

2/10/2011

Application #: 2023-031
Date: 4/19/23

**Town of Amsterdam
Planning Board
Application to the Planning Board**

A completed Application must be filed at least fourteen (14) days prior to the meeting at which it is to be considered by the Planning Board, including all applicable attached information.

Applicant: Robert Zytes Sr Applicant's Representative: _____
(must be property owner) (if applicable)
Address: 85 Locust Ave Address: _____

Amsterdam NY
Phone: (516) 337 3173 / 888 848 8444 Phone: () _____

Professional Advisor: N/A Other : _____
(i.e. Engineer, Architect, Surveyor, etc.) (if appropriate, please specify)
Address: _____ Address: _____

Phone: () _____ Phone: () _____

Property Location
Address: 269 RT 67 TOWN OF AMSTERDAM
General Location: SBL 40.4-1-7.33
Zoning District: _____
Tax Parcel ID # (SBL) 40.4-1-7.33

Type of Application (please check appropriate box(s)):

- Subdivision
- Site Plan
- Special Use Permit
- Planned Unit Development Review (formal action required by Town Board)

Attached please find Appendix A-SEQR compliance, and Appendix B-Ag. Data Statement compliance. Compliance with these items is required under the applicable NYS Laws, a brief explanation is included in the appendices to assist the applicant. For specifics on submission/application requirements, procedures, time frames, etc., the applicant should refer to the applicable Town regulations (Zoning, Subdivision, etc.) and/or NYS law (SEQR, Ag. & Markets, General Municipal, etc.).

Robert Zytes Sr 4/19/23 _____
Applicant Date Applicant's Representative Date

Application #: _____
Date: 4-19-

For Office Use Only

Application Fee: \$ 700 CL# 1002

Engineering Fees: \$ _____ Description: _____

Other Fees: \$ _____ Description: _____

Total Amount Received: \$ 700

Check # (s)/Date: 01002

Received By: [Signature]

Total Amount Returned (engineering fees): \$ _____ Description: _____

For Planning Board Use Only

The Planning Board held a Public Hearing on _____ (day) of _____ (date),
_____ (year) in consideration of this application.

The application is hereby:

- approved
- approved with modifications
- disapproved

Modifications and comments: _____

Chairman, Town of Amsterdam Planning Board

Date

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 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.

Part 1 - Project and Sponsor Information			
Zcore inc Storage garage for Trucks & EQUIPT.			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
269 RT 67 Town of Amsterdam NY			
Brief Description of Proposed Action:			
Storage garage for Box Trucks & EQUIPMENT 100' x 60' x 16'			
Name of Applicant or Sponsor:		Telephone: 516-337-3173 / 516-843-8244	
Robert Zyzes		E-Mail:	
Address:		Zcore drilling & XALCO CON	
85 LOCUST AVE			
City/PO:		State:	Zip Code:
AMSTERDAM NY		NY	12010
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO
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.			YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
3.a. Total acreage of the site of the proposed action?			NO
b. Total acreage to be physically disturbed?			YES
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			
7.5 acres			
2.5 acres			
_____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	
	<input 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?	NO	YES	
	<input type="checkbox"/>	<input checked="" 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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<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	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: <u>WELL</u>	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<p>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)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p>	NO	YES
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p>	NO	YES
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p>	NO	YES
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: <u>Robert Onyiah Robert Zyzel</u> Date: <u>4/19/23</u></p> <p>Signature: <u>Robert Onyiah</u></p>		

Project:

Date:

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.

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 checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Project:

Date:

Short Environmental Assessment Form Part 3 Determination of Significance

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.

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.

