

Village of Skaneateles  
26 Fennell Street  
Skaneateles, NY 13152  
315-685-2118 Fax 315-685-0730

**Historical Landmarks Preservation Commission**

**Application for a Certificate of Approval**

Date 9/18/24

Name of Applicant Tara Lynn (MaAin Lynn)

Address of Applicant 18 E. Genesee St. Skaneateles NY 13152  
(home: 38 Academy St. Skaneateles)

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Email tara@lynn2@gmail.com Cell 315-399-9564

Application for Signage Only? (Y/N) N

Address of the building, structure or property where the proposed changes or construction is located, or where the sign is located: 18 E. Genesee St.

Skaneateles NY 13152

Owner of the above building, structure or property (If not the applicant):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Description of the work proposed: Remove old deck and roofs (3 level of roof, 2 levels of deck) and replace with new roofing material and decking material. NO change to the existing footprint.

Tara Lynn  
Signature of Applicant

For Office Use:

Date Application Received \_\_\_\_\_ Date of Public Hearing \_\_\_\_\_

Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Tax Map Number \_\_\_\_\_

Cert. of Approval Number \_\_\_\_\_ Dated \_\_\_\_\_ Sign/Bldg. Perm. # \_\_\_\_\_



Dennis Dundon &lt;ddundon1914@gmail.com&gt;

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**HLPC Application**

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**John Crompt** <Codes@villageofskaneateles.com>

Fri, Sep 27, 2024 at 5:44 PM

To: Trustee Lynn &lt;trusteelynn@villageofskaneateles.com&gt;

Cc: Ian Carroll &lt;icarroll@villageofskaneateles.com&gt;, "ddundon1914@gmail.com" &lt;ddundon1914@gmail.com&gt;

Tara,

**HLPC**

Per the pictures we received today, I agree the roof is not visible from the lake and is not required to go to the HLPC. If you intend on having the roof done sooner, you'll need to split the applications, we'll use the application on hand for the roof and we have all the other required information. Fill out a second application for the deck work and include the following information from Dave Bean:

- Copy of his liability insurance.
- Copy of his workers compensation.
- Building plans for the decks, sized material list for joists, decking and rail materials.
- We can copy and use his cost quote from the J&B quote.

According to J&B all roofing work is to be done from the lakeside of the building, if that changes it will require a scaffolding plan and permit for scaffolding on the sidewalk, which is a sizeable expense.

Thank you.

**John Crompt**

Village of Skaneateles

Code Enforcement Officer

315-685-2118

[codes@villageofskaneateles.com](mailto:codes@villageofskaneateles.com)

[Quoted text hidden]



VILLAGE OF SKANEATELES  
26 Fennell St.  
Skaneateles, NY 13152  
315-685-2118

# APPLICATION FOR BUILDING/ZONING PERMIT

Fee:  
Check #:  
Date paid:  
Permit #:  
Date of Issue #:

Name of Applicant TARA LYNN

Applicant Email taratlynn@gmail.com

PROJECT ADDRESS 18 E. Genesee Street

TAX MAP ID#

PROPERTY OWNER Maria Lynn

PHONE # 315-399-9564

MAIL ADDRESS 38 Academy St  
Skaneateles NY 13152

SQUARE FOOTAGE OF NEW WORK 1900 Sq. Ft.

DESCRIPTION OF WORK TO BE DONE (include more detail as an attachment if necessary)

Replace the roofs (3) at 18 E. Genesee St., as well as total replacement of two existing decks on 2 of the  
roofs. The same footprint will be used as the existing decks - no expansion.

ACCURATE PROJECT COST \$114,875.00

For Office Use Only

SQUARE FOOTAGE OF PARCEL 1900 Sq. Ft.

ZONING DISTRICT

## Setbacks - Existing Structure

## Setbacks - Proposed work

(Distances from structure to property or lot lines)

Front Yard \_\_\_\_\_ ft.  
Left Side Yard \_\_\_\_\_ ft.  
Right Side Yard \_\_\_\_\_ ft.  
Rear Yard \_\_\_\_\_ ft.

Front Yard \_\_\_\_\_ ft.  
Left Side Yard \_\_\_\_\_ ft.  
Right Side Yard \_\_\_\_\_ ft.  
Rear Yard \_\_\_\_\_ ft.

