®]).
G007101-0	Battery Pad Warmer	Pad warmer rests under the battery. Recommended for use if temperature regularly falls below 0 °F (-18 °C). (Not necessary for use with AGM-style batteries).
G007102-0	Oil Warmer	Oil warmer slips directly over the oil filter. Recommended for use if temperature regularly falls below 0 °F (-18 °C).
G007103-1	Breather Warmer	Breather warmer is for use in extreme cold weather applications. For use with Evolution controllers only in climates where heavy icing occurs.
G005621-0	Auxiliary Transfer Switch Contact Kit	The auxiliary transfer switch contact kit allows the transfer switch to lock out a single large electrical load that may not be needed. Not compatible with 50 amp pre-wired switches.
G007027-0 - Bisque	Fascia Base Wrap Kit (Standard on 22 kW)	The fascia base wrap snaps together around the bottom of the new air-cooled generators. This offers a sleek, contoured appearance as well as offering protection from rodents and insects by covering the lifting holes located in the base.
G005703-0 - Bisque	Touch-Up Paint Kit	If the generator enclosure is scratched or damaged, it is important to touch up the paint to protect from future corrosion. The touch-up paint kit includes the necessary paint to correctly maintain or touch up a generator enclosure.
G006485-0	Scheduled Maintenance Kit	
G007005-0	Wi-Fi LP Tank Fuel Level Monitor	The Wi-Fi enabled LP tank fuel level monitor provides constant monitoring of the connected LP fuel tank. Monitoring the LP tank's fuel level is an important step in verifying the generator is ready to run during an unexpected power failure. Status alerts are available through a free application to notify users when the LP tank is in need of a refill.
G007000-0 (50 amp) G007006-0 (100 amp)	Smart Management Module	
G007169-0 - 4G LTE G007170-0 - Wi-Fi/ Ethernet	Mobile Link [®] Cellular Accessories	The Mobile Link family of Cellular Accessories allow users to monitor generator status from anywhere in the world, using a smart phone, tablet, or PC. Easily access information such as the current operating status and maintenance alerts. Users can connect an account with an authorized service dealer for fast, friendly, and proactive service. With Mobile Link, users are taken care of before the next power outage.
G007220-0 - Bisque	Base Plug Kit	Base plugs snap into the lifting holes on the base of air-cooled home standby generators. This offers a sleek, contoured appearance, as well as offers protection from rodents and insects by covering the lifting holes located in the base. Kill contains four plugs, sufficient for use on a single air-cooled home standby generator.

Dimensions & UPCs

Model	UPC
G007038-1	696471074185
G007038-3	696471074185
G007039-1	696471074192
G007039-3	696471074192
G007042-2	696471074208
G007042-3	696471074208
G007043-2	696471074215
G007043-3	696471074215
G007209-0	696471071511
G007210-0	696471078220





Dimensions shown are approximate. See installation manual for éxac, dimensions, D'O NOT LISE THESE DIMENSIONS FOR INSTALLATION PURPOSES.



Electrical Contractor Information

Mestolester County Stephical Dipersing Sound Mestolester County Communer Protection

Master Electrician License 2021



Michael Weigold D.O.B: 8/11/1963 Company: Michael C.Meigold Inc. 101 Mill Street Greenwich, CT 06830

License No. 171 Expires on:12/31/2021

Peter Borducci



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2020

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights			•	•	•	may require	an endorsement. A	state	ement on
PROD	DUCER				CONTAC NAME:	T James Se	guljic			
Ran	d Insurance, Inc.				PHONE (A/C, No	(203) 63	37-1006	FAX (A/C	, No):	(203) 637-9671
1100	East Putnam Avenue				E-MAIL ADDRES	icoguliic@	randinsurance			
P.O.	Box 900					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Rive	erside		CT	06878	INSURE	RA: Charter (Oak Fire Insura	ance Co		25615
INSU	RED				INSURE	RB: Travelers	Indemnity Co	mpany		25658
	Michael Weigold				INSURE	RC: Travelers	Property Cas	Co of Amer		25674
	101 Mill Street				INSURE	RD: Rated by	Multiple Com	panies		00914
					INSURE	RE:				
	Greenwich		СТ	06830	INSURE	RF:				
COV	/ERAGES CE	RTIFICATE	NUMBER:	19-20 LIAB+U	MB+AU	ТО		REVISION NUMBER	:	
	IIS IS TO CERTIFY THAT THE POLICIES C									
	DICATED. NOTWITHSTANDING ANY REC	- ,								
	ERTIFICATE MAY BE ISSUED OR MAY PE	,						UBJECT TO ALL THE TE	ERMS,	ı
	CLUSIONS AND CONDITIONS OF SUCH			MAY HAVE BEEN	REDUC					
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	PC	DLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S
	COMMERCIAL GENERAL LIABILITY									. 1.000.000

