

APPLICATION FOR BUILDING PERMIT

The Village of Irvington | 85 Main St | Irvington NY 10533

Application Number:	756	Date:	07/28/2021
Job Location:	40 S FERRIS ST	Parcel ID:	2.90-40-2
Property Owner:	Clayton Beer	Property Class:	1 FAMILY RES
Occupancy:	One/ Two Family	Zoning:	
Common Name:			

Applicant	Contractor
Samantha de Oliveira	Samantha de Oliveira
Sunrise Solar Solutions, LLC.	Sunrise Solar Solutions, LLC.
510 N. State Rd. Briarcliff Manor NY 10510	510 N. State Rd. Briarcliff Manor NY 10510
914-536-0022	914-536-0022

Description of Work

Type of Work:	Solar Panels	Applicant is:	Contractor
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	29990.00	Property Class:	1 FAMILY RES

Description of Work

A residential fixed roof mount photovoltaic solar system, on the South side of the home consisting of 27 SunPower panels.

Please Note: Completing the application does not constitute a permit to commence construction. To obtain your permit follow the instructions on the instruction page provided on page 3.

VILLAGE OF IRVINGTON

BUILDING DEPARTMENT

85 MAIN STREET

IRVINGTON, NEW YORK 10533

TEL: (914) 591-8335 • FAX: (914) 591-5870



- ____ 18) Separate Electrical Permit application by a Westchester County Department of Licensing, licensed Electrician with required insurances and the appropriate fee (must be filed by the licensed contractor, see village application for further details).
____ 19) Submit signed check list with submission and appropriate building permit fee.
____ 20) Applicant has provided seven copies of the entire submittal for Architectural Review Board approval.

Applicant Affidavit:

Applicants Name: Samantha de Oliveira

Applicants Address: 510 N. State Rd.
Briarcliff Manor, NY 10510

Applicants Phone # 914-762-7622

Applicants Email samantha.d@sunrisesolarllc.com

Applicant Name: Samantha de Oliveira Signature: [Signature] Date: 08/17 By signing this affidavit I attest to have read the attached Solar Energy Equipment Code and the Solar Equipment Guidelines manufactures installation instructions and that all information asked for above has been submitted and that the submitted information is correct.

General Contractor Affidavit:

Contractors Name: Sunrise Solar Solutions, LLC.

Contractors Address: 510 N. State Rd.
Briarcliff Manor, NY 10510

Contractors Phone # 914-762-7622

Contractors Email samantha.d@sunrisesolarllc.com

General Contractor Name: Samantha de Oliveira Signature: [Signature] Date: 08/17 By signing this affidavit I attest to being the general contractor of record for this application and will be responsible for oversight and direct supervision of same, and will maintain a valid Westchester County Department of Consumer Protection License, a valid for Workers Compensation Policy and a General Liability Policy listing the Village of Irvington as Certificate Holder and additional insured with no conditions until such time I apply for and receive a Certificate of Completion.

Electrical Contractor Affidavit:

Electrical Contractors Name: Arthur Scher

Electrical Contractors Address: 19 Strawberry Hill Lane
West Nyack NY 10994

Electrical Contractors Phone # 845 512 8103

Electrical Contractors Email m11montelectrical@gmail.com

Electrical Contractor Name: Arthur Scher Signature: [Signature] Date: 7/25/21 By signing this affidavit I attest to being the electrical contractor of record for this application and will be responsible for oversight and direct supervision of same, and will maintain a valid Westchester County Electrical License, a valid for Workers Compensation Policy and a General Liability Policy listing the Village of Irvington as Certificate Holder and additional insured with no conditions until such time I apply for and receive a Certificate of Completion.

Note: Applications for all exterior elevation changes including photovoltaic solar systems are required to apply for, make a presentation in front of, and receive approval from the Village of Irvington Architectural Review Board (ARB) prior to issuance of a building permit. The ARB meetings are the second and fourth Mondays of the month, with a deadline for submissions one week prior to the meetings (see village web site for confirmation of meetings). Seven sets of copies of the entire application are required to be submitted at the deadline with appropriate fee at the time of submission.

Note: The following list above is given to assist in the application process. It is not intended to be a replacement for the Building or Zoning Code, County or State Regulations, or Consolidate Edison Requirements. Unique and Special projects may require additional information.

***Hours of Construction: Monday-Friday 7AM-7PM; Saturday 9AM-5PM; Sunday and holiday's construction is prohibited**
***Only completed applications will be accepted with attached insurance certificates and County license**

Job Location: 40 S FERRIS ST

Parcel Id: 2.90-40-2

AFFIDAVIT OF APPLICANT

I **Samantha de Oliveira** being duly sworn, depose and says: That s/he does business as: **Sunrise Solar Solutions, LLC.** with offices at: **510 N. State Rd. Briarcliff Manor NY 10510** and that s/he is:

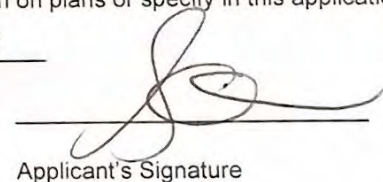
- ☐ The owner of the property described herein.
- ☐ The _____ of the New York Corporation _____ with offices at: _____ duly authorized by resolution of the Board of Directors, and that said corporation is duly authorized by the owner to make this application.
- ☐ A general partner of _____ with offices _____ and that said Partnership is duly authorized by the Owner to make this application.
- ☐ The Lessee of the premises, duly authorized by the owner to make this application.
- ☐ The Architect of Engineer duly authorized by the owner to make this application.
- ☒ The contractor authorized by the owner to make this application.

That the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. The undersigned hereby agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Irvington Building Code, Zoning Ordinance and all other laws pertaining to same, in the construction applied for, whether or not shown on plans or specify in this application.

Sworn to before me this 29 day of 07 of 21


Notary Public / Commission of Deeds

PETER J. CHO
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01CH6308766
QUALIFIED IN WESTCHESTER COUNTY
MY COMMISSION EXPIRES JULY 28, 2022


Applicant's Signature

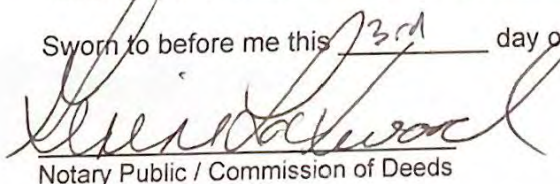
OWNER'S AUTHORIZATION

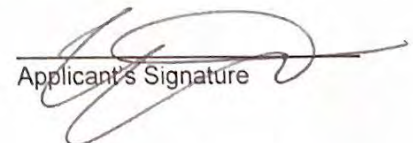
I **Clayton Beer** as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number 917 530-7560 Owner email address cbphila@gmail.com

- ☒ CLAYTON BEER I hereby acknowledge that it is my responsibility as the **property owner** to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for which this permit is being requested.

Sworn to before me this 3rd day of August of 2021


Notary Public / Commission of Deeds


Applicant's Signature

GENINE LOCKWOOD
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01L06210592
Qualified in Westchester County
Commission Expires 8/24/2021

VILLAGE OF IRVINGTON
BUILDING DEPARTMENT
85 MAIN STREET
IRVINGTON, NEW YORK 10533
TEL: (914) 591-8335 • FAX: (914) 591-5870
Web Site: www.Irvingtonny.gov



LICENSED PROFESSIONAL AFFIDAVIT for RESIDENTIAL SOLAR SYSTEMS

TO BE SUBMITTED AS PART OF THE PERMIT APPLICATION

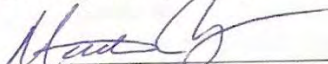
AFFIDAVIT OF ARCHITECT OR ENGINEER

State of New York } ss.:
County of Westchester }

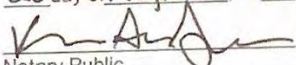
I the undersigned, under penalty of perjury, do hereby affirm:

1. I am an the (architect)(engineer) duly licensed in the State of New York
2. I am the NYS licensed design professional named in the Application for which a Building Permit for a residential solar system located at 46 S. FERRIS, Irvington, New York 10533.
3. I have inspected the existing building and structure and find that the existing structure with the proposed solar panel installation and connections to the existing roof meet the minimum criteria set forth in;
Applicable Codes: 2015 Residential Code of New York State
Design Roof Load: 30 psf live load, 115 psf dead load, 45 psf total load
Design Wind Load: 120 mph, 35psf 15
OR have proposed additional measures to insure compliance with above.
4. I have reviewed the following submitted drawings and/or manufacture specifications as part of the submission
List applicable plans with revision dates:

<u>51 - 55</u>	(rev date) <u>7/3/21</u>
<u>E1</u>	(rev date) <u>7/13/21</u>
_____	(rev date) _____
_____	(rev date) _____
_____	(rev date) _____
_____	(rev date) _____
5. The plans, drawings and specifications which the Building Permit is requested and listed above, as submitted (a)-were prepared by me or under my supervision, and (b)-to the best of my knowledge comply with the requirements of the Residential Building Code of New York State as adopted by the Village of Irvington, applicable design loads and all other applicable laws, rules and regulations governing building construction.


Signature

(Architect) (Engineer)

Sworn to before me this
20 day of August, 2021.

Notary Public



INSTRUCTIONS

REQUIREMENTS FOR OBTAINING A PERMIT:

The following items must be submitted in order to obtain a Building Permit:

1. One (1) Building Permit application signed by the owner or a notarized Agent Letter.
2. One (1) property survey (signed and sealed), reflecting existing conditions.
3. Two (2) sets of construction drawings and specifications, including existing and proposed conditions, state design criteria, structural and architectural details, plans, and cross sections, mechanical, electrical, and plumbing drawings (signed and sealed by a licensed professional).
4. One USB with all plans (with Licensed Professionals certification/stamp) and specifications in PDF (file size must be less than 25MB).
5. Copy of approved site plan from the Irvington Planning Board when applicable (required on all increases of FAR, footprint, coverage, driveways and increases of cubic content under a roof).
6. Approval by the Architectural Review Board (ARB) when applicable. An additional five (5) sets of construction drawings and specifications (please see ARB requirements (available on the village web site www.irvingtonny.gov) prior to submission).
7. Visit the Village of Irvington website www.irvingtonny.gov for additional check list for solar panels, generators, underground propane tanks, signs and awnings(found in forms and documents in the Building & Planning General Information folder).
8. Village Zoning Code is available on the Village website: www.irvingtonny.gov.
9. Provide evidence that the application meets the NYS Energy code as described by www.dos.state.ny.us/code/energycode/overview.htm

Contractor Requirements in order to obtain a Building Permit:

10. Contractor's Certificate of Liability listing the Village of Irvington as the Certificate Holder with no disclaimer in the description other than certificate holder is named additional insured (any additional comments will not be accepted).
11. Contractor's Workers Compensation C-105 form (or equivalent) listing the Village of Irvington as Certificate Holder.
12. Copy of Contractor's Westchester County Home Improvement License.
13. All information above uploaded into permit application with the contractor's contact information, including mailing address, phone number, and email address.
14. Contractor's signature on Affidavit of Contractor (required prior to issuance of the permit).