New connection for: (Yes/No) Sewer N/A Electric Service N/A Storm Sewer N/A

## CONTRACTOR / AGENT INFORMATION:

Contractor

Architect

NAME J & B Installation, Inc.  
PHONE # 315-685-8993  
ADDRESS 732 Visions Dr. Skaneateles Fall  
EMAIL Chris@jbinstallation.com

NAME N/A  
PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EMAIL \_\_\_\_\_

CHECKLIST ITEMS: PROPERTY SURVEY ☐ STAMPED ARCHITECTURAL PLANS ☐ ASBESTOS REPORT ☐

DRAINAGE + GRADING PLAN ☐ OTHER ☐ WORKMANS COMP AND LIABILITY INSURANCE ☐ JOB PROPOSAL ☐

Detailed Instructions available at Code Enforcement Office or [www.villageofskaneateles.com](http://www.villageofskaneateles.com)

The Village requires that projects comply with the zoning law, and applicants and design professionals must prepare their projects accordingly. Where practical difficulties or unnecessary hardships may result from enforcement of the stricter of the code, applications for variances may be made to the Village Zoning Board of Appeals.

**ACKNOWLEDGEMENTS:**

- I AM THE ☒ OWNER ☐ APPLICANT ☒ AGENT OF OWNER AND AM AUTHORIZED TO MAKE THIS APPLICATION.
- I AUTHORIZE THE CODE ENFORCEMENT OFFICER TO ENTER THE PROPERTY TO MAKE INSPECTIONS AS PRESCRIBED UNDER LOCAL AND STATE LAWS.
- I WILL NOTIFY THE CODE ENFORCEMENT OFFICER IMMEDIATELY OF ANY CHANGES DURING THE COURSE OF THE WORK.
- I WILL NOTIFY THE CODE ENFORCEMENT OFFICER WHEN INSPECTIONS ARE DUE.
- FURTHERMORE, I AGREE THAT THE BUILDING OR PROJECT WILL NOT BE OCCUPIED OR USED UNTIL A CERTIFICATE OF COMPLIANCE/ CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.
- The applicant and/or agent declares that the information contained in this application, and the plans, specifications and other supporting materials submitted in support of this application is true and has made such representations to induce the Village of Skaneateles to issue a Building/Zoning Permit and the applicant will comply with all laws, codes and ordinances controlling this work.

NAME of APPLICANT Tara Lynn PHONE # 315-399-9564 EMAIL tara.hynn@gmail.com  
ADDRESS 38 Academy St Skaneateles NY 13152  
SIGNED Tara Lynn  
DATE 9/18/24

**Affidavit of Applicant or Agent**

(To be completed if application is not made by the property owner)

STATE OF NEW YORK )

) SS:

COUNTY OF ONONDAGA )

On this \_\_\_ day of \_\_, 20\_\_\_; \_\_\_\_\_ personally appeared before me.

NOTARY PUBLIC

**For Code Enforcement Office Use Only**

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Application Status: ☒ Approved ☐ Denied

**Reasons for denial – Does Not Comply With the Following:**

**Section 225-A5, Density Control Schedule for:**

\_\_\_\_\_ Front Yard Setback \_\_\_\_\_ Side Yard Setback, left \_\_\_\_\_ Side Yard Setback, Right  
\_\_\_\_\_ Rear Yard Setback \_\_\_\_\_ Percentage of Open Area \_\_\_\_\_ Both Side Yards Combined  
\_\_\_\_\_ Percentage of Structure width/lot width

**Other Density Control Schedule**

\_\_\_\_\_ Section 225-69D, Non-conforming Buildings, Structures and Uses, Extension or Expansion  
\_\_\_\_\_ Section 225-14(d), Swimming Pools, 25 ft. distance to lot lines  
\_\_\_\_\_ Section 225-14C (5) (a/b), Accessory Buildings, distance to lot lines or structures  
\_\_\_\_\_ Section 225-A1-3, Permitted Use Chart  
\_\_\_\_\_ Other Sections of the Zoning Law

**And/or Needs:**

\_\_\_\_\_ Certificate of Approval from the Historical Landmarks Preservation Commission, Section 225-25  
\_\_\_\_\_ Critical Impact Permit, per Section 225-52, form Board of Trustees  
\_\_\_\_\_ Special Use Permit from the Zoning Board of Appeals

SIGNATURE: \_\_\_\_\_

**Staff and boards review, as applicable:**

Planning Board Review \_\_\_\_\_ Zoning Board of Appeals Approval \_\_\_\_\_  
Critical Impact Permit Approval \_\_\_\_\_ Historical Commission Approval \_\_\_\_\_



INSTALLATIONS, INC.