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.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)



TOWN OF AMSTERDAM

283 Manny's Corner Road
Amsterdam, NY 12010

Phone: 518-842-7961 • Fax: 518-843-6136

www.townofamsterdam.org

APPLICATION FOR ZONING/USE PERMIT

APPLICATION DATE: 4.17.23 ZONE: _____
APPLICATION #: 2023-031 FEE PD: \$25 TAX MAP NO.: # 272089 40.4-17311
\$900 out 1546

1.) PROPERTY/BUILDING LOCATION: 269 RT 67 Town of Amsterdam

2.) PROPERTY OWNER'S NAME: Robert Zydes TELEPHONE: 518-337-3123
ADDRESS: 85 Locust Ave Amsterdam OFFICE 518-843-8444
NY 12010

- 3.) APPLICATION IS HEREBY MADE FOR: (Check ALL that are applicable),
- | | | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> MOBILE HOME INSTALLATION | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> MODULAR HOME INSTALLATION | <input type="checkbox"/> KENNEL/STABLES |
| <input type="checkbox"/> 1 FAMILY | <input checked="" type="checkbox"/> GARAGE <input type="checkbox"/> ATTACHED GARAGE | <input type="checkbox"/> HOME OCCUPATION |
| <input type="checkbox"/> 2 FAMILY | <input type="checkbox"/> ACCESSORY BUILDING/STORAGE SHED | <input type="checkbox"/> OUTDOOR FURNACES |
| <input type="checkbox"/> MULTIPLE | <input type="checkbox"/> CHIMNEY CONSTRUCTION | <input type="checkbox"/> SOLAR COLLECTORS + INSTALLATIONS |
| <input checked="" type="checkbox"/> COMMERCIAL | <input type="checkbox"/> SOLID FUEL BURNING DEVICE | <input type="checkbox"/> WIND ENERGY FACILITIES |
| <input type="checkbox"/> RENOVATION, ALTERATION, CONVERSION | <input type="checkbox"/> STOVE INSERT | |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND | |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> WELL | |
| | <input type="checkbox"/> OTHER: _____ | |
- COMMERCIAL OCCUPANCY (WITH NO RENOVATIONS) INSPECTION ONLY.
 DEMOLITION
 COMMERCIAL OR RESIDENTIAL (CHECK ONE)
 METHOD OF DEMOLITION: _____
 PLACE OF DEBRIS DISPOSAL: _____
 DISCONNECTION DATE OF UTILITIES: _____

4.) THE FOLLOWING DESCRIPTION OF THE USE FOR THIS PROPERTY, FOR WHICH APPLICATION IS MADE HERewith, IS SUBMITTED: Shop - for inside storage for TRUCKS & EQUIPMENT
100' X 60' X 16'

- 5.) SITE INFORMATION (THE FOLLOWING INFORMATION MUST BE PROVIDED ALONG WITH DETAILED PLOT PLAN)
- A.) DIMENSIONS OF LOT: FRONTAGE 100' Entrance REAR 477.46 RIGHT SIDE 543.38 LEFT SIDE 655.20
ACREAGE 7.0
- B.) IS THIS A CORNER LOT? YES OR NO
- C.) WILL THE GRADE OF THIS LOT BE CHANGED AS A RESULT OF THIS CONSTRUCTION? YES OR NO
IF "YES", DESCRIBE AND SHOW ON PLOT PLAN
- D.) PUBLIC WATER OR PRIVATE WELL
- E.) SEWER OR PRIVATE SEPTIC
*** SEPERATE PERMITS ARE REQUIRED FOR PUBLIC WATER AND SANITARY SEWER
- F.) DISTANCE FROM LOT LINES: FRONT _____ REAR _____ RIGHT SIDE _____ LEFT SIDE _____

6.) TYPE OF CONSTRUCTION: (CHECK ALL THAT APPLY)

STYLE: RANCH RAISED RANCH SPLIT LEVEL CAPE COD COLONIAL DUPLEX

OTHER: Commercial Garage

BASEMENT (CHECK ONE): FULL CRAWL SLAB

GARAGE: 1 STALL 2 STALL 3 STALL PRIVATE PUBLIC

THE ACCESSORY BUILDING WILL BE AS FOLLOWS: DESCRIPTION: NA

DIMENSIONS: FRONT WIDTH: _____ SIDE LENGTH: _____ HEIGHT: _____

7.) CONTRACTOR'S NAME: Zcore LLC DAY PHONE: (518) 337-3173 C
MAILING ADDRESS: 85 LOCUST AVE Office 518 843-8444
Amsterdam NY

(ALL CONTRACTORS MUST PROVIDE PROOF OF WORKERS COMPENSATION AND LIABILITY INSURANCE)

8.) ESTIMATED VALUE OF ALL WORK (LABOR & MATERIALS): \$ 30 000

9.) SIGNATURE OF PROPERTY OWNER: Robert M...