Please Note:

-State Law requires that the contractor submits a copy of Workman's Compensation as required by the New York State Disability Insurance naming the Department of Buildings, Village of Irvington as certificate holder and showing coverage for general contracting and the locations covered by such insurance. If structure is to be demolished a copy of Liability Insurance must also be submitted.

- Please be advised under State and Municipal Laws, the Workman's Compensation and Disability benefits insurance must be submitted on separate state approved forms. The "Acord Form" is no longer acceptable as proof of Workman's Compensation coverage. Further information or questions may be answered by calling the NYS Bureau of Compliance at (518) 486-6307 or by visiting their website or by contacting your insurance provider.

FEES ASSOCIATED WITH BUILDING PERMIT APPLICATION (All fees must be paid at time of application):

Fee schedule

Building Permit (Non-Refundable)

* Application fee \$85

* Permit fee \$17 per thousand dollars (\$1000) of estimated cost of construction, or fraction thereof

85

• Inspection Fees (as applicable)

- | | |
|--|--|
| • Insulation: \$50 | • Footing: \$50 |
| • Solid Fuel: \$50 | • Preparation for concrete slabs and walls: \$50 |
| • Foundation and footing drain: \$50 | • Framing: \$50 |
| • Energy Code Compliance: \$50 | • Building systems, including underground and rough-in: \$50 |
| • Sediment and erosion control: \$50 | • Fire resistant construction and penetrations: \$50 |
| • Footing: \$50 | • Final Inspection for C.O.: \$50 |
| • Preparation for concrete slabs and walls: \$50 | • State and local laws (per re-inspection): \$50 |

Total Inspections _____

* Certificate of Occupancy Fees: One dollar (\$1.00) per thousand dollars of estimated cost. Minimum Fee \$25.00

* Permit Revisions or Amendment: \$50.00 (plus \$17 per thousand (\$1000), of the estimated cost of construction and any additional inspections fees).

* Re-inspection fee for work not ready at time of inspection or not in compliance: \$50

* Applications for Undocumented Work/ Legalizing: Applications to legalize work done prior to applying for and receiving a building permit shall pay double all applicable fees and inspections, including the cost of construction based on the cost of all proposed work being legalized at the time of application. Minimum fee \$500.00.

(To be collected at time of submission of application) Total _____

(Note: pursuant to 224-54 A all permits are valid for one (1) year from date on permit
Any permit that expires will be subject to additional fees.)

NOTICE OF APPLICATION AND HEARING

Board of Architectural Review

Clerk's Office

Village of Irvington

Westchester County, New York

CERTIFIED MAIL

Date of Mailing 8/31/2021

NOTICE:

Pursuant to 9-12 of the code of the Village of Irvington notice to adjacent neighbors (as defined below) is required 10 days prior a meeting where an application for Solar Panels to the Village of Irvington Architectural Board is asking to be heard.

Date of Meeting: 09/27/2021
Time of Meeting: Meeting starts at 8pm
Location of Meeting: Trustees Meeting Room
85 Main St. Irvington, NY 10533

Applicant Name	<u>Samantha de Oliveira</u>	Owners Name	<u>Clayton Beer</u>
Applicant Mailing Address	<u>510 W. STATE RD.</u>	Owner Mailing Address	<u>40 S. FERRIS ST.</u>
	<u>BRIDCLIFF Manor, NY 10510</u>		<u>Irvington, NY 10533</u>
Applicant Phone Number	<u>914-762-7622</u>	Owners Phone Number	<u>917-530-7560</u>
Applicant Email Address	<u>samantha.d@</u>	Owners Email Address	<u>cbphila@gmail.com</u>
	<u>SUNRISESOLARINC.COM</u>		

Address of Proposed Solar Panels:

Street Address 40 S. FERRIS ST.
Irvington, NY 10533

To Adjacent Neighbors of: 36 S. FERRIS ST. ; 44 S. FERRIS ST.
3 JAFFRAY PARK ; 2 JAFFRAY ; 36 JAFFRAY
12 S. ECKAR ST.

Please take notice that the applicant named above is requesting the Board of Architectural Review of the Village of Irvington to grant a permit for the installation of **Solar Energy Equipment** to the address listed above.

Plans of the proposed work are available in the office of the Irvington Building Department for public inspection during regular business hours 5 days prior to the scheduled meeting.

9-12. Solar Energy Equipment.

For any application for a building permit for solar energy equipment, written notice of the application and the date, time and place of the meeting at which it will be considered must be given to all adjacent property owners not less than 10 days prior to the meeting date. Notice shall be by a method of mail or a delivery service company providing proof of mailing or delivery or by personal service of such notice on the property owners, evidenced by their signature as acknowledgment of receipt of such notice on a form supplied or similar to one supplied by the Village Clerk. Proof of service of the notice shall be filed prior to or at the meeting at which the application is considered
("Adjacent property" refers to any neighbor that shares a property line with the subject property as well as neighbors across any street from the subject property.)*

7020 1290 0000 3186 8953

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Irvington, NY 10533	
Certified Mail Fee \$3.75	0049 18
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	AUG 31 2021
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.58	08/31/2021
Total Postage and Fees \$4.33	
Sent To Nicky Coddington	
Street and Apt. No., or PO Box No. 3 Jaffray Park	
City, State, ZIP+4® Irvington, NY 10533	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7020 1290 0000 3186 8991

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Irvington, NY 10533	
Certified Mail Fee \$3.75	0049 18
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	AUG 31 2021
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.58	08/31/2021
Total Postage and Fees \$4.33	
Sent To Jodie Hansen	
Street and Apt. No., or PO Box No. 2 Jaffray Park	
City, State, ZIP+4® Irvington, NY 10533	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7020 1290 0000 3186 8946

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Irvington, NY 10533	
Certified Mail Fee \$3.75	0049 18
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	AUG 31 2021
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.58	08/31/2021
Total Postage and Fees \$4.33	
Sent To BRIAN WHALEY	
Street and Apt. No., or PO Box No. 36 S. Ferris St.	
City, State, ZIP+4® Irvington, NY 10533	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7020 1290 0000 3186 8984

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Irvington, NY 10533	
Certified Mail Fee \$3.75	0049 18
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	AUG 31 2021
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.58	08/31/2021
Total Postage and Fees \$4.33	
Sent To Eddie MacGuire	
Street and Apt. No., or PO Box No. 12 S. Eckar St.	
City, State, ZIP+4® Irvington, NY 10533	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7020 1290 0000 3186 8960

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Irvington, NY 10533	
Certified Mail Fee \$3.75	0049 18
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	AUG 31 2021
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.58	08/31/2021
Total Postage and Fees \$4.33	
Sent To Amy Sherwood	
Street and Apt. No., or PO Box No. 36 Jaffray Park	
City, State, ZIP+4® Irvington, NY 10533	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7020 1290 0000 3186 8977

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Irvington, NY 10533	
Certified Mail Fee \$3.75	0049 18
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	AUG 31 2021
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.58	08/31/2021
Total Postage and Fees \$4.33	
Sent To Sarah Barnard	
Street and Apt. No., or PO Box No. 44 S. Ferris St.	
City, State, ZIP+4® Irvington, NY 10533	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SUNRSOL-01

LFIGUEROA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2021

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 Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591	CONTACT NAME: PHONE (A/C, No, Ext): (914) 457-4200		FAX (A/C, No): (914) 457-4200
	E-MAIL ADDRESS: info@levittfuirst.com		
INSURED Sunrise Solar Solutions, LLC 510 North State Rd Briarcliff Manor, NY 10510	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Southwest Marine & General Insurance Company		12294
	INSURER B : AmGuard Insurance Company		42390
	INSURER C : New York State Insurance Fund		36102
	INSURER D : ShelterPoint		81434
	INSURER E : Fair American Insurance & Reinsurance Co.		35157
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 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL202100008728	3/21/2021	3/21/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SUAU237092	4/25/2021	4/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			EX202100001810	3/21/2021	3/21/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	20925574	6/29/2020	6/29/2022	<input checked="" type="checkbox"/> PER STATUTE <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
D	Disability			DBL333258	2/8/2020	2/7/2022	Statutory Limits
E	Owners/Contractors P			RPL700031700	3/2/2021	9/30/2021	\$2mm/\$6mm

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

Re: 40 S. Ferris St., Irvington, NY 10533

CERTIFICATE HOLDER

CANCELLATION

Village of Irvington
 85 main St.
 Irvington, NY 10533

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL LIABILITY BROADENING ENDORSEMENT- ENERGY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SCHEDULE – EXTENSIONS OF COVERAGE

Coverages	
Additional Insured	Incidental Medical Services Coverage
Additional Insured – Vendors	Liberalization
Blanket Waiver Of Subrogation	Non Employment Discrimination
Broadened Bodily Injury	Non-owned Watercraft Coverage
Broadened Named Insured	Personal And Advertising Injury
Duties In The Event Of An Occurrence, Offense, Claim Or Suit	Supplementary Payments – Increased Limits
Expected Or Intended Injury	Unintentional Failure To Disclose Hazards
Fire, Explosion, Sprinkler Leakage Or Lightning Legal Liability Coverage	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Coverage extensions under this section only apply in the event that no other specific coverage for these extensions is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted in this endorsement.

