

APPLICATION FOR BUILDING PERMIT

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

Application Number:	1219	Date:	12/27/2021
Job Location:	205 South Broadway, Irvington, NY	Parcel ID:	
Property Owner:	Reza Mojtabae-Zamani	Property Class:	
Occupancy:	One/ Two Family	Zoning:	
Common Name:			

Applicant	Contractor
Michael Miele	Cindy Zimbardi
Michael E. Miele, PE	Long Island Power Solutions
705 Orrs Mills RdNew Windsor NY 12553-8878	2060 Ocean Avenue Ronkonkoma NY 11779
8456299693	6313480001

Description of Work

Type of Work:	Solar Panels	Applicant is:	Architect
Work Requested by:	General Contractor	In association with:	
Cost of Work (Est.):	24365.00	Property Class:	

Description of Work

Installation of a 14.355kW rooftop solar system, consisting of (33) LG 435 Panels and (33) IQ7+ Microinverters. System will also have (4) Enphase Encharge 10 battery's.

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.

Job Location: 205 South Broadway, Irvington, NY

Parcel Id:

AFFIDAVIT OF APPLICANT

I Michael Miele being duly sworn, depose and says: That s/he does business as: **Michael E. Miele, PE** with offices at: **705 Orrs Mills Rd New Windsor NY 12553-8878** 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 December of 2021

Renata McGee

Notary Public / Commission of Deeds

RENATA MCGEE
Notary Public, State of New York
Qualified in Orange County
Registration No. 01MC6204434
Commission Expires April 20, 2022

[Signature]

Applicant's Signature

OWNER'S AUTHORIZATION

I **Reza Mojtabaee-Zamani** 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 _____ Owner email address _____

- ☐ _____ 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 _____ day of _____ of _____

Notary Public / Commission of Deeds

Applicant's Signature

Job Location: 205 South Broadway, Irvington, NY

Parcel Id:

AFFIDAVIT OF APPLICANT

I **Michael Miele** being duly sworn, depose and says: That s/he does business as: **Michael E. Miele, PE** with offices at: **705 Orrs Mills Rd New Windsor NY 12553-8878** and that s/he is:

- ☐ The owner of the property described herein.
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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 _____ day of _____ of _____

Notary Public / Commission of Deeds

Applicant's Signature

OWNER'S AUTHORIZATION

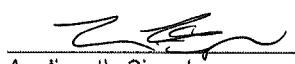
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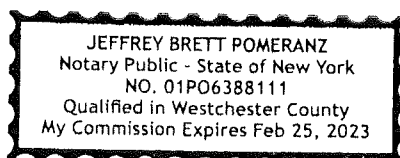
Owner phone number (817) 692-3910 Owner email address reza.mojtabaeezamani@gmail.com

- ☒ 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 7 day of January of 2022


Notary Public / Commission of Deeds


Applicant's Signature



VILLAGE OF IRVINGTON

BUILDING DEPARTMENT

85 MAIN STREET

IRVINGTON, NEW YORK 10533

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



PHOTOVOLTAIC (PV SOLAR) RESIDENTIAL SYSTEMS

PERMIT APPLICATION CHECK LIST

Revised June 7, 2017

It is suggested that all applicants applying for a permit read and understand the manufacture installation instructions prior to applying for a building permit and attached ARB guide lines and Village code for Solar Energy Equipment.

REQUIREMENTS TO APPLY FOR A PHOTOVOLTAIC (PV SOLAR) SYSTEM PERMIT

- ☒ 1) Apply on line at www.irvingtonny.gov for a mechanical permit, under building permits and along with your application, submit to the building department the following; *Applied via mail*
- ☒ 2) Owners phone number and email address entered in the online permit application
- ☒ 3) Evidence of Workers Compensation Insurance (on a C-105 or equivalent)
- ☒ 4) Evidence of Liability Insurance naming the Village of Irvington additional insured
- ☒ 5) A copy of the contractors Westchester County Department of Consumer Protection License
- ☐ 6) Pursuant to 9-12-A, provide evidence of notice to adjacent properties owners not less than 10 days prior to the meeting (see attached code section for more details)
- ☒ 7) Submit permit fee: (all fees must be paid at time of submission)
 - ☒ \$85 application fee
 - ☐ \$200 for systems up to 5 kilowatts
 - ☐ \$450 for systems above 5 kilowatts and less than 10 kilowatts
 - ☒ \$700 for systems above 10 kilowatts and less than 20 kilowatts (*14.355 kW*)
 - ☐ \$700 plus \$250 per additional 10 kilowatts above 20 for systems above 20 kilowatts
 - ☒ \$75 Certificate of Completion inspection and fee
- ☒ 8) An affidavit from a NYS licensed professional detailing and certifying that the existing structure meets or exceeds the minimum load requirement's as per TABLE R301.2(1) for wind and load before and after installation of the proposed equipment or the proposed upgrades to the existing structure to accomplish the aforesaid.
- ☒ 9) Drawings (signed and sealed by a NYS licensed professional) of the roof plan showing the following criteria;
 - a. ☐ Showing all proposed PV panels on all proposed roof surfaces.
 - b. ☐ Showing all equipment on all elevations including
 - c. ☐ Show / list all roof connectors and flashing details
 - d. ☐ Show compliance with section R902.4 (fire classification in accordance with UL1703 and 3' from any lot line)
 - e. ☐ Show compliance with sections R324.3.1 through R324.7.2.5 and NFPA 70 (installation)
 - f. ☐ Show compliance with section R324.7 (access and pathways) (see attachment)
 - g. ☐ Show compliance with section R324.7.2.1-6. (roof access points) (see attachment)
 - h. ☐ Show compliance with section R324.7.3 (ground access areas) (see attachment)
 - i. ☐ Show compliance with section R324.7.4 (single ridge roofs *when applicable*) (see attachment)
 - j. ☐ Show compliance with section R324.7.5 (hip roofs *when applicable*) (see attachment)
 - k. ☐ Show compliance with section R324.7.6 (roof with valleys *when applicable*) (see attachment)
 - l. ☐ Show compliance with section R324.7.7 (allowance for smoke ventilation operations) (see attachment)
 - m. ☐ Show a Fire Department AC disconnect, located outside by the Utility meter on all systems.
- ☐ 10) Provide a drawing or manufactures cut sheets of array mounting hardware and interconnection diagram and specifications.
- ☐ 11) Provide a drawing or manufactures cut sheets of the unit mount and roof penetration's flashing system.
- ☐ 12) 3 wire diagram showing all proposed equipment as governed by the National Electrical Code (NEC)
- ☐ 13) Provide a diagram showing all proposed labels and labeling locations including; Solar AC Disconnect, Inverter Output, Connection Warning, Dual Power Source Warning, Solar AC Combiner Panel, Solar PV Circuits Only, Solar Production meter. (see attachment)
- ☐ 14) Provide snow guards on panels were snow has the potential of sliding of the panel into a neighbor's property
- ☐ 15) Pictures of dwelling showing photo shopped arrays on the structure.
- ☐ 16) Provide a drawing or photo shop picture of all proposed equipment on all effected elevations (including FD emergency disconnect switch)
- ☐ 17) A Fire Department AC disconnect, located outside by the Utility meter on all systems.

VILLAGE OF IRVINGTON

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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: Michael E. Miele, P.E.

Applicants Address: PO Box 530
Cornwall, NY 12518

Applicants Phone # (845) 629-9693

Applicants Email nypsengineer@gmail.com

Applicant Name: Michael E. Miele, P.E. Signature:  Date: 3/28/22 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.