INDUSTRIAL & COMMERCIAL ROOFING CONTRACTORS

August 27, 2024

Single Ply  
Membranes  
Firestone  
Genflex  
Carlisle  
Sarnafil  
Duro-Last

Built-Up  
Roofs  
GAF  
Garland  
Tremco  
Soprema  
Siplast  
Firestone

Green Roofing  
Xeroflor  
Roof Meadow  
Custom Built

Metal  
Roof/Wall  
Panels  
ATAS  
MBC  
Fabral  
Englert  
Petersen  
Firestone

Metal Roof  
Coatings  
Truco  
United Coatings

Roof Accessories  
Roof Hatches  
Skylights

Sheet Metal  
Fabrication  
Copings  
Gravel Stops  
Fan Guards  
Gutters  
Roof Ladders

Asbestos  
Abatement

Waterproofing  
Sarnafil

Martin Lynn  
38 Academy Street  
Skaneateles NY 13152

**Re:** Roof Replacement 3 levels at 18 E. Genesee Street Skaneateles  
NY 13152 - Proposal

Martin,

J&B Installations is pleased to provide you with a scope of work for the above reference project.  
The scope of work is as follows:

1. Provide AIA contract with "Hold Harmless Agreement" with complete scope of work including payment terms.
2. Provide liability insurance \$2,000,000.00/\$4,000,000.00; \$5,000,000.00 Umbrella and Workman's Compensation Insurance Certificates. Liability policy shall include completed operations coverage.
3. Provide all safety equipment required by OSHA and supply workers properly trained on OSHA safety.
4. Owner to obtain all building, parking, sidewalk permits for the project.
5. Remove all decking, railing, privacy walls down to the EPDM roof system at lower and middle roof areas.
6. Remove EPDM membrane roof system on lower and middle roof areas down to structural decking.
7. Remove granulated modified roof system on upper roof area down to structural decking.
8. Provide and install 1/2" High Density polyisocyanurate recovery board over structural decking on upper roof area. Mechanically fasten recovery board to structural decking with manufacturers specified heavy duty fasteners and insulation plates.
9. Provide and install 1-1/2" polyisocyanurate insulation on 2 roof areas to receive decking. Insulation will be sandwiched between the 2" x 4" stringers to be installed for the deck fastening after roof installation. Insulation will be mechanically fastened to structural deck with manufacturer's specified heavy duty fasteners and insulation plates.
10. Provide and install 60 mil EPDM membrane roof system over all roof areas. EPDM membrane will be fully adhered to insulation board with manufacturers specified Low VOC bonding adhesive.
11. Provide and install manufacturers specified flashing details at all walls, pipes, parapets, roof drains, chimneys, pitch pockets, skylights, and roof edges.
12. Provide and install coping cap on all parapet walls and drip edge fascia on all perimeter edge locations. Color of coping cap and edge metal chosen by owner from standard color chart.
13. Provide and install peel and stick walk way pads under all framing members of new deck as protection of members on new roof system.
14. Provide owner with manufacturer 20 year warranty on new roof system. Warranty to cover all materials and workmanship against defects.



INSTALLATIONS, INC.

INDUSTRIAL & COMMERCIAL ROOFING CONTRACTORS

The above scope of work will be provided by J&B Installations, Inc. using standard wage rates at a total roofing job cost of **\$61,775.00** plus tax.

Dave Bean's Handy Work Proposal for all decking, privacy walls, siding, trims, railings per the attached estimate proposal **\$53,100.00**

**Total Cost Estimate for the entire project \$114,875.00**

**Sales Tax will be removed from the above proposal with a Capital Improvement or Tax Exempt Certificate provided with signed contract.**

**Exclusions**

- All building, sidewalk, parking permits
- Hazardous material removals Asbestos, PCB, Lead
- Stamped Drawings for the town / village codes department.
- ~~Providing and installing new decking materials, railing, and privacy walls~~
- Disconnect, removal and reconnection of AC unit on middle roof area.
- Temporary Overhead protection of sidewalk if village has that requirement.
- Parking lot coordination for material and dumpster storage

Mike Bean

Should you have any questions about the cost proposal, please contact me at our office (315) 685-8993.