1. Additional Insured

A. Under Section II – Who Is An Insured, Paragraph 2. is amended by the addition of the following:

- e.** Any person or organization, other than as specifically named on a separate Additional Insured endorsement attached to this policy, is included as an additional insured, but only to the extent such person or organization is held liable for “bodily injury”, “property damage” or “personal and advertising injury” arising out of:

- (1)** The ownership, maintenance, or use of that part of the premises or land owned by, rented to, or leased to you, except such person or organization is not an insured with respect to structural alterations, new construction or demolition operations performed by or on behalf of such person or organization;
- (2)** Your ongoing operations performed for that insured;
- (3)** “Your work” included in the “products-completed operations hazard”;
- (4)** Their financial control of you, except such person or organization is not an insured with respect to structural alterations, new construction or demolition operations performed by or on behalf of such person or organization;

- (5) The maintenance, operation or use by you of equipment leased to you by such person or organization;
- (6) Operations performed by you or on your behalf and for which a state or political subdivision has issued a permit, provided such operations are not performed for such state or political subdivision, and are not included within the "products-completed operations hazard";

With respect to the insurance afforded under this provision to such insured, all of the following additional provisions apply:

- (1) You and such person or organization have agreed in a written "insured contract" that such person or organization be added as an additional insured under this policy;
- (2) The "bodily injury", "property damage" or "personal and advertising injury" for which said person or organization is held liable occurs subsequent to the execution of such "insured contract";
- (3) The most we will pay is the lesser of either the Limits of Insurance shown in the Declarations or the Limits of Insurance required by the "insured contract".

However:

- (1) The insurance afforded under this provision to such additional insured only applies to the extent permitted by law; and
- (2) If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusions are added:

- (1) This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury", "occurrence" or offense:
 - (a) Which takes place at a particular premise after you cease to be a tenant of that premises;
 - (b) Which takes place after the expiration of any equipment lease to which **A.e.(5)** above applies;
- (2) With respect to architects, engineers or surveyors, coverage does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional services by or for you, including:
 - (a) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications;
 - (b) Supervisory, inspection, architectural or engineering services.

C. Only with respect to coverage provided under **1.A.**, above, **Definition 9. Insured Contract** under **Section V – Definitions** is amended to modify the first sentence of this definition as follows:

- 9. "Insured contract" means a written contract or written agreement in effect or becoming effective during the term of this policy, as described below:

2. Additional Insured – Vendors

A. Under **Section II – Who Is An Insured**, Paragraph **2.** is amended by the addition of the following:

- f. Any vendor of yours, other than as specifically named on a separate Additional Insured - Vendors endorsement attached to this policy, is included as an additional insured, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business.

However:

- (1) The insurance afforded under this provision to such additional insured only applies to the extent permitted by law; and
- (2) If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these vendors, the following additional exclusions apply:

- (1) The insurance afforded to the vendor does not apply to:

- (a) "Bodily injury" or "property damage" if the "products-completed operations hazard" is excluded under this policy.
 - (b) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
 - (c) Any express warranty unauthorized by you;
 - (d) Any physical or chemical change in the product made intentionally by the vendor;
 - (e) Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
 - (f) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
 - (g) Demonstration, installation, servicing or repair operations, except such operations performed by the vendor in full compliance with the manufacturer's written instructions at the vendor's premises in connection with the sale of the product;
 - (h) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
 - (i) "Bodily injury" or "property damage" arising out of the liability of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf.
- (2) This insurance does not apply to any insured person or organization from whom you have acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

3. Blanket Waiver Of Subrogation

Under **Section IV – Conditions**, Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** is replaced by the following:

Transfer Of Rights Of Recovery Against Others To Us And Blanket Waiver Of Subrogation

- a. If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after the loss to impair those rights. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.
- b. If required by a written "insured contract" executed prior to the "occurrence" or offense, we waive any right of recovery we may have against any person or organization named in such "insured contract", because of payments we make for injury or damage arising out of your ongoing operations or "your work" for that person or organization.

4. Broadened Named Insured

Under **Section II – Who Is An Insured**, Paragraph 3. is replaced by the following:

Any organization you newly acquire or form during the policy period, and over which you maintain during the policy period majority ownership or majority interest, will qualify as a Named Insured if:

- a. There is no other similar insurance available to that organization;
- b. The first Named Insured shown in the Declarations has the responsibility of placing insurance for that organization; and
- c. That organization is incorporated or organized under the laws of the United States of America.

However:

- a. Coverage under this provision is afforded only until the next occurring annual anniversary of the beginning of the policy period shown in the Declarations, or the end of the policy period, whichever is earlier;
- b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and

- c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture, or limited liability company that is not shown as a Named Insured in the Declarations. However, this does not apply to a limited liability company that meets all of the conditions of **Section II – Who Is An Insured**.

5. Broadened Bodily Injury

Under **Section V – Definitions**, Paragraph **3.** is replaced by the following:

"Bodily injury" means bodily injury, disability, sickness or disease sustained by a person, including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".

6. Duties In The Event Of An Occurrence, Offense, Claim Or Suit

Under **Section IV – Commercial General Liability Conditions**, Paragraph **2.a.** is replaced by the following:

- a. You must see to it that we or any licensed agent of ours are notified of a general liability "occurrence" or offense which may result in a claim as soon as practicable after it becomes known to:

- (1) You, if you are an individual;
- (2) Your partner or member, if you are a partnership or joint venture;
- (3) Your member, if you are a limited liability company;
- (4) Your executive officer if you are an organization other than a partnership, joint venture or limited liability company; or
- (5) Your authorized representative or insurance manager.

Knowledge of an "occurrence" or offense by persons other than those listed above does not imply that those listed above also have such knowledge.

- b. To the extent possible, notice should include:

- (1) How, when and where the "occurrence" or offense took place;
- (2) The names and addresses of any injured persons and witnesses; and
- (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

7. Expected Or Intended Injury

Under **Section I – Coverages, Coverage A – Bodily Injury And Property Damage Liability**, Paragraph **2.**, Exclusions, Item **a. Expected Or Intended Injury** is replaced by the following:

Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured.

This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

8. Fire, Explosion, Sprinkler Leakage Or Lightning Legal Liability Coverage

- A. Under **Section I – Coverages, Coverage A – Bodily Injury And Property Damage Liability**, the final paragraph of the **Exclusions** provision is replaced by the following:

Exclusions **c.** through **n.** do not apply to damage by fire, explosion, sprinkler leakage or lightning to premises while:

- (1) Rented to you;
- (2) Temporarily occupied by you with the permission of the owner; or
- (3) Managed by you under a written agreement with the owner.

A separate limit of insurance applies to this coverage as described in **Section III – Limits Of Insurance**.

- B. Under **Section III – Limits Of Insurance**, Paragraph **6.** is replaced by the following:

Subject to paragraph 5. above, the Damage to Premises Rented To You Limit shown in the Declarations for "property damage" to any one premises while rented to you, or in the case of damage by fire, explosion, sprinkler leakage, or lightning while rented to you, temporarily occupied by you with the permission of the owner, or managed by you under a written agreement with the owner, is the greater of:

a. \$300,000 Any One Premises; or

b. The Damage To Premises Rented To You Limit shown in the Declarations.

C. Under **Section IV – Commercial General Liability Conditions**, Paragraph 4., **Other Insurance**, Sub-Paragraph b. **Excess Insurance** is amended to delete Items (1)(a)(ii) and (1)(a)(iii) in their entirety and replace with the following:

(ii) That is Fire, Explosion, Sprinkler Leakage, or Lightning insurance for premises while rented to you, temporarily occupied by you with permission of the owner, or managed by you under a written agreement with the owner;

(iii) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you, temporarily occupied by you with the permission of the owner, or managed by you under a written agreement with the owner;

D. Under **Section V – Definitions**, Paragraph 9.a. is replaced by the following:

a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, explosion, sprinkler leakage, or lightning to premises while rented to you, temporarily occupied by you with permission of the owner, or managed by you under a written agreement with the owner, is not an "insured contract";

9. Incidental Medical Services Coverage

Section I – Coverages is amended to include the following additional coverage:

We will pay for "bodily injury" arising out of the rendering of or failure to render the following treatment or services by an "employee" or "volunteer worker" for an accident occurring during the policy period:

a. First aid treatment including cardiopulmonary resuscitation (CPR); and

b. Medical, surgical, dental, x-ray, or nursing service or treatment, or the furnishing of food or beverages in connection therewith; and the furnishing or dispensing of drugs, or medical, dental, or surgical supplies or appliances.

However, this coverage does not apply to any insured or to any entity engaged in the business or occupation of providing the services or treatments described in a. and b. above.

Paragraph e. **Employer's Liability** of the **Exclusions** provision of **Section I – Coverages, Coverage A – Bodily Injury And Property Damage Liability** does not apply to psychological injury arising out of the services described above.

10. Liberalization

Section IV – Commercial General Liability Conditions is amended by the addition of the following condition:

Liberalization

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

11. Non Employment Discrimination Liability

Unless "personal and advertising injury" is excluded from this policy, the following applies:

A. Under **Section V – Definitions**, Paragraph 14. is amended by the addition of the following:

"Personal and advertising injury" also means injury, including consequential "bodily injury" arising out of "discrimination".

B. **Section V – Definitions** is amended by the addition of the following:

"Discrimination" means the unlawful treatment of a person or class of persons because of their specific race, color, religion, gender, age or national origin in comparison to one or more persons who are not members of the specified class.

C. Under Section I – Coverages, Coverage B – Personal And Advertising Injury Liability, Paragraph 2. Exclusions is amended by the addition of the following exclusions:

This insurance does not apply to:

"Discrimination" directly or indirectly related to the past employment, employment or prospective employment of any person or class of persons by any insured;

"Discrimination" directly or indirectly related to the sale, rental, lease or sublease or prospective sale, rental, lease or sublease of any dwelling or permanent lodging by or at the direction of any insured;

"Discrimination", if insurance thereof is prohibited by law; or

Fines, penalties, specific performance, or injunctions levied or imposed by a governmental entity, governmental code, law, or statute because of "discrimination".

12. Non-owned Watercraft Coverage Extension

Under **Section I – Coverages, Coverage A – Bodily Injury And Property Damage Liability, Paragraph 2.g.(2)** of the **Aircraft, Auto Or Watercraft** exclusion is replaced by the following:

This exclusion does not apply to:

(1) A watercraft you do not own that is:

(a) Less than 50 feet long; and

(b) Not being used to carry persons or property for a charge;

13. Personal And Advertising Injury Liability

Unless "personal and advertising injury" is excluded from this policy, the following applies:

Under **Section I – Coverages, Coverage B – Personal And Advertising Injury Liability, Paragraph 2.e. Contractual Liability** of the **Exclusions** provision is deleted.