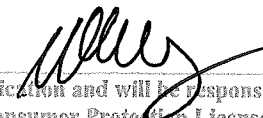
General Contractor Affidavit:

Contractors Name: Long Island Power Solutions / Mike Catizone

Contractors Address: 2060 Ocean Ave.
Ronkonkoma, NY 11779

Contractors Phone # (631) 348-0001

Contractors Email nypsengineer@gmail.com

General Contractor Name: Michael Catizone Signature:  Date: 3/24/22 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.

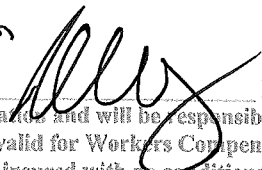
Electrical Contractor Affidavit:

Electrical Contractors Name: Michael Catizone

Electrical Contractors Address: 2060 Ocean Ave.
Ronkonkoma, NY 11779

Electrical Contractors Phone # (631) 348-0001

Electrical Contractors Email mielc@gopowersolutions.com

Electrical Contractor Name: Michael Catizone Signature:  Date: 3/24/22 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**

VILLAGE OF IRVINGTON

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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

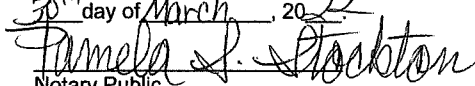
AFFIDAVIT OF ARCHITECT OR ENGINEER

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 295 South Broadway, 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
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: _____ (rev date) _____
_____ (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
Michael E. Miele P.E.
(Architect) (Engineer)

Sworn to before me this
30 day of March, 2022

Notary Public

PAMELA S STOCKTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01ST6393906
Qualified in Orange County
My Commission Expires 06-24-2023

Tax Parcel Maps

Address: 340 S BROADWAY

Print Key: 2.160-74-6

SBL: 00216000740060000000



Disclaimer:

This tax parcel map is provided as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should NOT be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact the assessor's office of the municipality.

- Adjoining Parcels
- ▨ Subject Parcel

NOTICE OF APPLICATION AND HEARING

Board of Architectural Review

Clerk's Office

Village of Irvington

Westchester County, New York

CERTIFIED MAIL

Date of Mailing Apr. 14, 2022

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: Apr. 25th, 2022
Time of Meeting: Meeting starts at 8pm
Location of Meeting: Trustees Meeting Room
85 Main St. Irvington, NY 10533

Applicant Name Mike Miele
Applicant Mailing Address 705 Ona Mills Rd
New Windsor, NY 12553
Applicant Phone Number 845-629-9693
Applicant Email Address Mikemielekpe@gmail.

Owners Name Reza
Mostafae-Zamani
Owner Mailing Address 205 S. Broadway
Irvington, NY 10533
Owners Phone Number 817-692-5910
Owners Email Address reza.mostafaezamani
@gmail.com

Address of Proposed Solar Panels:

Street Address 205 S Broadway
Irvington, NY 10533

To Adjacent Neighbors of: 5 Roland Road, 4 Ardsley Ave. E., 340 S. Broadway
1 Roland Road, 330 S. Broadway,

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.)

~~JOHNSON, CHRISTOPHER R.
205 S BROADWAY
IRVINGTON, NY 10533~~

WALDMAN, ADAM, B
3 ROLAND RD
IRVINGTON, NY 10533

THAKER, VINAY R
4 ARDSLEY AVE E
IRVINGTON, NY 10533

~~JOHNSON, CHRISTOPHER R.
BROADWAY
IRVINGTON, NY 10533~~

ONE ROLAND RD LLC
1 ROLAND RD
IRVINGTON, NY 10533

Lisa Onel Bookwalter

330 S. Broadway

Irvington, NY 10533

Christopher K. Hogan

340 S. Broadway

Irvington, NY 10533

State of New York
County of Westchester

OWNER AUTHORIZATION AFFIDAVIT

Premise: 205 South Broadway

Section: 2.170 Block: 78 Lot: 11

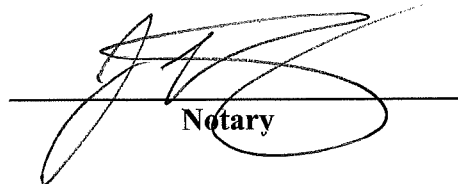
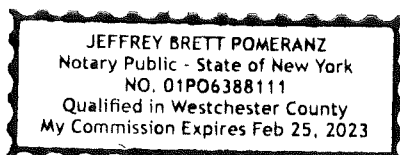
I, Reza K Mojtahadeh-Zamani, am the owner of the above stated premise and hereby authorize Michael Miele of **Michael E. Miele, PE** (Owner.), with its office at 705 Orrs Mills Road, New Windsor, NY 12553, to act as our authorized agent for the purpose of accessing town records, submitting permit applications, meeting and/or discussing the project with municipality representatives, receiving building/electrical permits, and closing out permits on my behalf.



Owner

Sworn to before me this 4

Day of Nov 2021


Notary

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

LONG ISLAND POWER SOLUTIONS, INC.

NEW YORK POWER SOLUTIONS

2060 OCEAN AVENUE

RONKONKOMA, NY-11779

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. Proof of citizenship or immigration status is not required for issuance of this license.

NOT FOR FEDERAL PURPOSES

License Number

WC-28094-H15

Date of Expiration

10/06/2023



ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/25/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Ins. Center 40 Marcus Drive 3rd Floor Melville, NY 11747-2647	CONTACT NAME: Commercial Support PHONE (A/C, No, Ext): 631-390-9700 FAX (A/C, No): 631-390-9790 E-MAIL ADDRESS: certificates@cookmaran.com														
INSURED Long Island Power Solutions, Inc. 2060 Ocean Avenue Ronkonkoma, NY 11779	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Southwest Marine & General Ins Co</td> <td>12294</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Southwest Marine & General Ins Co	12294	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:5,000 <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PK202100020693	02/28/2021	02/28/2022	EACH OCCURRENCE \$2,000,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PK202100020693	02/28/2021	02/28/2022	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000			EX202100001789	02/28/2021	02/28/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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 \$

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 general liability coverage as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Village of Irvington 85 Main Street 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 <i>Leonard Sciscia</i>
------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 271175107

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



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER LONG ISLAND POWER SOLUTIONS INC 2060 OCEAN AVENUE RONKONKOMA NY 11779		CERTIFICATE HOLDER VILLAGE OF IRVINGTON 85 MAIN STREET IRVINGTON NY 10533	
----------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------	--

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
Z 2467 078-8	146931	04/01/2021 TO 04/01/2022	03/09/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2467 078-8, 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 DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT
MICHAEL CATIZONE
VICE PRESIDENT
JOSEPH MILILLO
TWO OF TWO OFFICERS
LONG ISLAND POWER SOLUTIONS INC

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: 497523988





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) LONG ISLAND POWER SOLUTIONS INC DBA NEW YORK POWER SOLUTIONS 2060 OCEAN AVE RONKONKOMA, NY 11779</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 6313480001</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 27-1175107</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main Street 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" R97411-000</p> <p>3c. Policy effective period 1/1/2015 to 8/11/2022</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 **8/12/2021** 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 **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.**



Westchester
gov.com

George Latimer
Westchester County Executive

WESTCHESTER COUNTY DEPARTMENT OF CONSUMER PROTECTION
WESTCHESTER COUNTY ELECTRICAL LICENSING BOARD

MICHAEL CATIZONE
LONG ISLAND POWER SOLUTIONS INC
2060 OCEAN AVENUE
RONKONKOMA, NY 11779

Hereby maintains an active **Master Electrician License** in accordance with the Westchester County Electrical License Law and the Rules and Regulations of the Electrical Licensing Board. This license shall remain valid unless modified, suspended or revoked prior to the expiration date below.