Sincerely,

Christopher D. Bacon  
Vice President/  
Senior Project Manager

The above prices and conditions are satisfactory and are hereby accepted. J & B Installations, Inc. is authorized to perform the work as specified. Please execute this agreement by signing below and faxing to (315) 685-0508. Note: Due to rising costs, this offer expires in fifteen (15) days.

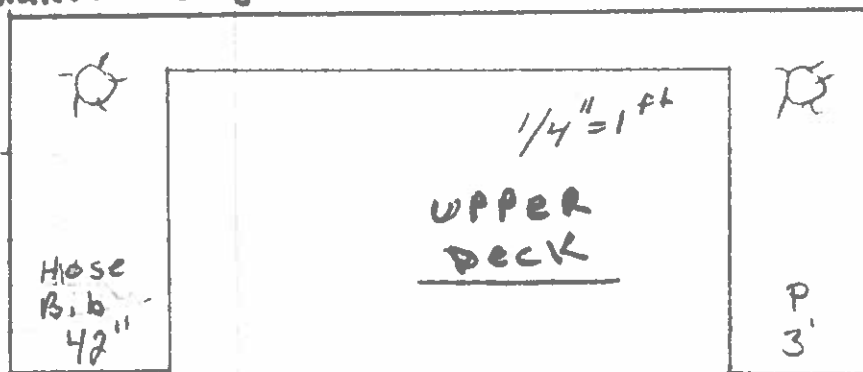
Signature: Tan T. Jan  
Title: Homeowner

Date: 9/18/24

New  
Shake's siding

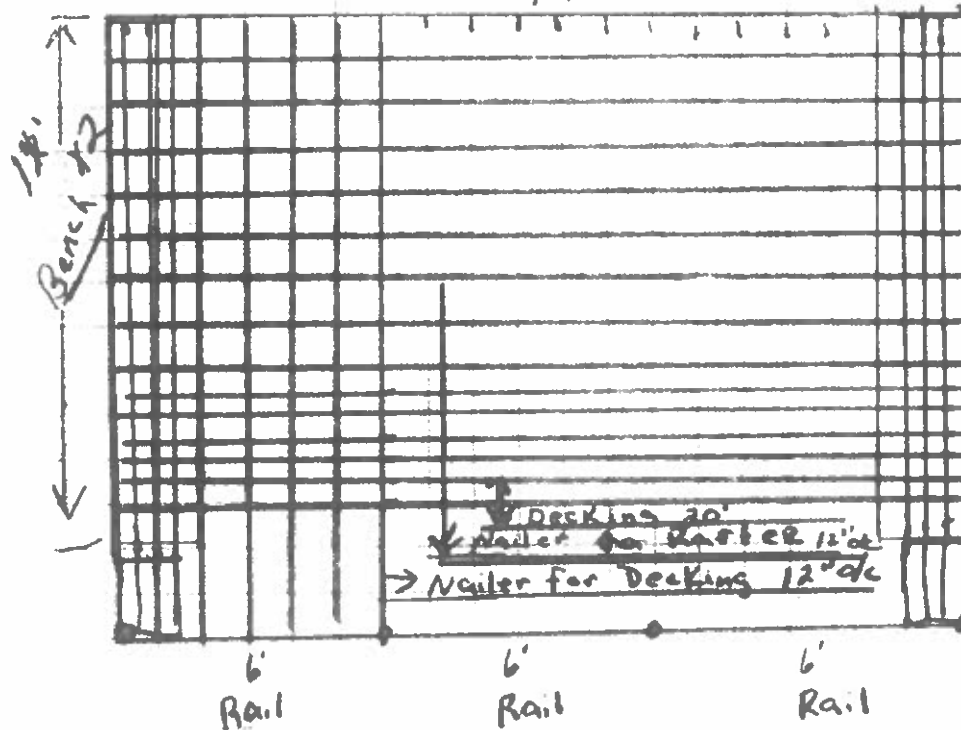
← 19' →

David Bean  
78 East Genesee St  
SKen



8'

← 19' →



14'