14. Supplementary Payments – Increased Limits

Under **Section I – Coverages, Supplementary Payments – Coverages A and B, Paragraphs 1.b., 1.d., and 1.e.** are replaced by the following:

b. The cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including substantiated loss of earnings up to \$500 a day because of time off from work.

e. All court costs taxed against the insured in the "suit".

15. Unintentional Failure To Disclose Hazards

Under **Section IV – Commercial General Liability Conditions, Paragraph 6. Representations** is amended by the addition of the following:

d. If you unintentionally fail to disclose any hazards existing at the inception date of this policy, we will not deny coverage under this Coverage Form because of such failure.

However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

All other terms, definitions, conditions and exclusions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)



SCAN TO VALIDATE
AND SUBSCRIBE

***** 270479601
LEVITT-FUIRST ASSOCIATES LTD
520 WHITE PLAINS ROAD, 2ND FL
TARRYTOWN NY 10591

POLICYHOLDER SUNRISE SOLAR SOLUTIONS LLC 510 NORTH STATE ROAD BRIARCLIFF MANOR NY 10510		CERTIFICATE HOLDER THE VILLAGE OF IRVINGTON 85 MAIN STREET IRVINGTON NY 10533	
POLICY NUMBER G2092 557-4	CERTIFICATE NUMBER 633726	POLICY PERIOD 06/29/2021 TO 06/29/2022	DATE 7/27/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2092 557-4, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

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

THIS POLICY AFFORDS COVERAGE TO THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

DOUGLAS HERTZ
RAND M MANASSEE
ERIC MESSER
SUNRISE SOLAR SOLUTIONS LLC

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

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 189935955



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

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

1a. Legal Name & Address of Insured (use street address only) SUNRISE SOLAR SOLUTIONS, LLC 510 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 914-762-7622 1c. Federal Employer Identification Number of Insured or Social Security Number 270479601
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main St. Irvington NY 10533	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL333258 3c. Policy effective period 02/08/2021 to 02/07/2022

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 7/27/2021 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 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 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her 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.**



George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

SUNRISE SOLAR SOLUTIONS LLC
510 NORTH STATE ROAD
BRIARCLIFF MANOR, NY-10510

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-22419-H09



Date of Expiration

11/18/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/26/2021

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 Keevily Spero Whitelaw, Inc. 500 Mamaroneck Ave Harrison NY 10528	CONTACT NAME: Andrea Nardozzi PHONE (A/C, No, Ext): (914) 381-5511 E-MAIL ADDRESS: anardozzi@keevily.com FAX (A/C, No): (914) 381-1134
INSURED Secka Electric Inc Dba Mil Mart Electric 19 Strawberry Hill Lane West Nyack NY 10994-1613	INSURER(S) AFFORDING COVERAGE INSURER A: Merchants Mutual Insurance Co INSURER B: Ace American Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 23329 22667

COVERAGES**CERTIFICATE NUMBER:** 21/22 Rev Master**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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BOPI046331	03/02/2021	03/02/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Hired & Non Owned \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			N11074364001	03/25/2021	03/25/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	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 <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	BUSINESS PERSONAL PROPERTY			BOPI046331	03/02/2021	03/02/2022	LIMIT OF INSURANCE \$2,500 DEDUCTIBLE \$500

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

Village of Irvington - is included as Additional Insured for covered operation of the named insured.

CERTIFICATE HOLDER**CANCELLATION**Village of Irvington
85 Main St.,
Irvington, NY

10533

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



SCAN TO VALIDATE
AND SUBSCRIBE

***** 133583509
KEEVILY, SPERO-WHITELAW INC.
500 MAMARONECK AVENUE
HARRISON NY 10528

POLICYHOLDER SECKA ELECTRIC INC. TA MIL- MART ELECTRIC 19 STRAWBERRY HILL LN WEST NYACK NY 10994		CERTIFICATE HOLDER VILLAGE OF IRVINGTON 85 MAIN ST IRVINGTON NY 10533	
POLICY NUMBER G 779 948-9	CERTIFICATE NUMBER 803604	POLICY PERIOD 11/01/2020 TO 11/01/2021	DATE 8/26/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 779 948-9, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

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

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

NEW YORK STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING

CERTIFICATE OF INSURANCE COVERAGE

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

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

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>Secka Electric Inc 19 Strawberry Hill Lane WEST NYACK NY 10994</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured (845) 368-2282 x</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 27-1597469</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Village of Irvington 85 Main St. Irvington, NY 10533</p>	<p>3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York</p> <p>3b. Policy Number of Entity Listed in Box "1a" D96622-000</p> <p>3c. Policy effective period 3/3/2010 to 8/25/2022</p>

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 8/26/2021 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title Bebi Ishmail, Supervisor-DBL/Policy Services

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 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 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board

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



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

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

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

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

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

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

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

Westchester County Electrical Licensing Board
Westchester County Consumer Protection

Master Electrician License 2021



Arthur Schroer

D.O.B: 2/20/1976

Company:

Secka Electric, Inc/Mil-Mart Electric
19 Strawberry Hill Lane
West Nyack, NY 10994

License No. 1690

Expires on:12/31/2021

A handwritten signature in blue ink, appearing to read "Peter Borducci".

Peter Borducci



Mr. Kai Nybro
Sunrise Solar Solutions, LLC
510 North State Road
Briarcliff Manor, NY 10510

July 19, 2021

RE: Beer Residence – 40 S Ferris Street, Irvington, NY 10533
Project # 21.355

Mr. Nybro:

We have reviewed the proposed solar array and the structure(s) at the above referenced address.

The array consists of (27) Sunpower modules on the structure, mounted on an Invisimount racking system, with a system weight of 2.8 psf. Attachments to be 5/16" standard lag bolt, with a minimum of 1-1/2" of embedment into the structural member.

We hereby certify that the existing structure, with the addition of the proposed solar energy devices and racking, is capable of supporting the design loads required by ASCE 7-10, IRC 2018 (and all previous versions), and the 2020 NYS Uniform Code Supplement. Calculations include (in accordance with IRC 2018), Ground Snow Load of 30 psf and Wind Speed of 115 mph (3 second gust).

We have attached the calculation for the critical roof member for the structure – a 2" x 8" rafter, checked for bending stress and deflection in accordance with ASCE 7-16.

Please feel free to contact us should you have any comments or questions.

Respectfully yours,

Matthew J. Boyce, PE

Matthew J. Boyce, PE



Engineered Solutions, LLC
3368 Carriage Crossing
Saint Charles, MO 63301

Wood Beam

Lic. #: KW-06012821

DESCRIPTION: 2x6 or Larger

CODE REFERENCES

Calculations per NDS 2018, IBC 2018, CBC 2019, ASCE 7-16

Load Combination Set : ASCE 7-10

Material Properties

Analysis Method : Allowable Stress Design
Load Combination ASCE 7-10

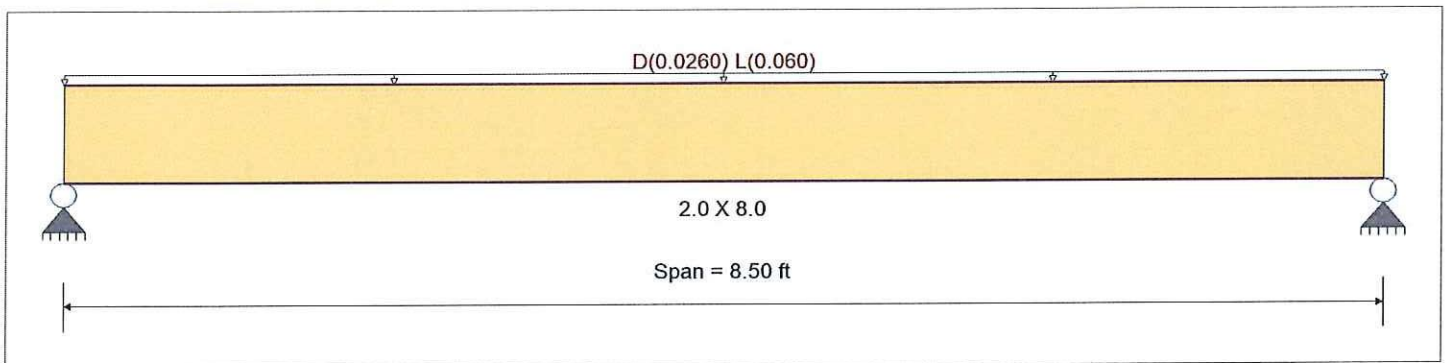
Wood Species : Douglas Fir - Larch (North)
Wood Grade : No. 1 & Btr

Beam Bracing : Beam is Fully Braced against lateral-torsional buckling

Fb + 1150 psi
Fb - 1150 psi
Fc - Prll 1800 psi
Fc - Perp 625 psi
Fv 180 psi
Ft 750 psi

E : Modulus of Elasticity
Ebend-xx 1800 ksi
Eminbend-xx 660 ksi

Density 30.59pcf
Repetitive Member Stress Increase



Applied Loads

Service loads entered. Load Factors will be applied for calculations.

Beam self weight calculated and added to loads

Loads on all spans...