License Number: **1628**

License Expires: **12/31/2022**

Certificate Issued: **1/19/2022**



PEC1701510



Westchester County Electrical Licensing Board
Westchester County Consumer Protection
Master Electrician License 2022



Michael Catizone

D.O.B: 9/5/1979

Company:

Long Island Power Solutions Inc
2060 Ocean Avenue
Ronkonkoma, NY 11779

License No. 1628

Expires on: 12/31/2022

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

Peter Borducci

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/09/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Ins. Center 40 Marcus Drive 3rd Floor Melville, NY 11747-2647	CONTACT NAME: Commercial Support	
	PHONE (A/C, No, Ext): 631-390-9700	FAX (A/C, No): 631-390-9790
INSURED Catizone Electrical Inc. 2060 Ocean Avenue Ronkonkoma, NY 11779	E-MAIL ADDRESS: certificates@cookmaran.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Utica Mutual Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
25976		

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP4784747	07/01/2021	07/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			4766763	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Village of Irvington is included as additional insured for general liability coverage as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Village of Irvington 85 Main Street Irvington, NY 10533-0000	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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Workers'
Compensation
Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only) Catizone Electrical Inc 2060 Ocean Avenue Ronkonkoma, NY 11779 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 631 348-0001 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 455213112
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main Street Irvington, NY 10533	3a. Name of Insurance Carrier Utica Mutual Insurance Company 3b. Policy Number of Entity Listed in Box "1a" 4766763 3c. Policy effective period 07/01/2021 to 07/01/2022 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included..(Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above 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 canceled 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 the 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 Workers' Compensation contract of insurance only while the underlying policy is in effect.

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

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: _____ Leonard Scioscia
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____ 6/9/21
(Signature) (Date)
Title: _____ Authorized Representative

Telephone Number of authorized representative or licensed agent of insurance carrier: _____ 631-390-9700

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



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) CATIZONE ELECTRICAL INC 575 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10022</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 646-383-3599</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 45-5213112</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main Street 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" R97483-002</p> <p>3c. Policy effective period 1/1/2020 to 8/26/2022</p>

4. Policy provides the following benefits:

☒ A. Both disability and paid family leave benefits.

☐ B. Disability benefits only.

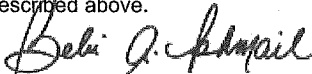
☐ C. Paid family leave benefits only.

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 **8/27/2021** 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 **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.**



7020 3160 0002 3246 9304

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
Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<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

Total Postage and Fees \$7.38

Sent To

Christopher Hogan

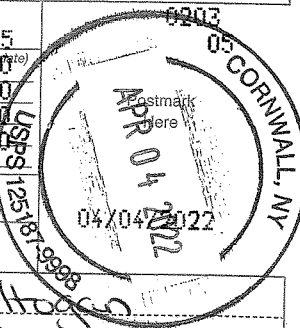
Street and Apt. No., or PO Box No.

540 S. Broadway

City, State, ZIP+4® Irvington, NY 10533

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



1826 9436 0002 3246 9304

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
Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<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

Total Postage and Fees \$7.38

Sent To

Vinay Thakur

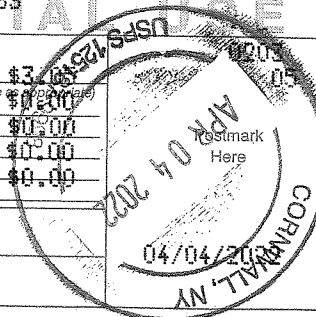
Street and Apt. No., or PO Box No.

4 Ardrey Ave. E.

City, State, ZIP+4® Irvington, NY 10533

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7020 3160 0002 3246 9274

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
Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<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

Total Postage and Fees \$7.38

Sent To

One Roland Rd, LLC

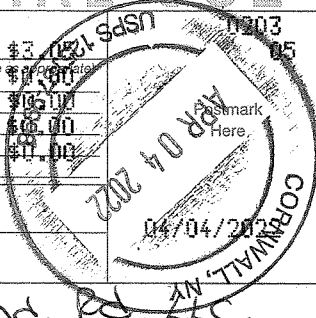
Street and Apt. No., or PO Box No.

1 Roland Rd

City, State, ZIP+4® Irvington, NY 10533

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



9436 9274 0002 3246 9274

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
Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<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

Total Postage and Fees \$7.38

Sent To

Lisa O'Neil Bookwalter

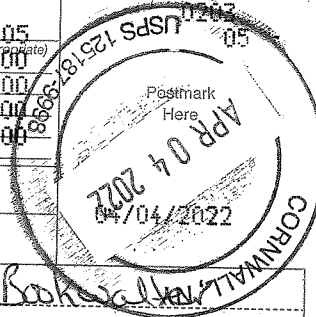
Street and Apt. No., or PO Box No.

540 S. Broadway

City, State, ZIP+4® Irvington, NY 10533

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7020 3160 0002 3246 9267

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
Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<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

Total Postage and Fees \$7.38

Sent To

Adam Walden

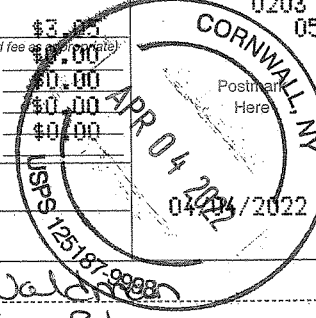
Street and Apt. No., or PO Box No.

540 S. Broadway

City, State, ZIP+4® Irvington, NY 10533

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions





Built for solar's toughest roofs.

IronRidge builds the strongest roof mounting system in solar. Every component has been tested to the limit and proven in extreme environments.

Our rigorous approach has led to unique structural features, such as curved rails and reinforced flashings, and is also why our products are fully certified, code compliant and backed by a 20-year warranty.



Strength Tested

All components evaluated for superior structural performance.



PE Certified

Pre-stamped engineering letters available in most states.



Class A Fire Rating

Certified to maintain the fire resistance rating of the existing roof.



Design Software

Online tool generates a complete bill of materials in minutes.



Integrated Grounding

UL 2703 system eliminates separate module grounding components.



20 Year Warranty

Twice the protection offered by competitors.

XR Rails

XR10 Rail



A low-profile mounting rail for regions with light snow.

- 6' spanning capability
- Moderate load capability
- Clear & black anod. finish

XR100 Rail



The ultimate residential solar mounting rail.

- 8' spanning capability
- Heavy load capability
- Clear & black anod. finish

XR1000 Rail



A heavyweight mounting rail for commercial projects.

- 12' spanning capability
- Extreme load capability
- Clear anodized finish

Internal Splices ☺



All rails use internal splices for seamless connections.

- Self-tapping screws
- Varying versions for rails
- Grounding Straps offered

Attachments

FlashFoot



Anchor, flash, and mount with all-in-one attachments.

- Ships with all hardware
- IBC & IRC compliant
- Certified with XR Rails

Slotted L-Feet



Drop-in design for rapid rail attachment.

- High-friction serrated face
- Heavy-duty profile shape
- Clear & black anod. finish

Standoffs



Raise flush or tilted systems to various heights.

- Works with vent flashing
- Ships pre-assembled
- 4" and 7" Lengths

Tilt Legs



Tilt assembly to desired angle, up to 45 degrees.

- Attaches directly to rail
- Ships with all hardware
- Fixed and adjustable

Clamps & Grounding

End Clamps



Slide in clamps and secure modules at ends of rails.

- Mill finish & black anod.
- Sizes from 1.22" to 2.3"
- Optional Under Clamps

Grounding Mid Clamps ☺



Attach and ground modules in the middle of the rail.

- Parallel bonding T-bolt
- Reusable up to 10 times
- Mill & black stainless

T-Bolt Grounding Lugs ☺



Ground system using the rail's top slot.