Bench

← 3 Plank's  
wide X 2  
X 12' Long  
14' Long

Decking 20'  
Nailer for Railing 12'  
Nailer for Decking 12' dc

6'  
Rail

6'  
Rail

6'  
Rail

Facing LAKE

266  
Sq ft  
Decking

MVP - Garapa Gray Step-Clip Fastenator Decking  
with  
Black Aluminum Railing

1/4" = 1 ft

**Lowell  
Deck**

Q. 3. a

6467  
5915  
Dec 31

MVP Garapa Gray  
Step-Clip Fastenator Deckin  
with  
Black Aluminum Railing

## Decking - 20'

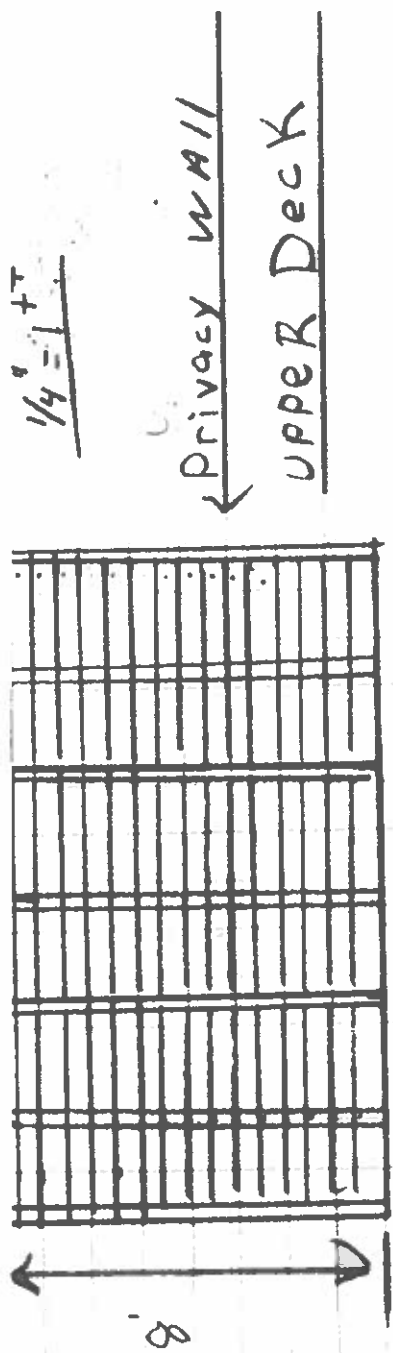
✓ Nailer to Rafter's 12" ok

Value for Decking 12" o/c

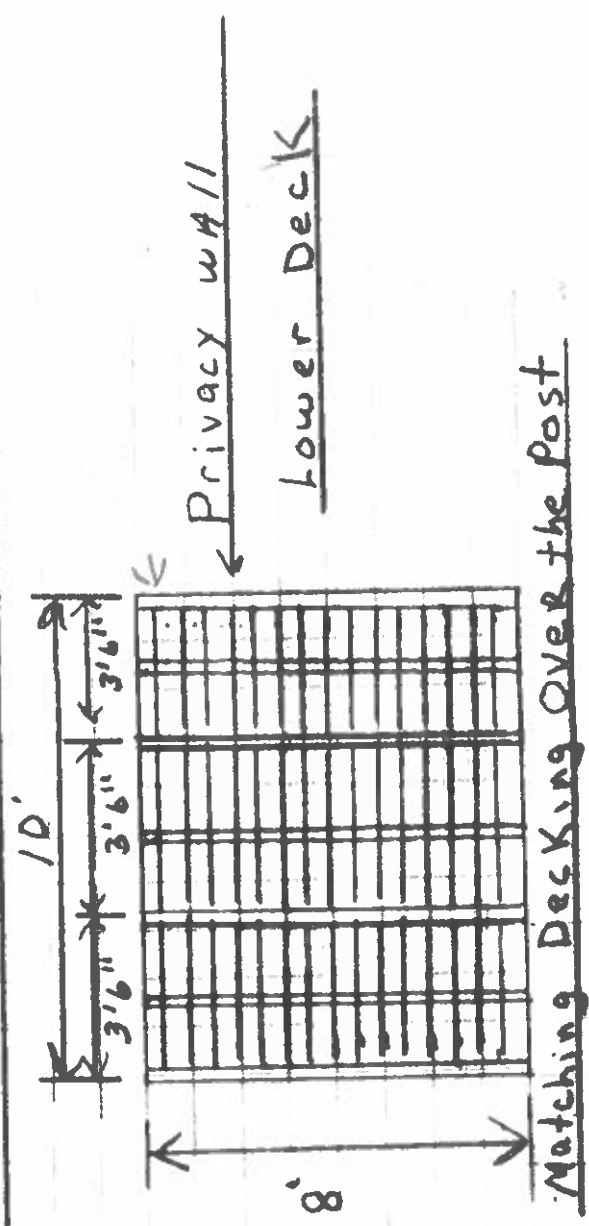
2x4x16' PT

52





Matching Decking Over The Post  
White PVC Blank Post Sleeves



With Solid Decking  
white PVC Blank post sleeve  
with Trim Ring & New England Cap white



INSTALLATIONS, INC.