Uniform Load on ALL spans : D = 0.0130, L = 0.030 ksf, Tributary Width = 2.0 ft

DESIGN SUMMARY

Design OK

Maximum Bending Stress Ratio	=	0.358	1	Maximum Shear Stress Ratio	=	0.247	: 1
Section used for this span	=	2.0 X 8.0		Section used for this span	=	2.0 X 8.0	
	=	454.15psi			=	35.62 psi	
	=	1,269.60psi			=	144.00 psi	
Load Combination	=	+D+L		Load Combination	=	+D+L	
Location of maximum on span	=	4.250ft		Location of maximum on span	=	0.000 ft	
Span # where maximum occurs	=	Span # 1		Span # where maximum occurs	=	Span # 1	
Maximum Deflection							
Max Downward Transient Deflection		0.049 in	Ratio =	2099	>=	360	
Max Upward Transient Deflection		0.000 in	Ratio =	0	<	360	
Max Downward Total Deflection		0.072 in	Ratio =	1409	>=	240	
Max Upward Total Deflection		0.000 in	Ratio =	0	<	240	

Maximum Forces & Stresses for Load Combinations

Load Combination Segment Length	Span #	Max Stress Ratios		C _d	C _{FV}	C _i	C _r	C _m	C _t	C _L	Moment Values			Shear Values		
		M	V								M	fb	F'b	V	fv	F'v
D Only													0.00			
Length = 8.50 ft	1	0.131	0.090	0.90	1.200	0.80	1.15	1.00	1.00	1.00	0.27	149.35	1142.64	0.12	11.71	129.60
+D+L					1.200	0.80	1.15	1.00	1.00	1.00			0.00	0.00	0.00	0.00
Length = 8.50 ft	1	0.358	0.247	1.00	1.200	0.80	1.15	1.00	1.00	1.00	0.81	454.15	1269.60	0.38	35.62	144.00
+D+0.750L					1.200	0.80	1.15	1.00	1.00	1.00			0.00	0.00	0.00	0.00
Length = 8.50 ft	1	0.238	0.165	1.25	1.200	0.80	1.15	1.00	1.00	1.00	0.67	377.95	1587.00	0.32	29.64	180.00
+D+0.60W					1.200	0.80	1.15	1.00	1.00	1.00			0.00	0.00	0.00	0.00
Length = 8.50 ft	1	0.074	0.051	1.60	1.200	0.80	1.15	1.00	1.00	1.00	0.27	149.35	2031.36	0.12	11.71	230.40
+D-0.60W					1.200	0.80	1.15	1.00	1.00	1.00			0.00	0.00	0.00	0.00
Length = 8.50 ft	1	0.074	0.051	1.60	1.200	0.80	1.15	1.00	1.00	1.00	0.27	149.35	2031.36	0.12	11.71	230.40
+D+0.750L+0.450W					1.200	0.80	1.15	1.00	1.00	1.00			0.00	0.00	0.00	0.00
Length = 8.50 ft	1	0.186	0.129	1.60	1.200	0.80	1.15	1.00	1.00	1.00	0.67	377.95	2031.36	0.32	29.64	230.40

Wood Beam

Lic. #: KW-06012821

DESCRIPTION: 2x6 or Larger

Load Combination Segment Length	Span #	Max Stress Ratios		C_d	$C_{F/V}$	C_i	C_r	C_m	C_t	C_L	Moment Values			Shear Values		
		M	V								M	f_b	$F'b$	V	f_v	$F'v$
+D+0.750L-0.450W Length = 8.50 ft	1	0.186	0.129	1.60	1.200	0.80	1.15	1.00	1.00	1.00	0.67	377.95	2031.36	0.32	29.64	230.40
+0.60D+0.60W Length = 8.50 ft	1	0.044	0.031	1.60	1.200	0.80	1.15	1.00	1.00	1.00	0.16	89.61	2031.36	0.07	7.03	230.40
+0.60D-0.60W Length = 8.50 ft	1	0.044	0.031	1.60	1.200	0.80	1.15	1.00	1.00	1.00	0.16	89.61	2031.36	0.07	7.03	230.40
+0.60D Length = 8.50 ft	1	0.044	0.031	1.60	1.200	0.80	1.15	1.00	1.00	1.00	0.16	89.61	2031.36	0.07	7.03	230.40

Overall Maximum Deflections

Load Combination	Span	Max. "-" Defl	Location in Span	Load Combination	Max. "+" Defl	Location in Span
+D+L	1	0.0724	4.281		0.0000	0.000

Vertical Reactions

Support notation : Far left is #1

Values in KIPS

Load Combination	Support 1	Support 2
Overall MAXimum	0.380	0.380
Overall MINimum	0.255	0.255
D Only	0.125	0.125
+D+L	0.380	0.380
+D+0.750L	0.316	0.316
+D+0.60W	0.125	0.125
+D+0.750L+0.450W	0.316	0.316
+0.60D+0.60W	0.075	0.075
+0.60D	0.075	0.075
L Only	0.255	0.255
W Only		

SunPower® E20-327-C-AC | Residential AC Module Series

Design-Driven Advantages

- #1 module aesthetics and efficiency¹
- Unmatched module reliability²
- No electrolytic capacitors
- 25-year Combined Power and Product Warranty

Maximize Value for Roof

- Size system for roof, not string inverter
- Optimize performance of each module

Expand Deployment Options

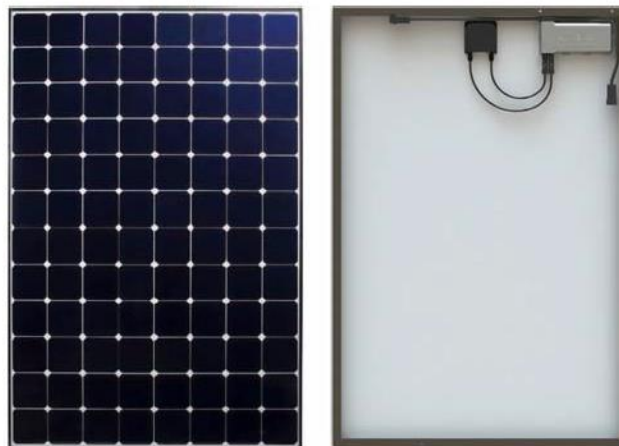
- Complex roofs and partial shading
- Small systems
- System expandability

Simplify & Speed Installation

- Factory-integrated microinverter
- Robust, double-locking AC connectors
- Design flexibility offsite and onsite
- No DC string sizing process
- Fewer installation steps than competing systems
- Intuitive commissioning

Component of Complete System

- Built for use with SunPower® InvisiMount™ and the SunPower Monitoring System
- Superior system reliability and aesthetics



E20
SERIES

Optimize System and Installation Efficiency

SunPower® AC Modules, which include a factory-integrated SunPower microinverter, provide a revolutionary combination of high efficiency, high reliability, and module-level DC-to-AC power conversion. Designed specifically for use with SunPower InvisiMount™ and the SunPower Monitoring System, SunPower AC Modules enable rapid installation, best-in-class system aesthetics, and intuitive visibility into system performance. All this comes with the best Combined Power and Product Warranty in the industry.

sunpower.com

SunPower® E20-327-C-AC | Residential AC Module Series

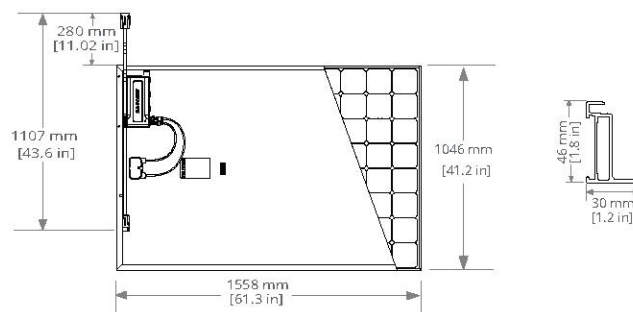
Power Data		
	SPR-E20-327-C-AC	SPR-E19-320-C-AC
Nominal Power ³ (P _{nom})	327 W	320 W
Power Tolerance	+5/-0%	+5/-0%
Avg. Panel Efficiency ⁴	20.4%	19.9%
Temp. Coef. (Power)	-0.35%/°C	
Shade Tolerance	<ul style="list-style-type: none"> • Three bypass diodes • Integrated module-level maximum power point tracking 	

AC Electrical Data	
Output @ 240 V (min./nom./max.)	211/240/264 V
Output @ 208 V (min./nom./max.)	183/208/229 V
Operating Frequency (min./nom./max.)	59.3/60.0/60.5 Hz
Output Power Factor (min.)	0.99
AC Max. Continuous Output Current @ 240 V	1.33 A
AC Max. Continuous Output Current @ 208 V	1.54 A
AC Max. Cont. Output Power	320 W
DC/AC CEC Conversion Efficiency	96.0%
Max. Units Per 20 A Branch Circuit @ 240 V	12 (single phase)
Max. Units Per 20 A Branch Circuit @ 208 V	10 (two pole)
No active phase balancing for 3 phase installations	

Mechanical Data	
Solar Cells	96 Monocrystalline Maxeon Gen II
Front Glass	High-transmission tempered glass with anti-reflective coating
Environmental Rating	Outdoor rated
Frame	Class 1 black anodized (highest AAMA rating)
Weight	45.5 lbs (20.6 kg)
Recommended Max. Module Spacing	1.3 in. (33 mm)

Tested Operating Conditions	
Operating Temp.	-40° F to +185° F (-40° C to +85° C)
Max. Ambient Temp.	122° F (50° C)
Max. Load	Wind: 62 psf, 3000 Pa, 305 kg/m² front & back Snow: 125 psf, 6000 Pa, 611 kg/m² front
Impact Resistance	1 inch (25 mm) diameter hail at 52 mph (23 m/s)

Warranties and Certifications	
Warranties	<ul style="list-style-type: none"> • 25-year limited power warranty • 25-year limited product warranty
Certifications	<p>UL listed to UL 1741, including:</p> <ul style="list-style-type: none"> • IEEE1547/1547a and IEEE1547.1/1547.1a Utility Interactive • PV Rapid Shutdown Equipment • Equipment Grounding • UL 6703, UL 9703 Connectors and cables (load break disconnection) • UL 1703 PV Modules (Type 2 fire rating) <p>Enables installation in accordance with:</p> <ul style="list-style-type: none"> • NEC 690.6 • NEC 690.12 Rapid Shutdown (inside and outside the array) • NEC 690.15 AC Connectors, 690.33(A) – (E)(1) <p>FCC and ICES-003 Class B</p> <p>When used with InvisiMount racking (UL 2703):</p> <ul style="list-style-type: none"> • Integrated grounding and bonding • Class A fire rated
PID Test	Potential-induced degradation free



Please read the safety and installation instructions for details.

¹Highest of over 3,200 silicon solar panels, Photon Module Survey, Feb. 2014

²#1 rank in "PV Module Durability Initiative Public Report," Fraunhofer CSE, Feb 2013. Five out of the top eight largest manufacturers were tested. Campeau, Z. et al. "SunPower Module Degradation Rate," SunPower white paper, Feb. 2013. See www.sunpower.com/facts for details.

³Standard Test Conditions (1000 W/m² irradiance, AM 1.5, 25° C), NREL calibration standard: SOMS current, LACCS FF and voltage. All DC voltage is fully contained within the module.