- Easy top-slot mounting
- Eliminates pre-drilling
- Swivels in any direction

Accessories



Provide a finished and organized look for rails.

- Snap-in Wire Clips
- Perfected End Caps
- UV-protected polymer

Free Resources



Design Assistant

Go from rough layout to fully engineered system. For free.

[Go to IronRidge.com/rm](http://IronRidge.com/rm)



NABCEP Certified Training

Earn free continuing education credits, while learning more about our systems.

[Go to IronRidge.com/training](http://IronRidge.com/training)

Enphase IQ 7 and IQ 7+ Microinverters

The high-powered smart grid-ready **Enphase IQ 7 Micro™** and **Enphase IQ 7+ Micro™** dramatically simplify the installation process while achieving the highest system efficiency.

Part of the Enphase IQ System, the IQ 7 and IQ 7+ Microinverters integrate with the Enphase IQ Envoy™, Enphase IQ Battery™, and the Enphase Enlighten™ monitoring and analysis software.

IQ Series Microinverters extend the reliability standards set forth by previous generations and undergo over a million hours of power-on testing, enabling Enphase to provide an industry-leading warranty of up to 25 years.



Easy to Install

- Lightweight and simple
- Faster installation with improved, lighter two-wire cabling
- Built-in rapid shutdown compliant (NEC 2014 & 2017)

Productive and Reliable

- Optimized for high powered 60-cell and 72-cell* modules
- More than a million hours of testing
- Class II double-insulated enclosure
- UL listed

Smart Grid Ready

- Complies with advanced grid support, voltage and frequency ride-through requirements
- Remotely updates to respond to changing grid requirements
- Configurable for varying grid profiles
- Meets CA Rule 21 (UL 1741-SA)

* The IQ 7+ Micro is required to support 72-cell modules.



Enphase IQ 7 and IQ 7+ Microinverters

INPUT DATA (DC)	IQ7-60-2-US / IQ7-60-B-US		IQ7PLUS-72-2-US / IQ7PLUS-72-B-US	
Commonly used module pairings ¹	235 W - 350 W +		235 W - 440 W +	
Module compatibility	60-cell PV modules only		60-cell and 72-cell PV modules	
Maximum input DC voltage	48 V		60 V	
Peak power tracking voltage	27 V - 37 V		27 V - 45 V	
Operating range	16 V - 48 V		16 V - 60 V	
Min/Max start voltage	22 V / 48 V		22 V / 60 V	
Max DC short circuit current (module Isc)	15 A		15 A	
Overvoltage class DC port	II		II	
DC port backfeed current	0 A		0 A	
PV array configuration	1 x 1 ungrounded array; No additional DC side protection required; AC side protection requires max 20A per branch circuit			
OUTPUT DATA (AC)	IQ 7 Microinverter		IQ 7+ Microinverter	
Peak output power	250 VA		295 VA	
Maximum continuous output power	240 VA		290 VA	
Nominal (L-L) voltage/range ²	240 V / 211-264 V	208 V / 183-229 V	240 V / 211-264 V	208 V / 183-229 V
Maximum continuous output current	1.0 A (240 V)	1.15 A (208 V)	1.21 A (240 V)	1.39 A (208 V)
Nominal frequency	60 Hz		60 Hz	
Extended frequency range	47 - 68 Hz		47 - 68 Hz	
AC short circuit fault current over 3 cycles	5.8 Arms		5.8 Arms	
Maximum units per 20 A (L-L) branch circuit ³	16 (240 VAC)	13 (208 VAC)	13 (240 VAC)	11 (208 VAC)
Overvoltage class AC port	III		III	
AC port backfeed current	0 A		0 A	
Power factor setting	1.0		1.0	
Power factor (adjustable)	0.7 leading ... 0.7 lagging		0.7 leading ... 0.7 lagging	
EFFICIENCY	@240 V	@208 V	@240 V	@208 V
Peak CEC efficiency	97.6 %	97.6 %	97.5 %	97.3 %
CEC weighted efficiency	97.0 %	97.0 %	97.0 %	97.0 %
MECHANICAL DATA				
Ambient temperature range	-40°C to +65°C			
Relative humidity range	4% to 100% (condensing)			
Connector type (IQ7-60-2-US & IQ7PLUS-72-2-US)	MC4 (or Amphenol H4 UTX with additional Q-DCC-5 adapter)			
Connector type (IQ7-60-B-US & IQ7PLUS-72-B-US)	Friends PV2 (MC4 intermateable). Adaptors for modules with MC4 or UTX connectors: - PV2 to MC4: order ECA-S20-S22 - PV2 to UTX: order ECA-S20-S25			
Dimensions (WxHxD)	212 mm x 175 mm x 30.2 mm (without bracket)			
Weight	1.08 kg (2.38 lbs)			
Cooling	Natural convection - No fans			
Approved for wet locations	Yes			
Pollution degree	PD3			
Enclosure	Class II double-insulated, corrosion resistant polymeric enclosure			
Environmental category / UV exposure rating	NEMA Type 6 / outdoor			
FEATURES				
Communication	Power Line Communication (PLC)			
Monitoring	Enlighten Manager and MyEnlighten monitoring options. Both options require installation of an Enphase IQ Envoy.			
Disconnecting means	The AC and DC connectors have been evaluated and approved by UL for use as the load-break disconnect required by NEC 690.			
Compliance	CA Rule 21 (UL 1741-SA) UL 62109-1, UL1741/IEEE1547, FCC Part 15 Class B, ICES-0003 Class B, CAN/CSA-C22.2 NO. 107.1-01 This product is UL Listed as PV Rapid Shut Down Equipment and conforms with NEC-2014 and NEC-2017 section 690.12 and C22.1-2015 Rule 64-218 Rapid Shutdown of PV Systems, for AC and DC conductors, when installed according manufacturer's instructions.			

1. No enforced DC/AC ratio. See the compatibility calculator at <https://enphase.com/en-us/support/module-compatibility>.

2. Nominal voltage range can be extended beyond nominal if required by the utility.

3. Limits may vary. Refer to local requirements to define the number of microinverters per branch in your area.

To learn more about Enphase offerings, visit enphase.com



Enphase Encharge 10

The **Enphase Encharge 10™** all-in-one AC-coupled storage system is **reliable, smart, simple, and safe**. It is comprised of three base Encharge 3™ storage units, has a total usable energy capacity of 10.08 kWh and twelve embedded grid-forming microinverters with 3.84 kW power rating. It provides backup capability and installers can quickly design the right system size to meet the needs of both new and retrofit solar customers.



Reliable

- Proven high reliability IQ Series Microinverters
- Ten-year limited warranty
- Three independent Encharge storage base units
- Twelve embedded IQ 8X-BAT Microinverters
- Passive cooling (no moving parts/fans)

Smart

- Grid-forming capability for backup operation
- Remote software and firmware upgrade
- Mobile app-based monitoring and control
- Support for self consumption
- Utility time of use (TOU) optimization

Simple

- Fully integrated AC battery system
- Quick and easy plug-and-play installation
- Interconnects with standard household AC wiring

Safe

- Cells safety tested
- Lithium iron phosphate (LFP) chemistry for maximum safety and longevity