INDUSTRIAL & COMMERCIAL ROOFING CONTRACTORS

August 27, 2024

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Soprema  
Siplast  
Firestone

Green Roofing  
Xeroflor  
Roof Meadow  
Custom Built

Metal  
Roof/Wall  
Panels  
ATAS  
MBO  
Fabral  
Englert  
Petersen  
Firestone

Metal Roof  
Coatings  
Truco  
United Coatings

Roof Accessories  
Roof Hatches  
Skylights

Sheet Metal  
Fabrication  
Copings  
Gravel Stops  
Fan Guards  
Gutters  
Roof Ladders

Asbestos  
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11. Provide and install manufacturers specified flashing details at all walls, pipes, parapets, roof drains, chimneys, pitch pockets, skylights, and roof edges.
12. Provide and install coping cap on all parapet walls and drip edge fascia on all perimeter edge locations. Color of coping cap and edge metal chosen by owner from standard color chart.
13. Provide and install peel and stick walk way pads under all framing members of new deck as protection of members on new roof system.
14. Provide owner with manufacturer 20 year warranty on new roof system. Warranty to cover all materials and workmanship against defects.



INSTALLATIONS, INC.

INDUSTRIAL & COMMERCIAL ROOFING CONTRACTORS

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**Total Cost Estimate for the entire project \$114,875.00**

**Sales Tax will be removed from the above proposal with a Capital Improvement or Tax Exempt Certificate provided with signed contract.**

**Exclusions**

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- Stamped Drawings for the town / village codes department.
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- Parking lot coordination for material and dumpster storage

Should you have any questions about the cost proposal, please contact me at our office (315) 685-8993.

Sincerely,

Christopher D. Bacon  
Vice President/  
Senior Project Manager

The above prices and conditions are satisfactory and are hereby accepted. J & B Installations, Inc. is authorized to perform the work as specified. Please execute this agreement by signing below and faxing to (315) 685-0508. **Note: Due to rising costs, this offer expires in fifteen (15) days.**

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

Title: \_\_\_\_\_

DAVID BEAN'S HANDYWORK, LLC

4560 VINEGAR HILL RD.  
SKANEATELES, NY 13152



Estimate

Date	Estimate #
8/26/2024	2024-32

Name / Address
Martin & Tara T. Lynn 18 Genesee Street Skaneateles, NY 13152

CARPENTRY,  
SIDING,  
ELECTRICAL,  
PLUMBING,  
SNOWPLOWING,  
SALTING &  
BRUSH HOGGING

Description		Rate
MATERIALS: This is for both upper and lower decks: Install 2-layers of new 2" x 4" pressure treated framing. Install step-clips for new decking system. Install Garapa decking for the privacy walls, decks and benches on both levels. Install Color Guard Lincoln Black 36" high railing system around both decks with a gate on lower deck, only. Install vinyl shake gray (color can be changed before order) siding around the walls around the sliding glass doors at both the upper and lower decks.		33,500.00
LABOR:		19,600.00
This Estimate qualifies as a NYS Capital Improvement. If the enclosed form is signed by homeowner, there is no NYS Sales Tax due, as shown.		<b>Subtotal</b> \$53,100.00
		<b>Sales Tax (8.0%)</b> \$0.00
Phone #	E-mail	<b>Total</b> \$53,100.00
315-391-0757	BEANJT33@GMAIL.COM	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/25/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ROBERT C. DEMPSEY AGENCY 128 Grant Ave.  Auburn NY 13021	CONTACT NAME Erin Senter PHONE (A/C, No, Ext): (315) 702-8250 FAX (A/C, No): (315) 702-8249 E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Security Mutual INSURER B: Ene Insurance INSURER C: INSURER D: INSURER E: INSURER F:
INSURED David Bean s Handywork LLC 4560 Vinegar Hill Rd  Skaneateles NY 13152-9385	NAIC # 14788