I CERTIFY THAT THE CONSTRUCTION PLANS AND ALL OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION ARE ACCURATE.

10.) FOR OFFICE USE ONLY:

DATE APPROVED: 4/18/23

DATE DENIED: _____

SIGNATURE: [Signature]
(ZONING OFFICER)

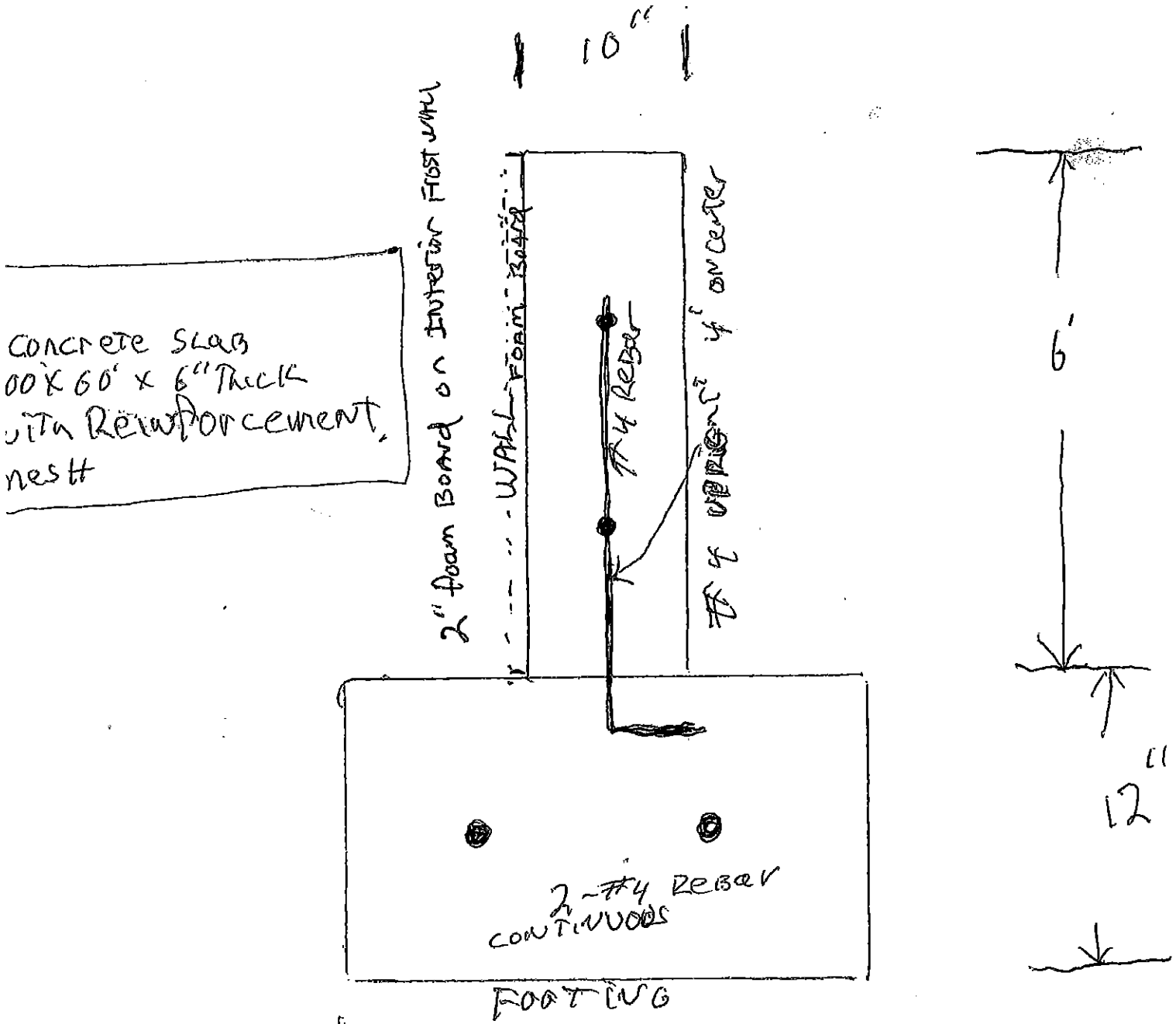
PERMIT EXPIRES: 4/18/24

DENIED AND REFERRED TO PLANNING BOARD
 DENIED AND REFERRED TO ZONING BOARD OF APPEALS

I recommended that Tom direct them to seek PB approval for a warehouse use which requires special permit and site plan in the B-1. I don't think there's much ambiguity in the site plan section, but there is some ambiguity in terms of the classification of the use and whether SP approval is required. I suggested to Tom that requiring a SP, in practice, won't slow down the process, and that it's most protective of both the applicant and the Town.