Enphase Encharge 10

MODEL NUMBER	
ENCHARGE-10-1P-NA	Encharge 10 battery storage system with integrated Enphase Microinverters and battery management unit (BMU). Includes: - Three Encharge 3.36 kWh base units (B3-A01-US001-1-3) - One Encharge 10 cover kit with cover, wall mounting bracket, watertight conduit hubs, and interconnect kit for wiring between batteries (B10-C-1050-O)
ACCESSORIES	
ENCHARGE-HNDL-R1	One set of Encharge base unit installation handles
OUTPUT (AC)	@ 240 VAC ¹
Rated (continuous) output power ²	3.84 kVA
Peak output power	5.7 kVA (10 seconds)
Nominal voltage / range	240 / 211 – 264 VAC
Nominal frequency / range	60 / 57 – 61 Hz
Rated output current	16 A
Peak output current	24.6A (10 seconds)
Power factor (adjustable)	0.85 leading ... 0.85 lagging
Maximum units per 20 A branch circuit	1 unit (single phase)
Interconnection	Single-phase
Maximum AC short circuit fault current over 3 cycles	69.6 Arms
Round trip efficiency ²	89%
BATTERY	
Total capacity	10.5 kWh
Usable capacity	10.08 kWh
Round trip efficiency	96%
Nominal DC voltage	67.2 V
Maximum DC voltage	73.5 V
Ambient operating temperature range	-15° C to 55° C (5° F to 131° F) non-condensing
Optimum operating temperature range	0° C to 30° C (32° F to 86° F)
Chemistry	Lithium iron phosphate (LFP)
MECHANICAL DATA	
Dimensions (WxHxD)	1070 mm x 664 mm x 319 mm (42.13 in x 26.14 in x 12.56 in)
Weight	Three individual 44.2 kg (97.4 lbs) base units plus 21.1 kg (48.7 lbs) cover and mounting bracket; total 154.7 kg (341 lbs)
Enclosure	Outdoor – NEMA type 3R
IQ 8X-BAT microinverter enclosure	NEMA type 6
Cooling	Natural convection – No fans
Altitude	Up to 2500 meters (8200 feet)
Mounting	Wall mount
FEATURES AND COMPLIANCE	
Compatibility	Compatible with grid-tied PV systems. Compatible with Enphase IQ Series Micros, Enphase Enpower, and Enphase IQ Envoy for backup operation.
Communication	Wireless 2.4 GHz
Services	Backup, self-consumption, TOU, Demand Charge, NEM Integrity
Monitoring	Enlighten Manager and MyEnlighten monitoring options; API integration
Compliance	UL 9540, UN 38.3, UL 9540A, UL 1998, UL 991, NEMA Type 3R, AC156 EMI: 47 CFR, Part 15, Class B, ICES 003 Cell Module: UL 1973, UN 38.3 Inverters: UL 62109-1, IEC 62109-2, UL 1741SA, CAN/CSA C22.2 No. 107.1-16
LIMITED WARRANTY	
Limited Warranty ³	>70% capacity, up to 10 years or 4000 cycles

1. Supported in backup/off grid operations
2. AC to Battery to AC at 50% power rating.
3. Whichever occurs first. Restrictions apply.

To learn more about Enphase offerings, visit enphase.com

LG NeON[®] R

LG435QAC-A6 Preliminary

66

435W

LG NeON[®] R is powerful solar module that provides world-class performance. A new cell structure that eliminates electrodes on the front maximizes the utilization of light and enhances reliability.

LG NeON[®] R is a result of LG's efforts to increase customer's values beyond efficiency. LG NeON[®] R features enhanced durability, performance under real-world conditions, an enhanced warranty and aesthetic design suitable for roofs.



Features



Roof Aesthetics

LG NeON[®] R has been designed with aesthetics in mind: the lack of any electrodes on the front creates an improved, modern aesthetic.



25-Year Limited Product Warranty

The NeON[®] R is covered by a 25-year limited product warranty. In addition, up to \$450 of labor costs will be covered in the rare case that a module needs to be repaired or replaced.



Enhanced Performance Warranty

The LG NeON[®] R has an enhanced performance warranty. After 25 years, LG NeON[®] R is guaranteed at least 92.5% of initial performance.



More generation per square meter

The LG NeON[®] R has been designed to significantly enhance its output, making it efficient even in limited space.

When you go solar, ask for the brand you can trust: LG Solar

About LG Electronics USA, Inc.

LG Electronics is a global leader in electronic products in the clean energy markets by offering solar PV panels and energy storage systems. The company first embarked on a solar energy source research program in 1985, supported by LG Group's vast experience in the semi-conductor, LCD, chemistry and materials industries. In 2010, LG Solar successfully released its first MonoX[®] series to the market, which is now available in 32 countries. The NeON[®] (previous MonoX[®] NeON), NeON[®]2, NeON[®]2 BiFacial won the "Intersolar AWARD" in 2013, 2015 and 2016, which demonstrates LG's leadership and innovation in the solar industry.



Michael E. Miele, PE

Licensed Professional Engineer

Licensed In New York, New Jersey, Connecticut & California

New York License # 079676

New Jersey License # 44042

Connecticut License # 23158

California License # 31508

December 20, 2021

Village of Irvington Building Department

The Office of the Building Inspector

85 Main Street

Irvington, NY 10533

Re: Mojtabaee-Zamani Reza - 205 South Broadway, Irvington, NY 10533
Single Family Residence, Solar Panel Loading Certification
Village of Irvington, County of Westchester, State of New York

Dear Building Department

I am the engineer of record for the above referenced project. I have prepared the attached plans dated October 21, 2021 that consists of the installation of (33) LG435QAC-A6 panels at the above referenced location.

I can herby certify that the existing roof structure combined with the additional weight of the solar panels meets the requirements of The 2020 Residential Code of New York State, Publication Date, November 2019.

The design loads were as follows,

Roof Design Load: 40psf live load

Wind Design Load: 120mph

Seismic Design Category: C

No additional structural members were required.

The roof is currently framed with 2x8 rough cut wood framing @ 24" O.C. The roof structural members are in compliance with ASCE 7-16 for deflection and acceptable bending stress.

If you have any questions, please feel free to call me at any time. Thanks in advance.