INSR LTR	R TYPE OF INSURANCE		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000		
		CLAIMS-MADE X OCCUR					l	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
								MED EXP (Any one person)	\$ 5,000		
Α			Y		680-2276X097-19-42	12/28/2019	12/28/2020	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000		
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
		OTHER:							\$		
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
		ANY AUTO			BA-9155M820-19-SEL					BODILY INJURY (Per person)	\$
В		OWNED SCHEDULED AUTOS				-9155M820-19-SEL 12/28/2019	12/28/2020	BODILY INJURY (Per accident)	\$		
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								Medical payments	\$ 5,000		
	X	UMBRELLA LIAB OCCUR				12/28/2019	12/28/2020	EACH OCCURRENCE	\$ 1,000,000		
С		EXCESS LIAB CLAIMS-MADE			CUP-1918T599-19-42			AGGREGATE	\$ 1,000,000		
		DED RETENTION \$ 10,000							\$		
	-	KERS COMPENSATION EMPLOYERS' LIABILITY						➤ PER OTH-ER			
D	ANY	PROPRIETOR/PARTNER/EXECUTIVE 1/1	N/A	NI / A	N/A		31WECEL3046	12/28/2019	12/28/2020	E.L. EACH ACCIDENT	\$ 500,000
	(Man	idatory in NH)	1,7,7		011120223010	12/20/2019	12/20/2020	E.L. DISEASE - EA EMPLOYEE	\$ 500,000		
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000		
		·									

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

Town of North Castle is included as additional insured and certificate holder as respects liabilty for work performed by or on behalf of the named insured per attached form CGD2480805.

CERTIFICATE HOLDER		CANCELLATION
Town of North Castle 17 Bedford Road		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
17 Bediora Road		AUTHORIZED REPRESENTATIVE
Armonk	NY 10504	Chiustine Girardi



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be c	ompleted by Disability an	d Paid Family Leave	Benefits Carrier or Licensed Insurance Agent of that Carrier
1a. Legal Name & MICHAEL C. WEI	Address of Insured (use street a IGOLD, INC	address only)	1b. Business Telephone Number of Insured 203-532-1552
			1c. Federal Employer Identification Number of Insured or Social Security Number 061348702
	ess of Entity Requesting Proof of the description is the Certificate Holder)	of Coverage	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company
Town of North	Castle Building Departm	ent	
17 Bedford Roa	ad		3b. Policy Number of Entity Listed in Box "1a"
Armonk NY 10	504		DBL488946
			3c. Policy effective period
			06/28/2020 to 06/27/2021
A. Both dis B. Disabilit C. Paid fan 5. Policy covers: A. All of the B. Only the	e following class or classes of elections of	e under the NYS Disabilit mployer's employees: norized representative or	licensed agent of the insurance carrier referenced above and that the named overage as described above.
Date Signed	9/22/2020	Ву	Unledl (), Vill
		(Signature of insurance	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number	r <u>516-829-8100</u>	Name and Title _F	Richard White, Chief Executive Officer
IMPORTANT:	Licensed Insurance Agent of If Box 4B, 4C or 5B is check Disability and Paid Family L	of that carrier, this cer ked, this certificate is Leave Benefits Law. It	s signed by the insurance carrier's authorized representative or NYS tificate is COMPLETE. Mail it directly to the certificate holder. NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS must be mailed for completion to the Workers' Compensation
	Board, Plans Acceptance U		
PART 2. To be	completed by the NYS W	orkers' Compensat	ion Board (Only if Box 4C or 5B of Part 1 has been checked)
	ormation maintained by the N nd Paid Family Leave Benef	Workers' Com NYS Workers' Comper	New York pensation Board nsation Board, the above-named employer has complied with the pall of his/her employees.
Date Signed		Ву	(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number	r	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.**



Propane Contractor Information



James Maisano Director Consumer Projection

Department of Consumer Protection Home Improvement License

ACTION FUEL OIL CORP.
PO BOX 60
MAHOPAC FALLS NY-10542

This license is issued in accordance with Article XVI of the Westchester County Consumer Protection Code and is valid only upon presence of the official department seal.

License Number WC-22533-H10



Date of Expiration 01/07/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MIM/DD/YYYY) 04/17/2020

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 POLICIÉS BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRÉSENTATIVE 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 CONTACT NAME: CLIENT CONTACT CENTER FEDERATED MUTUAL INSURANCE COMPANY PHONE (A/C, No. Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 HOME OFFICE: P.O. BOX 328 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM OWATONNA, MN 55060 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935 INSURED 237-847-9 INSURER B: **ACTION FUEL OIL CORP** INSURER C: PO BOX 60 INSURER D MAHOPAC FALLS, NY 10542-0060 INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 30

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.