⁴Based on average of measured power values during production.

See www.sunpower.com/facts for more reference information.
For more details, see extended datasheet: www.sunpower.com/datasheets.

Document # 515217 Rev D /LTR_US

SITE OF PROPOSED SOLAR INSTALLATION:

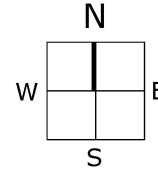
Beer Residence

40 S Ferris St
Irvington, NY 10533

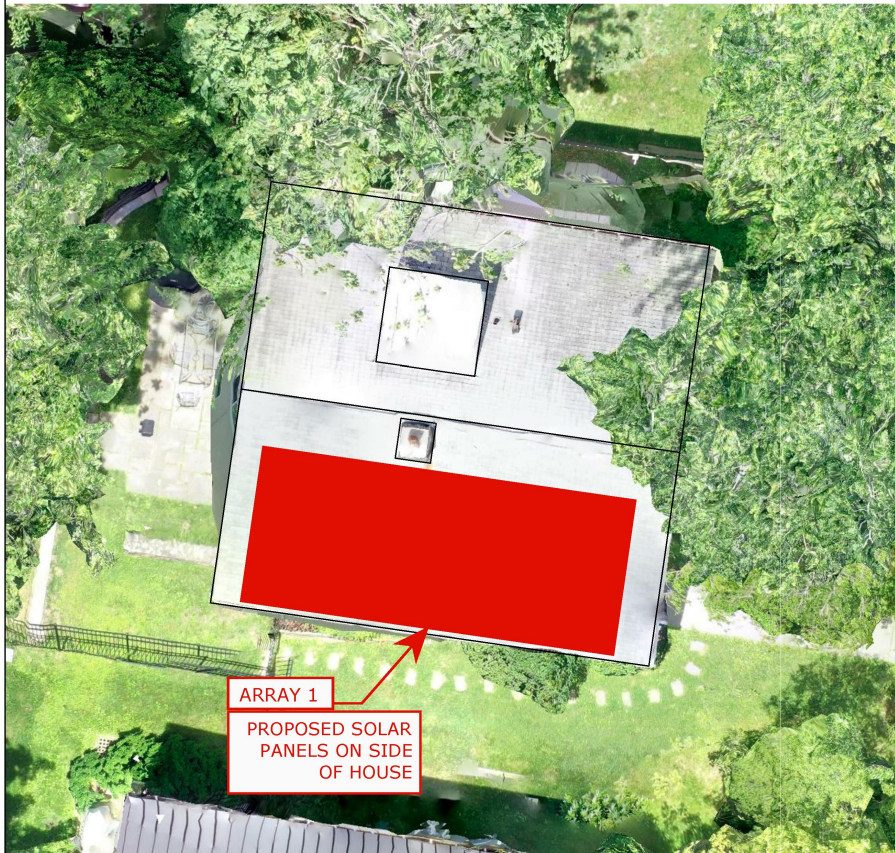
INSTALLER:

Sunrise Solar Solutions, LLC

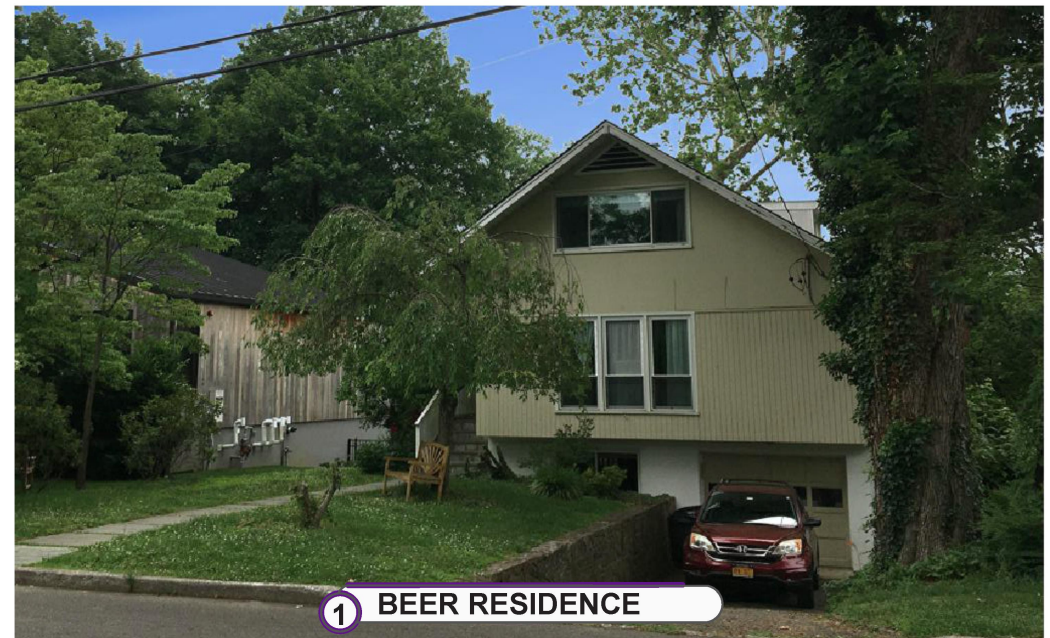
510 North State Road
Briarcliff Manor, NY 10510



VICINITY/PHOTO LOCATION
N.T.S.



AERIAL VIEW
N.T.S.



1 BEER RESIDENCE

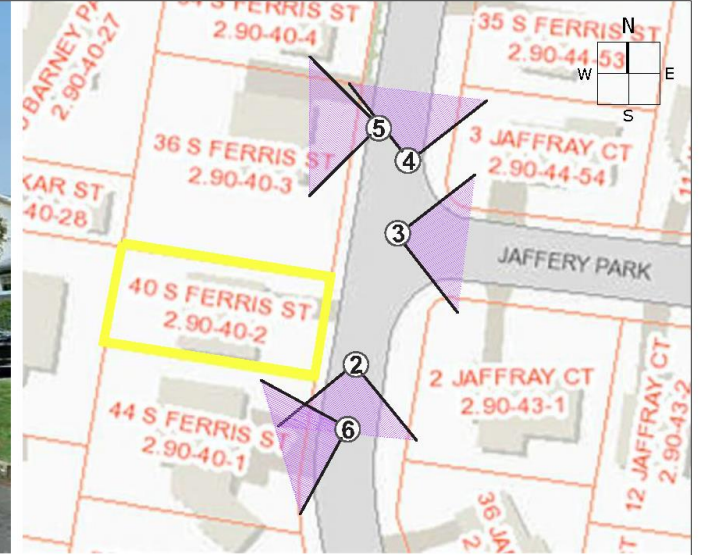
40 S Ferris St



S Ferris Street/ Jaffray Ct



Jaffray Ct



VICINITY/PHOTO LOCATION
N.T.S.



S Ferris Street



36 S Ferris Street



44 S Ferris Street



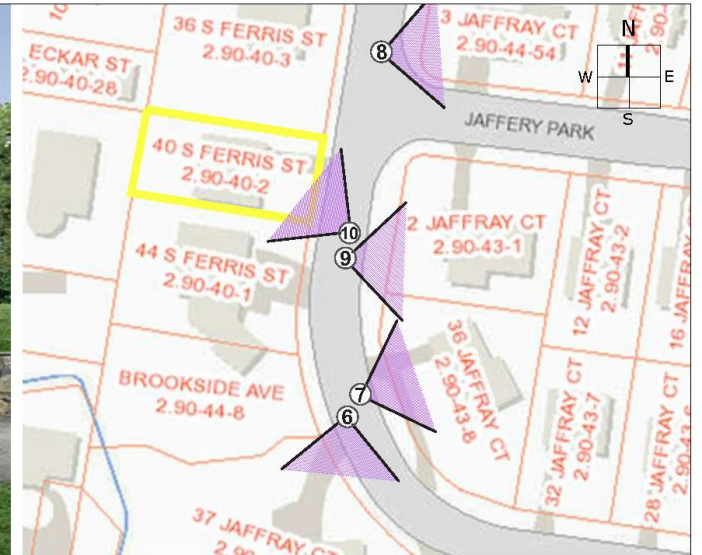
6 NEIGHBORING HOUSE

37 Jaffray Ct



7 ACROSS THE STREET

36 Jaffray Ct



VICINITY/PHOTO LOCATION
N.T.S.