Sincerely Yours,

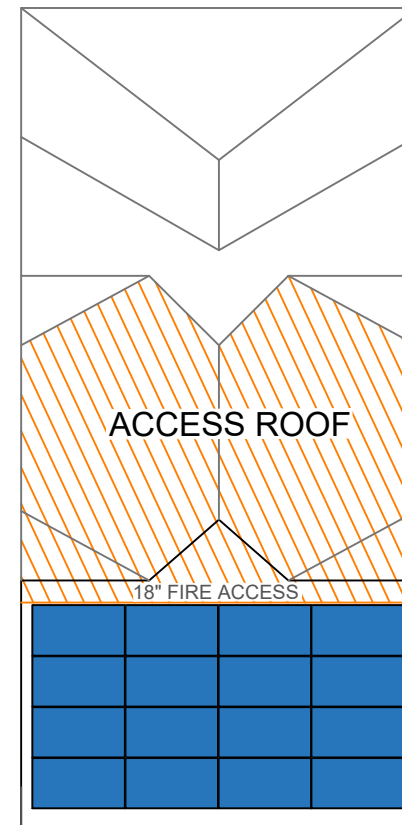
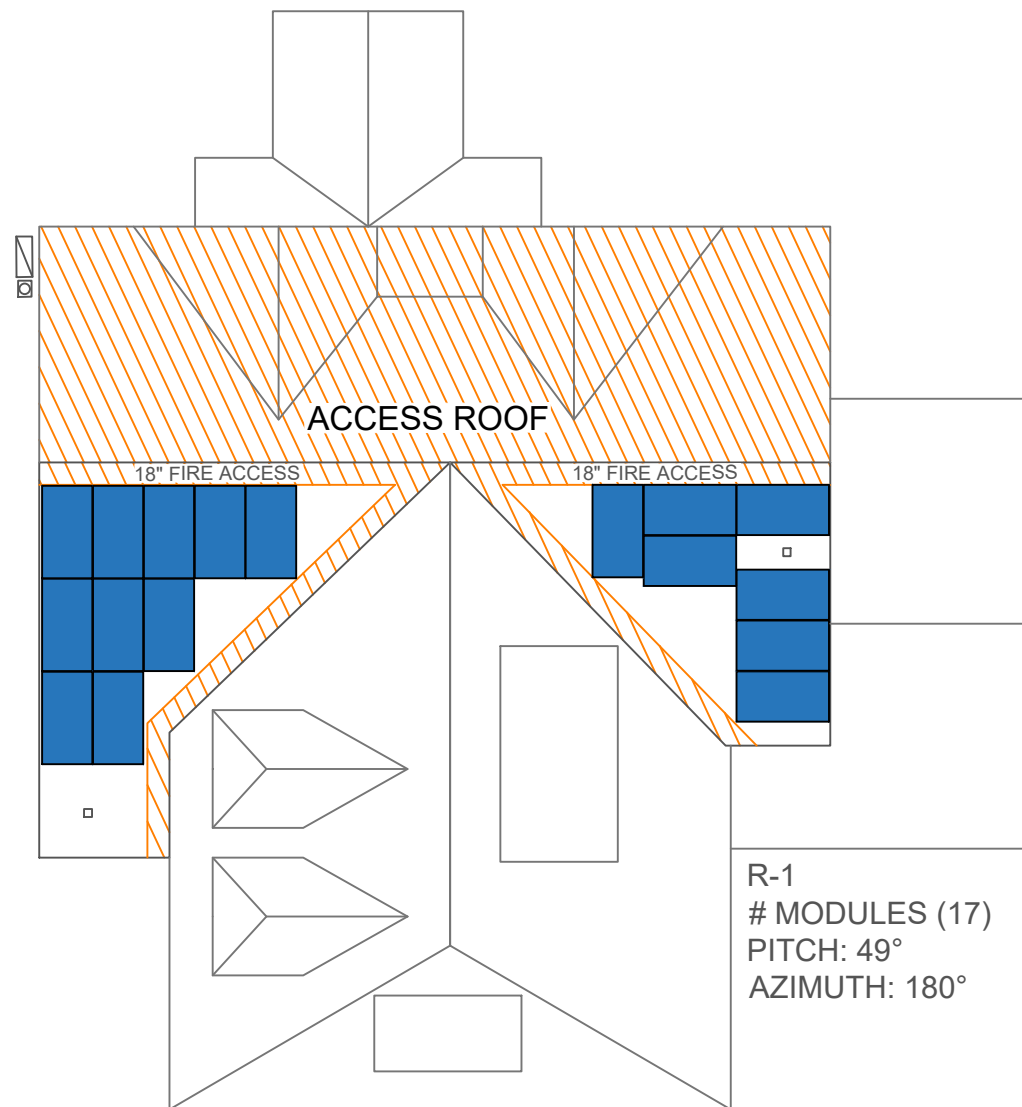


Michael E. Miele, PE





FRONT OF HOUSE



R-2
MODULES (16)
PITCH: 52°
AZIMUTH: 180°

70'

R-1
MODULES (17)
PITCH: 49°
AZIMUTH: 180°

AERIAL



SHEET INDEX

- S-1 SITE PLAN
- S-2 DETAILS
- E-1 ELECTRICAL PLAN
- L-1 MOUNTING PLAN
- E-2 BATTERY DETAILS
- E-4 STICKERS

GENERAL NOTES

- ENPHASE IQ7A MICRO INVERTER LOCATED ON ROOF BEHIND EACH MODULE.
- FIRST RESPONDER ACCESS MAINTAINED AND FROM ADJACENT ROOF.
- WIRE RUN FROM ARRAY TO CONNECTION IS 40 FEET.
- COGEN DISCONNECT IS LOCATED ADJACENT TO UTILITY METER.
- LAYOUT SUBJECT TO CHANGE BASED ON SITE CONDITIONS AT DATE OF INSTALL

LEGEND

- GROUND ACCESS POINT
- COGEN DISCONNECT
- UTILITY METER



2060 OCEAN AVENUE,
RONKONKOMA, NY 11779
(631) 348-0001

MOJTABAE-ZAMANI RESIDENCE

205 SOUTH BROADWAY
IRVINGTON, NY
VILLAGE OF IRVINGTON
S: 2.170 B: 78 L: 11

PROJECT DATA: #214938
INVERTER: (33) ENPHASE IQ7A-72-2-US
MODULES: (33) LG435QAC-A6
RACKING: IRON RIDGE XR100
WATTAGE: 14,355
ROOF TYPE: COMPOSITION SHINGLES
WIND LOAD: -33PSF @ 130MPH
FASTENER: USE 5/16" DIA. 5" LAGS
BATTERY: ENCHARGE 40 KWH



MICHAEL E. MIELE, PE
Licensed Professional Engineer
705 Orrs Mills Road
New Windsor, NY 12553
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EMAIL: MieleEngineering@gmail.com



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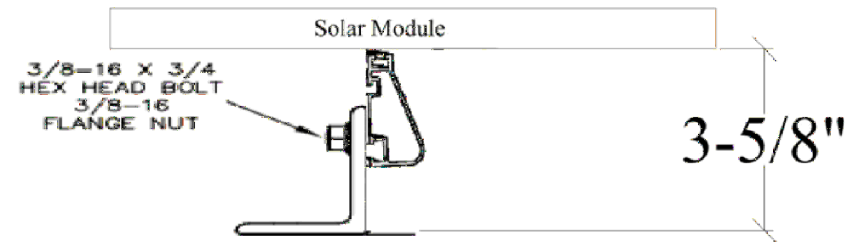
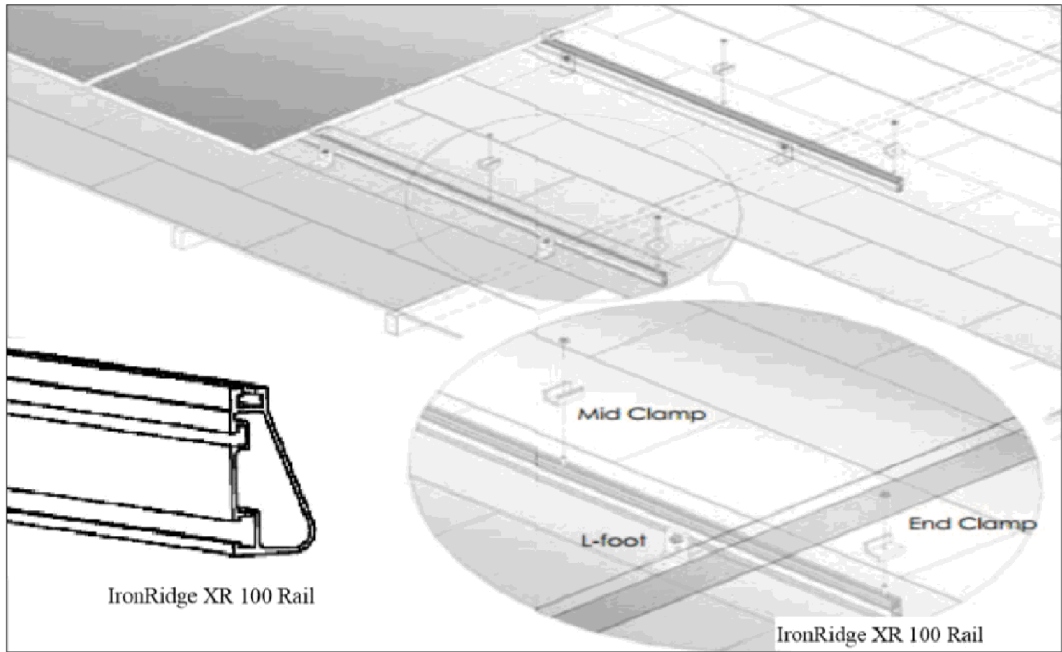
REPRESENTS ALL FIRE CLEARANCE
INCLUDING ALTERNATIVE METHODS

FIRST RESPONDER ACCESS
MINIMUM OF 36" UNOBSTRUCTED AS PER
THE 2020 RESIDENTIAL CODE OF NYS

2020 RESIDENTIAL CODE OF NEW YORK STATE, 2020 ENERGY CONSERVATION CODE OF NEW YORK STATE,
VILLAGE OF IRVINGTON CODE, 2017 NATIONAL ELECTRIC CODE. ASCE7-16.