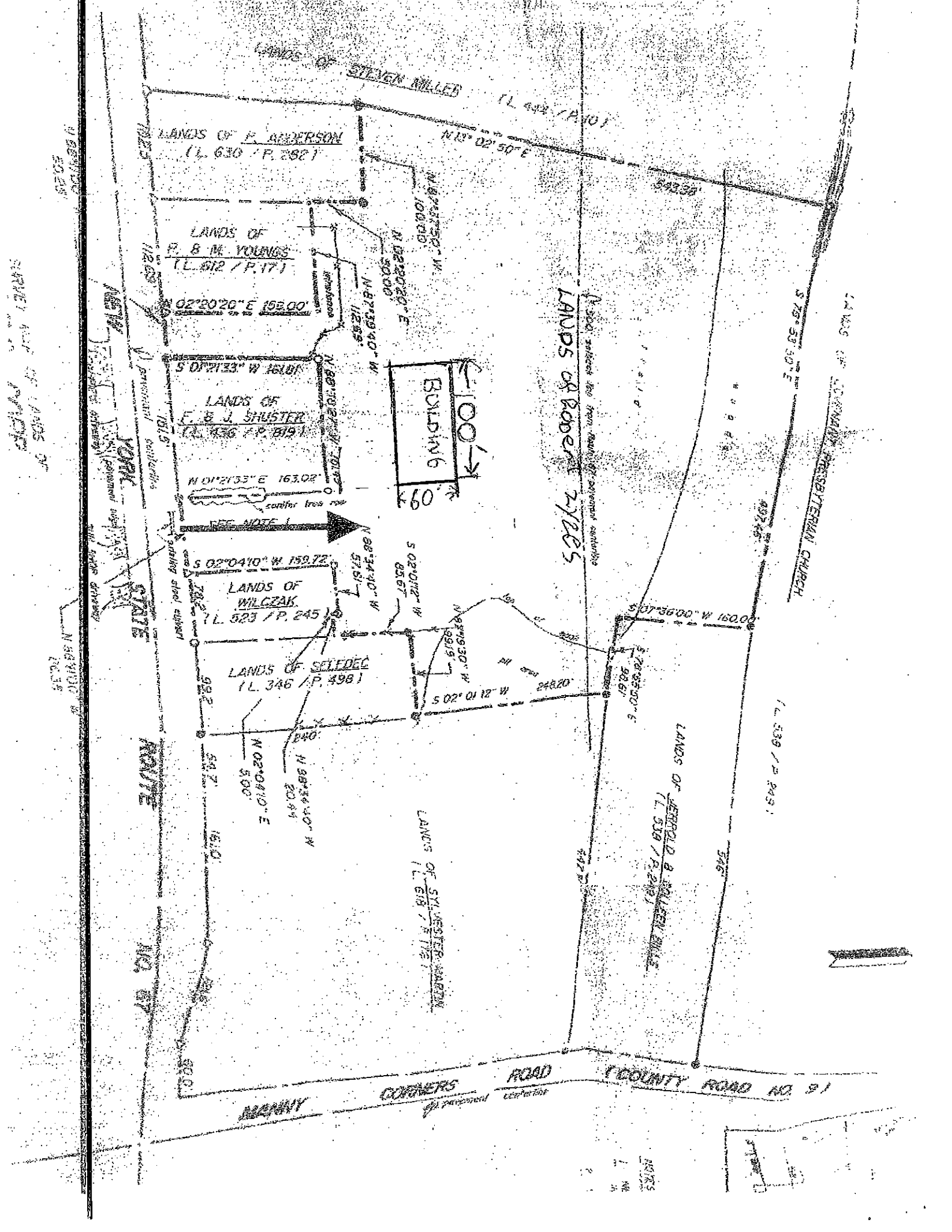
FOOTING & WALL Detail

Bottom of Footing 5' Below Frost



CONCRETE SLAB
00' X 60' X 6" THICK
WITH REINFORCEMENT,
REST

100' X 60' BUILDING - RT 67-269



LANDS OF STEVEN MILLER (L. 402 / P. 10)

LANDS OF F. ANDERSON (L. 630 / P. 282)

LANDS OF R. & M. YOUNGS (L. 612 / P. 171)

LANDS OF F. & J. SHUSTER (L. 436 / P. 319)

LANDS OF WILCZAK (L. 323 / P. 245)

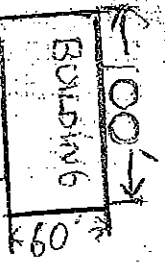
LANDS OF SELEDOC (L. 346 / P. 398)

LANDS OF JERRY & ELLEN (L. 518 / P. 212)

LANDS OF SYLVIA W. MARTIN (L. 618 / P. 172)

LANDS OF ROBERT WYERS

LANDS OF SCOTT & PRESBYTERIAN CHURCH



STATE

NEW YORK

STATE

ROUTE

NO. 91

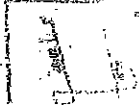
MANNY


CORNERS

ROAD

(COUNTY ROAD NO. 91)

NOTES



Enter SKU, Model # or Key 

Entry Style	Eave
Post Spacing	2' ϕ
Post Type	2x8 4-Ply Laminated, 2x10 3-Ply Laminated, 2x10 4-Ply Laminated
Overall Width	60 foot
Overall Length	100 foot
Sidewall Height	16 foot
Square Footage	6000 square foot