	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
X	CLAIMS-MADE X OCCUR		410				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,000,000 \$100,000 EXCLUDED
		N	N	9170656	06/01/2020	06/01/2021	PERSONAL & ADV INJURY	\$1,000,000
	900				6		GENERAL AGGREGATE	\$2,000,000
X	OTHER:						PRODUCTS - COMPIOP AGG	\$2,000,000
							COMBINED SINGLE LIMIT (Es socident)	\$1,000,000
X	SCHEDINED					- veneturi veneturi ili	BODILY INJURY (Per person)	
_	OWNED AUTOS ONLY AUTOS	N	N	9170656	06/01/2020	06/01/2021		
-	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
x	UMBRELLA LIAB X OCCUR	<u> </u>					EACH OCCURRENCE	\$2,000,000
_	EXCESS LIAB CLAIMS-MADE	N	N	9170657	06/01/2020	06/01/2021	AGGREGATE	\$2,000,000
1.77.5	PRKERS COMPENSATION	_			1		X PER STATUTE OTH-	
AN	Y PROPRIETOR/PARTNER/EXECUTIVE			0470050	0.7104 10000	2010410004	E.L. EACH ACCIDENT	\$500,000
(M	andatory in NH)	N/A	N	9170658	05/01/2020	06/01/2021	E.L. DISEASE - EA EMPLOYEE	\$500,000
							E.L. DISEASE - POLICY LIMIT	\$500,000
RIPT	TION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	:ORD 101, A	udditional Remarks Schedule, m	ay be attached if more s	pace is required)		
	X X X X X X X X X X X X X X X X X X X	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY EXCESS LIAB CLAIMS-MADE N N 9170656 06/01/2020 X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE N N 9170657 06/01/2020 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR N N 9170656 06/01/2020 06/01/2021 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS ONLY NON-OWNED AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS	X COMMERCIAL GENERAL LIABILITY GLAIMS-MADE X OCCUR N N 9170656 O6/01/2020 O6/01/2021 EACH OCCURRENCE DAMAGE TO RENTED DED MAD DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED DED MAD RENTED DED MAD DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED DED MAD DAMAGE TO RENTED DED MAD DAMAGE TO RENTED DED MAD DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED DED MAD DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED DED MAD DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED DED MAD DAMAGE TO RENTED DED MAD DAMAGE TO RENTED DAMAGE TO REN

CERTIFICATE HOLDER	CANCELLATION
237-847-9 TOWN OF NORTH CASTLE 17 BEDFORD RD ARMONK, NY 10504-1803	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Muhal G. Ken



CEPTICICATE OF

STATE	Compensation NYS WORKERS	COMPENSATION INSURANCE COVERAGE			
ACTION FUEL C	& Address of Insured (use street address only) DIL CORP 237-847-9 HOPAC FALLS, NY 10642	1b. Business Telephane Number of Insured (845) 621-5100 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 32-0031074			
Work Lucation of certain locations	I Insured (Only required if coverage is specifically limited to in New York State, i.e., a Wrap-Up Policy)				
(Entity Being List	Control of the Contro	3a. Name of Insurance Carrier Federated Mutual Insurance Company 3b. Policy Number of Ensity Lisuad in Box "1a" 9170658 3c. Policy effective period D6/01/2020 to neuronose St. Induded, (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.			
compensation to the INFORM this Certificate of the insurance of the insura	ATION PAGE of the workers' compensation in ATION PAGE of the workers' compensation in of Insurance to the entity listed above as the certifical carrier must notify the above certificate holder and the nent of premiums or within 30 days IF there are reas sured from the coverage indicated on this Certificate alid for one year after this form is approved by the ilisted in box "3c", whichever is earlier. Is issued as a maiter of information only and confers the coverage afforded by the policy listed, nor does it	issures the business referenced above in box "1a" for workers' .aw. (To use this form, New York (NY) must be listed under item 3A urance policy). The Insurance Carrier or its licensed agent will send ate holder in box "2". The Workers' Compensation Board within 10 days IF a policy is canceled sons other than nonpayment of premiums that cancel the policy or at (These notices may be sent by regular mail.) Otherwise, this the insurance carrier or its licensed agent, or until the policy or a no rights upon the certificate holder. This certificate does not amend, it confer any rights or responsibilities beyond those contained in the			
This certificate n	may be used as evidence of a Workers' Compensati	ion contract of insurance only while the underlying policy is in affect.			
W W 11		V.			

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:	Print name of sustronized representative or sce Rankie A capil	and the same of th
	yassice it times	04/17/2020
	(Signature)	(Data)
Title:	AUTHCIRIZED REPRESENTATIVE	

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.