SITE PLAN

S-1



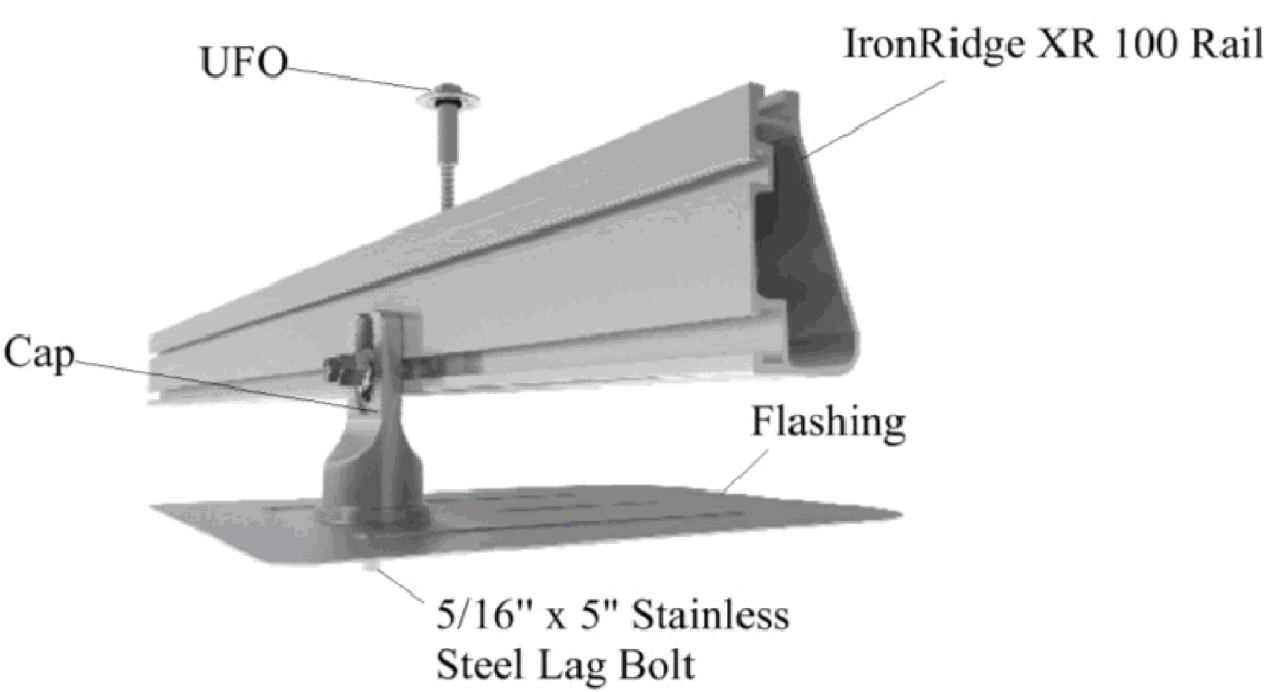
GENERAL NOTES:

- L FEET ARE SECURED TO ROOF RAFTERS @ 80" O.C.
- USING 5/16" x 5" STAINLESS STEEL LAG BOLTS.
- SUBJECT ROOF HAS 1 LAYER.
- ALL PENETRATIONS ARE SEALED AND FLASHED.

ROOF	PITCH	RIDGE	RAFTERS	LENGTH	OVERHANG	NOTES
R1	49°	2"x10"	2"x8"@24"O.C.	16'-2"	19"	ROUGH CUT LUMBER
R2	52°	2"X10"	2"x8"@24"O.C.	14'-8"	19"	ROUGH CUT LUMBER

DESIGNED AS PER ASCE 7-10
MODULES MOUNTED FLUSH TO ROOF
NO HIGHER THAN 6" ABOVE ROOF SURFACE

2020 RESIDENTIAL CODE OF NEW YORK STATE, 2020 ENERGY CONSERVATION CODE OF NEW YORK STATE,
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ROOF TYPE: COMPOSITION SHINGLES
WIND LOAD: -33PSF @ 130MPH
FASTENER: USE 5/16" DIA. 5" LAGS
BATTERY: ENCHARGE 40 KWH



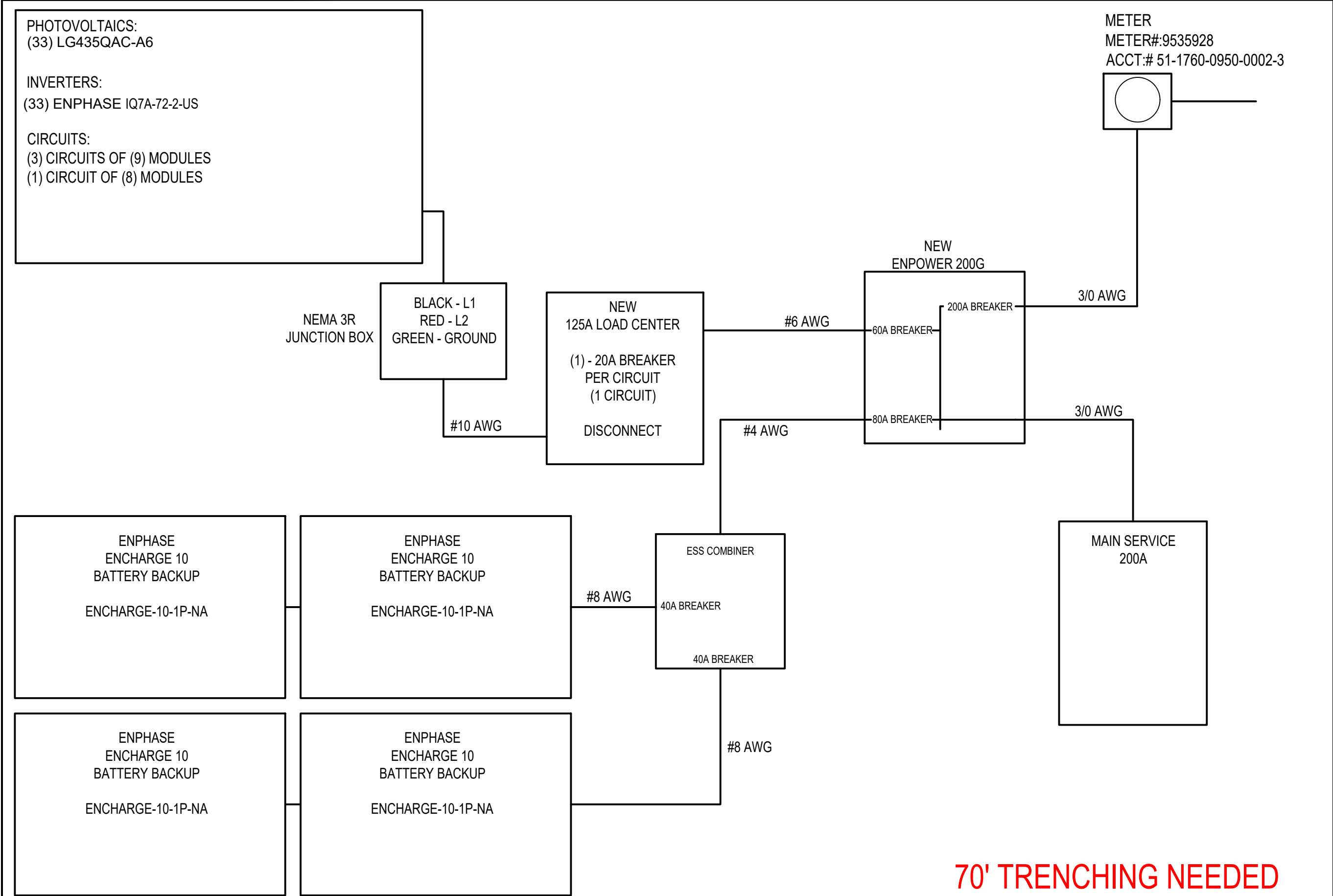
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EMAIL: MieleEngineering@gmail.com