Exterior Wall Framing	Post Frame
Roof Framing Type	Truss <i>ENGINEERED</i>
Rafter/Truss Spacing	2' ϕ
Roof Pitch	4/12
Roofing Type	Pro-Rib Steel
Eave Overhang Size	12 inch
Gable Overhang Size	12 inch
Siding Type	Pro-Rib Steel
Soffit Type	Steel
Overhead Door Quantity	3
Overhead Door Size	16 x 14
Service Door Quantity	2

Enter SKU, Model # or Key Q

Roof Framing Type	Truss <i>ENGINEERED</i>
Rafter/Truss Spacing	<i>2 FT @</i>
Roof Pitch	4/12
Roofing Type	Pro-Rib Steel
Eave Overhang Size	12 inch
Gable Overhang Size	12 inch
Siding Type	Pro-Rib Steel
Soffit Type	Steel
Overhead Door Quantity	<i>3</i>
Overhead Door Size	16 x 14
Service Door Quantity	<i>2 - 38 x 80</i>
Service Door Size	36 x 80
Window Quantity	6
Window Size	60 x 48
Special Features	Insulated and Steel Lined
Includes	Materials include framing, <i>16</i> and <i>16</i> on center posts and trusses, steel, trim, <i>3</i> 16 x 14 overhead doors, <i>2</i> service doors, six windows, fasteners, and code-exempt mini-print