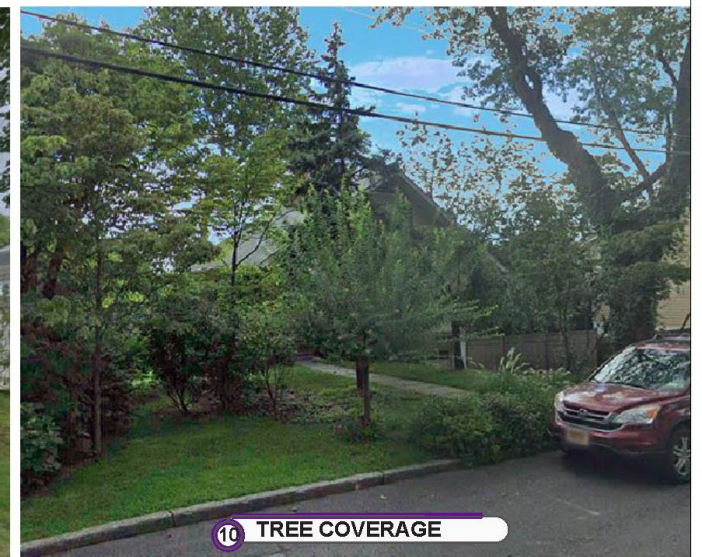
8 ACROSS THE STREET

3 Jaffray Ct



9 ACROSS THE STREET

2 Jaffray Ct



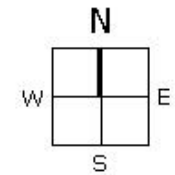
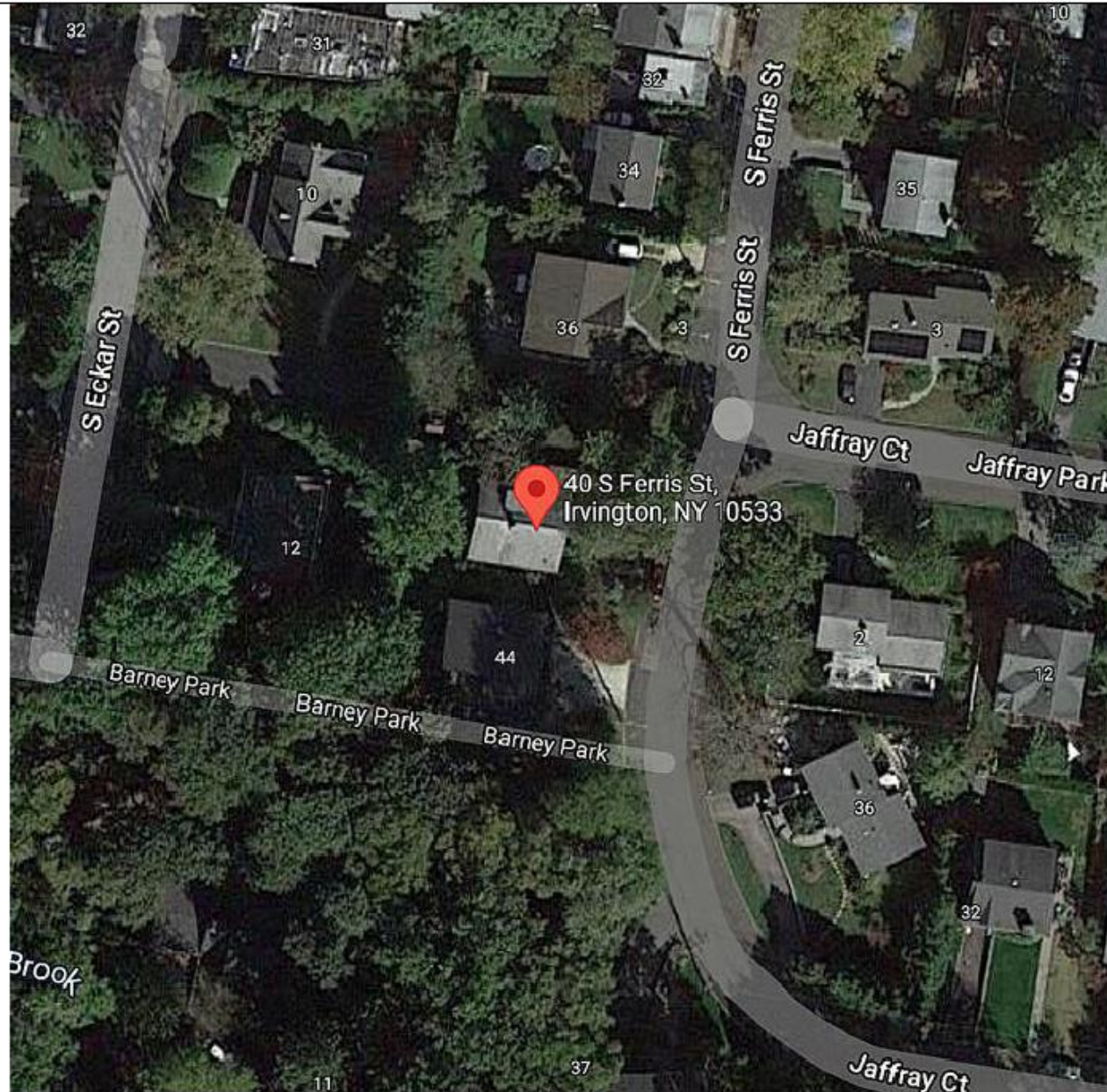
10 TREE COVERAGE

40 S Ferris St



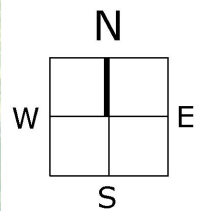
Array 1

AERIAL VIEW OF HOUSE WITH SOLAR PANELS RENDERING



AERIAL PHOTO OF TREE COVERAGE

N.T.S.



KEY MAP
N.T.S.

General Notes

- 1. Modules to be SunPower 327 Watt BoW Residential AC Module, to be installed per SunPower Corporation Installation Manual.
- 2. Racking to be InvisiMount, to be installed as per InvisiMount Manufacturer's Specifications.

Wind and Snow Load:

Wind Speed: 120 m.p.h.
Snow Load: 30 p.s.f.

Design Notes:

Design complies with NYS Building Code, IRC 2020, NFPA-70-14 and NEC 2017

Unauthorized alteration or addition to a document prepared by a licensed Professional Engineer is a violation of Section 7209, Sub-Division 2 of the New York State Education Law.



510 N. State Rd.
Briarcliff Manor, NY
914.762.7622
sunrisesolarllc.com

Site Plan

Beer Residence
40 S Ferris St
Irvington, NY 10533

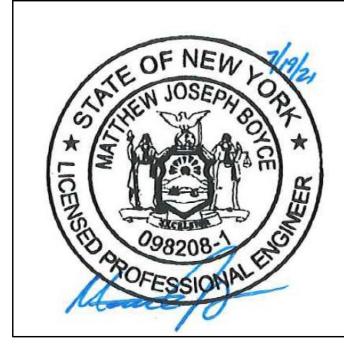
Sect. 2.90, Block 40, Lot 2

DATE	VER.	BY	CHKD.	REMARKS
07/03/21	V1	TO		
JOB #21-0113				

SYSTEM DESCRIPTION:

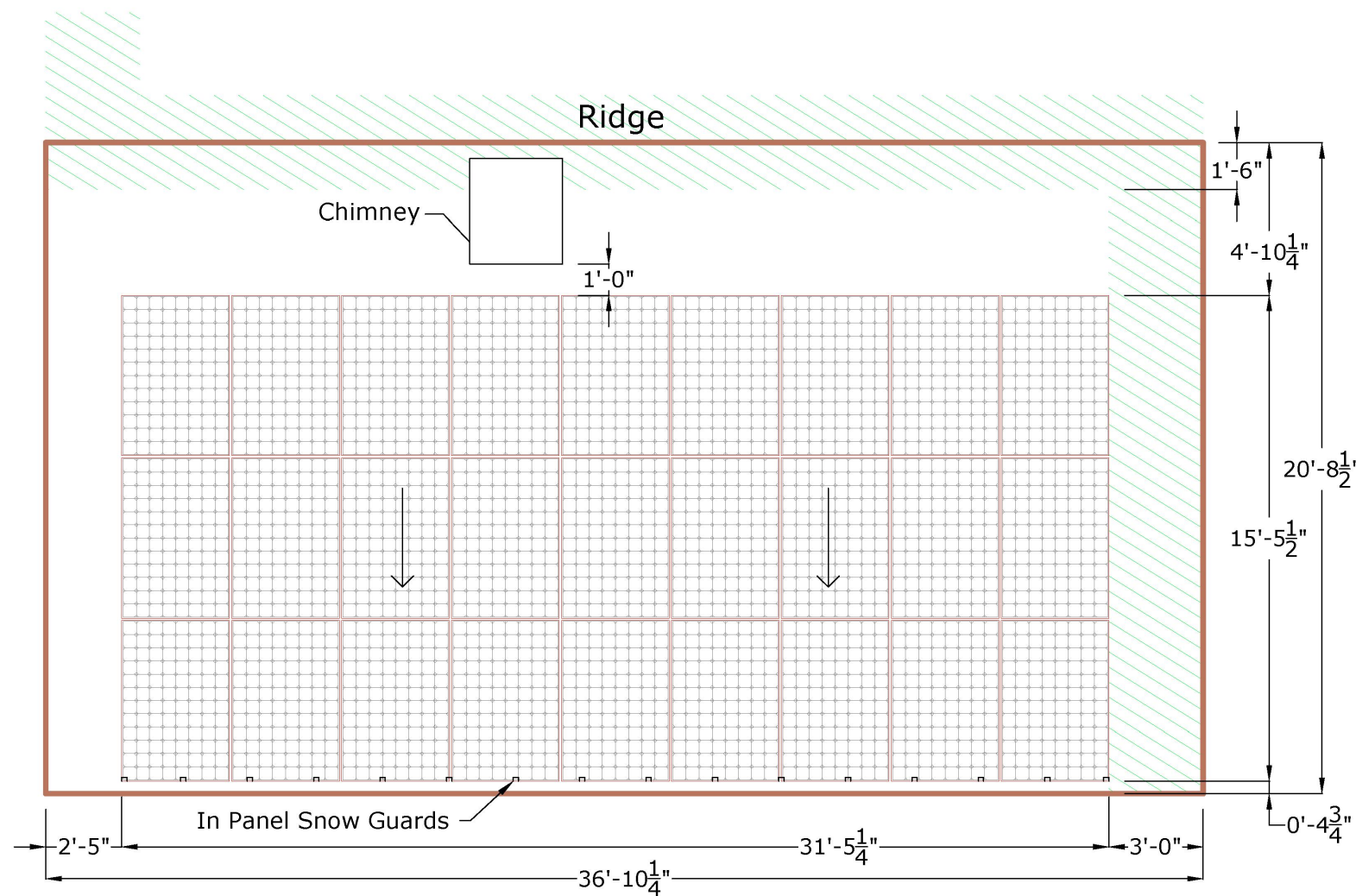
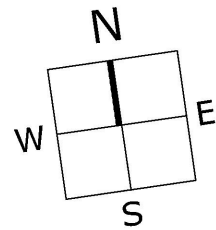
-27 Photovoltaic Panels
-SPR-E20-327-C-AC, BoW
-System size -8.83 KW DC STC
 -8.64 KW AC

Array 1
-Azimuth: 189°
-Tilt: 33°

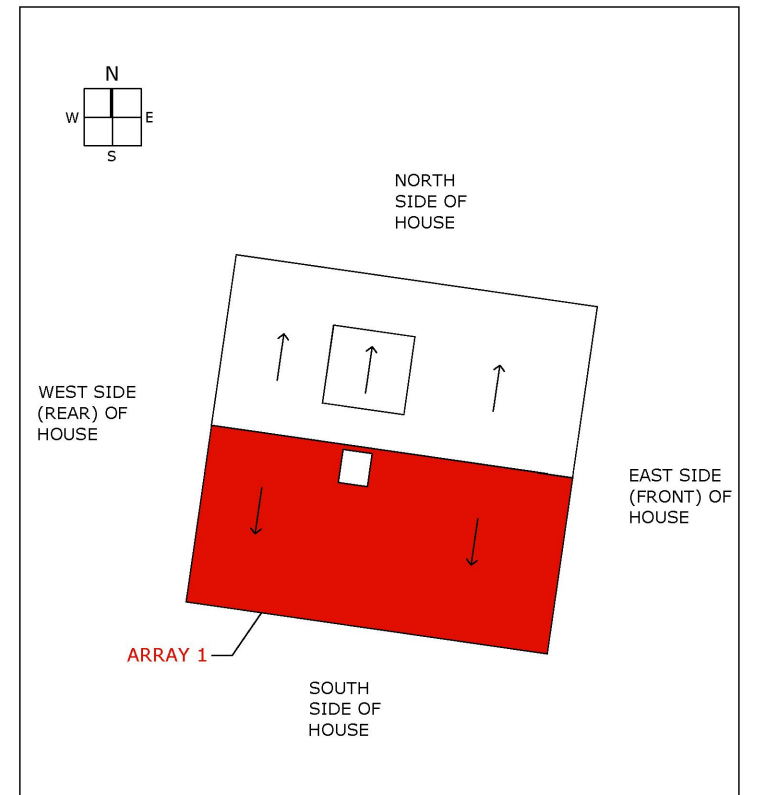


S-1

SITE PLAN



ARRAY 1
27-Panels
Tilt 33°
Azimuth 189°
TSRF 75%



KEY MAP
N.T.S.