## COVERAGES

CERTIFICATE NUMBER: CL2351110802

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		0210002969	03/23/2024	03/23/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 EXPPD \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			Q06-7130304	06/21/2023	06/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ HNTL \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIM* \$

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

## CERTIFICATE HOLDER

Village of Skaneateles 26 Fennell St  Skaneateles NY 13152	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

\*\*\*\*\* 452621867  
ROBERT C DEMPSEY AGENCY INC  
128 GRANT AVE #1  
AUBURN NY 13021



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> DAVID BEAN'S HANDYWORK, LLC 4560 VINEGAR HILL ROAD SKANEATELES NY 13152		<b>CERTIFICATE HOLDER</b> VILLAGE OF SKANEATELES 26 FENNELL ST SKANEATELES NY 13152	
<b>POLICY NUMBER</b> S2562 340-6	<b>CERTIFICATE NUMBER</b> 544947	<b>POLICY PERIOD</b> 01/08/2024 TO 01/08/2025	<b>DATE</b> 3/25/2024

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2562 340-6, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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

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

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

BY CAUSING THIS CERTIFICATE TO BE ISSUED TO THE CERTIFICATE HOLDER, THE POLICYHOLDER UNDERTAKES TO PROVIDE THE CERTIFICATE HOLDER 30 CALENDAR DAYS' NOTICE OF ANY CANCELLATION OF THE POLICY.

NEW YORK STATE INSURANCE FUND

  
DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 924211002



Workers'  
Compensation  
Board

## CERTIFICATE OF INSURANCE COVERAGE NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

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

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

DAVID BEAN'S HANDYWORK LLC  
4560 VINEGAR HILL ROAD  
SKANEATELES, NY 13152

1b. Business Telephone Number of Insured

315-391-0757

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

452621867

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

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

Village of Skaneateles  
26 Fennell St  
Skaneateles NY 13152

3a. Name of Insurance Carrier

ShelterPoint Life Insurance Company

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

DBL654731

3c. Policy effective period

01/01/2024 to 12/31/2024

4. Policy provides the following benefits:

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

5. Policy covers:

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

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

Date Signed 3/25/2024

By

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

Telephone Number 516-829-8100

Name and Title Richard White, Chief Executive Officer

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

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

### PART 2. To be completed by the NYS Workers' Compensation Board (only if Box 4B, 4C or 5B have been checked)

#### State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

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

(Signature of Authorized NYS Workers' Compensation Board Employee)

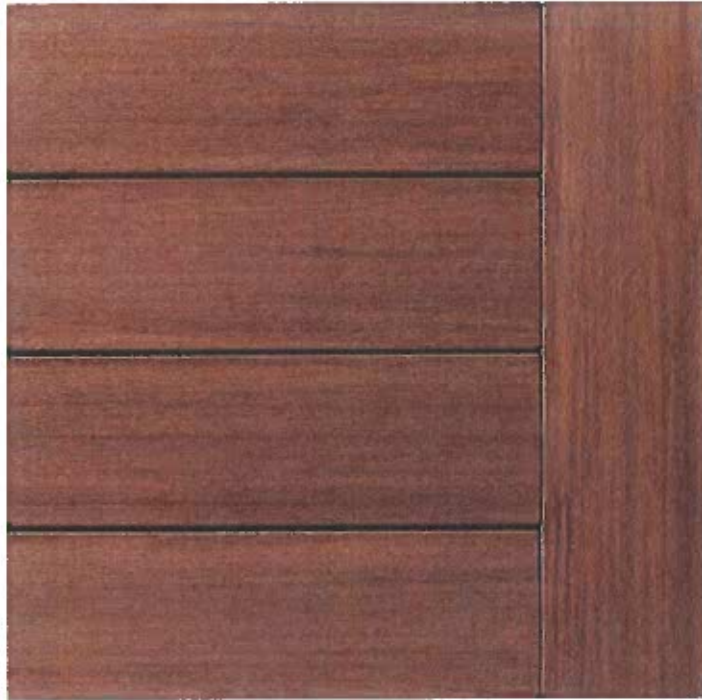
Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

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



**Decking Material** - TimberTech Advanced PVC

**Color:** Weathered Teak



**Shingle Siding:** Tando Stone – Beach House Shake

**Color:** Atlantica (light gray)





**Railings:** Color guard Lincoln Black 36" railing system