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/17/2023

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

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

PRODUCER Beacon Insurance Agency Group, Inc. 56 Main Street Amsterdam NY 12010		CONTACT NAME: Susan Brzoza PHONE (A/C, No, Ext): 518-842-7000 E-MAIL ADDRESS: susanb@beaconagencygroup.com		FAX (A/C, No): 518-842-7002
INSURED ZCore LLC 85 Locust Avenue Amsterdam NY 12010		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Selective Ins Co of America		12572
		INSURER B: Selective Ins Co of SC		19259
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		S2381216	4/01/2023	4/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPIOP AGG \$ 3,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>		S2381216	4/01/2023	4/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>		S2381216	4/01/2023	4/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		WC9080801	4/01/2023	4/01/2024	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER: E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Robert Zydes Sr is excluded from Workers Compensation coverage						

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

CERTIFICATE HOLDER**CANCELLATION**

Town of Amsterdam 283 Mannys Corners Rd Amsterdam NY 12010	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 <i>Susan Brzoza</i>
----------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2010 ACORD CORPORATION. All rights reserved.

From: Susan Brzoza susanb@beaconagencygroup.com
Subject: Insurance Certificate
Date: Apr 17, 2023 at 1:47:01 PM
To: LHughes@townofamsterdam.org
Cc: zcoredrilling@yahoo.com

Hi Linda ~

On behalf of ZCore LLC, attached please find a current Certificate of Insurance.

If you have any questions or concerns, please let me know.

Thanks, Sue

Susan Brzoza
Beacon Insurance Agency Group, Inc.
56 E. Main Street
Amsterdam, NY 12010
Phone #518-842-7000 X106
Fax #518-842-7002

----- Original Message -----

From: zcoredrilling@yahoo.com
To: "susanb@beaconagencygroup.com" <susanb@beaconagencygroup.com>
Date: 04/17/2023 10:56 AM EDT
Subject: Certs

Sue could send me certs for town of Amsterdam

Sent from my iPad



CERTIFICATE OF LIABILITY INSURANCE

DATE ISSUED:YY 04/17/2023

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

Town of Amsterdam

Receipt #: 00001027

Date: 4/19/2023

Payer: Robert Zyzes

Payment Amount: \$700.00

Notes:

Fee Type	Amount
Site Plan	350.00
Special Use Permit	350.00

Payment Type	Amount	Payment #
Check	700.00	1346

Town of Amsterdam

Receipt #: 00001028

Date: 4/19/2023

Payer: Robert Zyzes

Payment Amount: \$25.00

Notes:

Fee Type	Amount
Zoning/Use Permit	25.00

Payment Type	Amount	Payment #
Cash	25.00	

BUILDING PERMIT

TOWN OF AMSTERDAM
MONTGOMERY COUNTY
NEW YORK

Building Permit Number: 2023-031
Tax Map #: 40.4-1-7.311

Date: 04/24/2023

***THIS NOTICE, WHICH MUST BE PROMINENTLY DISPLAYED ON THE PROPERTY
OR PREMISES TO WHICH IT PERTAINS, INDICATES THAT A***

New Commercial Permit

has been issued to: Robert Zyzes
permitting the construction of
three stall commercial garage (100' x 60' x 16') for storage of trucks and equipment referred to PB for site plan
and special use

at Mannys Corners Rd

ALL WORK SHALL BE EXECUTED IN STRICT COMPLIANCE WITH THE PERMIT APPLICATION,
APPROVED PLANS, THE UNIFORM FIRE PREVENTION AND BUILDING CODE, AND ALL OTHER
LAWS, RULES AND REGULATIONS WHICH APPLY. THE BUILDING PERMIT DOES NOT
CONSTITUTE AUTHORITY TO BUILD IN VIOLATION OF ANY FEDERAL, STATE OR LOCAL LAW
OR OTHER RULE OR REGULATION.

Do not proceed beyond these points until countersigned below by the inspector.

For inspections please contact Tom DiCaprio at 518-848-4498

Permission is hereby granted to proceed with the work as set forth in the specifications, plans or statements now
on file in this department. Any and all amendments made to the original plans and specifications must first be
submitted for approval.

Inspection Fees Due: \$.00
Date Paid: 04/24/2023
Make Check Payable to the Town of Amsterdam

Building Inspector