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510 N. State Rd.
Briarcliff Manor, NY
914.762.7622
sunrisesolarllc.com

Panel Layout Construction

Beer Residence
40 S Ferris St
Irvington, NY 10533

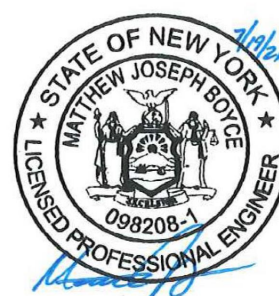
Sect. 2.90, Block 40, Lot 2

DATE	VER.	BY	CHKD.	REMARKS
07/03/21	V1	TO		
JOB #21-0113				

SYSTEM DESCRIPTION:

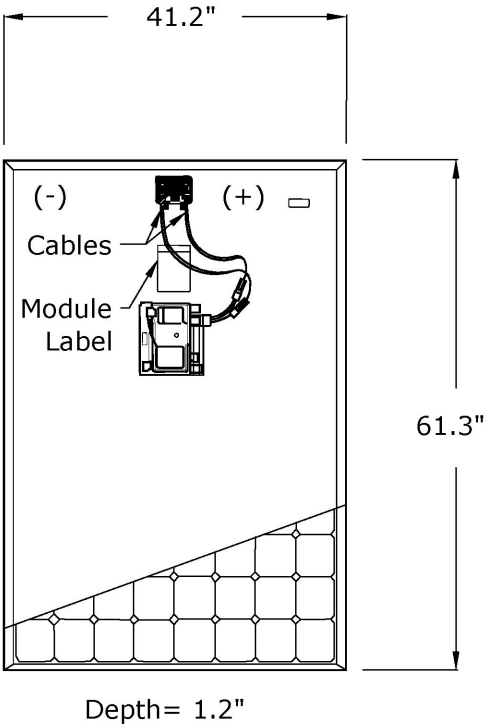
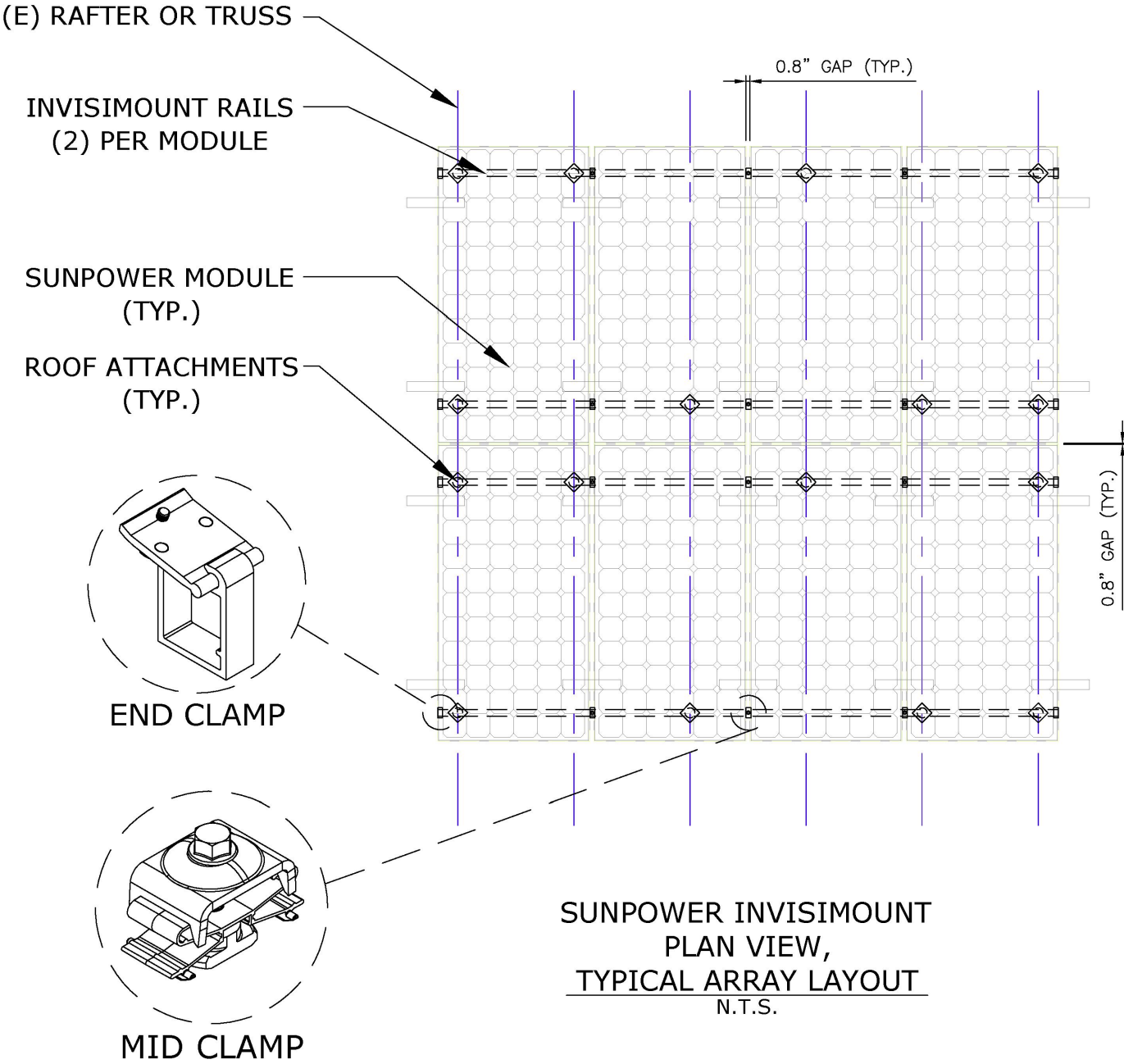
-27 Photovoltaic Panels
-SPR-E20-327-C-AC, BoW
-System size -8.83 KW DC STC
 -8.64 KW AC

Array 1
-Azimuth: 189°
-Tilt: 33°

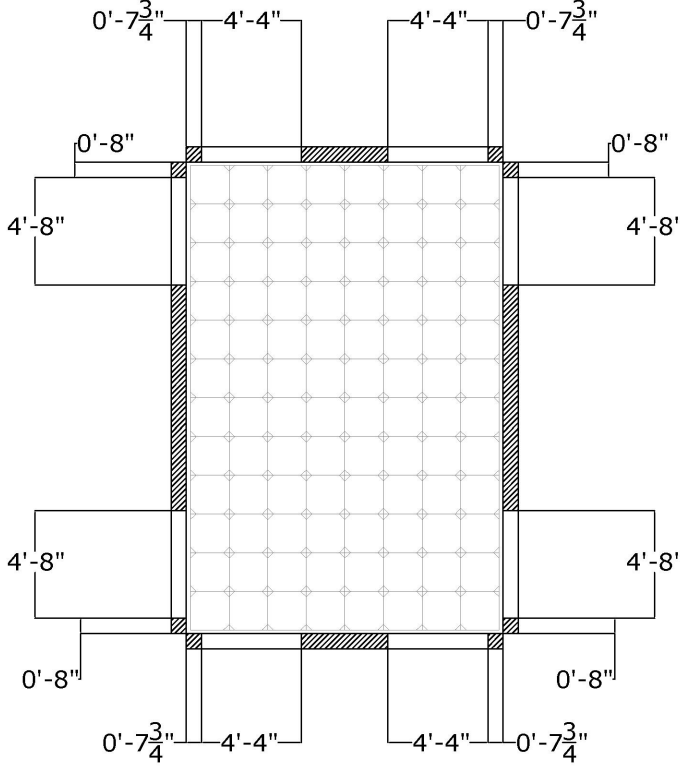


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PANEL LAYOUT
CONSTRUCTION
PLAN



Solar Panel
SunPower 327W
E20-327-C-AC
N.T.S.



96 CELL SUNPOWER MODULE
SUNPOWER INVISIMOUNT MOUNTING CLAMP
POSITIONING DETAIL

N.T.S.
· INVISIMOUNT RAILS SHALL BE POSITIONED IN THE NON-CROSS HATCHED REGIONS

- Notes:
- Rafter attachments NOT to exceed 48" o.c. horizontally
 - Rafter attachments NOT to exceed 36" o.c. vertically
 - Stagger rail every other rafter
 - 16" o.c. rafters

Unauthorized alteration or addition to a document prepared by a licensed Professional Engineer is a violation of Section 7209, Sub-Division 2 of the New York State Education Law.



510 N. State Rd.
Briarcliff Manor, NY
914.762.7622
sunrisesolarllc.com

Racking Layout Plan
Beer Residence
40 S Ferris St
Irvington, NY 10533

Sect. 2.90, Block 40, Lot 2

DATE	VER.	BY	CHKD.	REMARKS
07/03/21	V1	TO		
JOB #21-0113				

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Array 1
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S-3

RACKING
LAYOUT
PLAN