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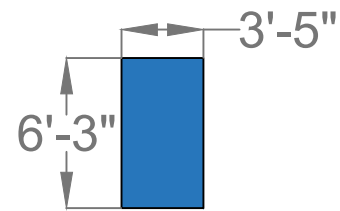
AC COMBINER:
1-PHASE, MAIN LUG LOAD CENTER, 125A

NOTE:
ALL WIRING TO MEET THE 2017 NEC AND 2020 ENERGY CODE

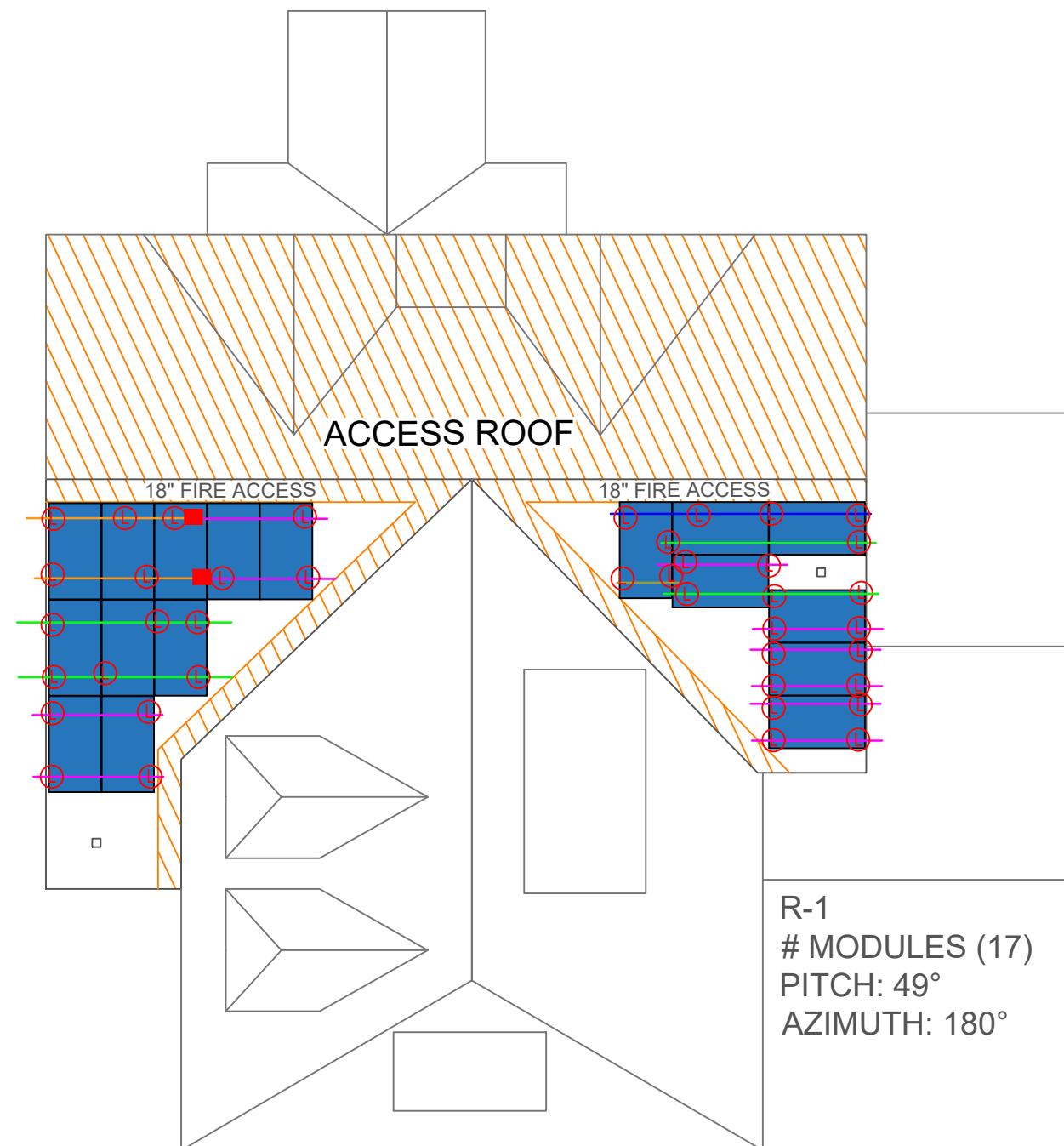
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ELECTRICAL PLAN

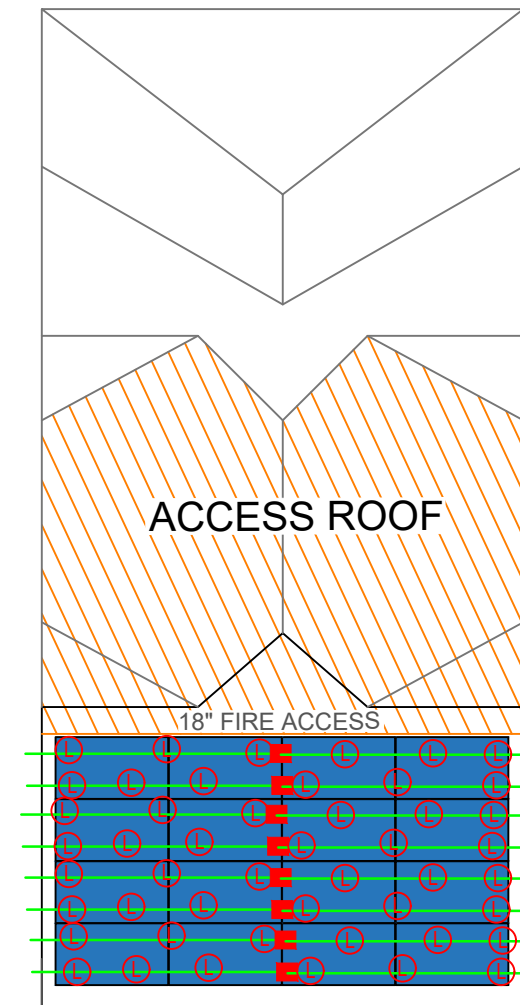
E-1



LG435QAC-A6
PANEL DIMENSIONS:



MOUNTING PLAN:
SCALE: $\frac{3}{32}$ "=1'-0"



R-2
MODULES (16)
PITCH: 52°
AZIMUTH: 180°

17'	7
14'	20
11'	2
8.5'	0
7'	0
4'	1
■ SPLICE BAR	10
⊙ PENETRATIONS	88
UFO	92
40MM SLEEVE	48
END CAPS	48
CONSUMPTION	
CRITTER GUARD	260'



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BATTERY: ENCHARGE 40 KWH



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MOUNTING PLAN

L-1



BATTERY CABINET GENERAL NOTES

- 6" SIDE CLEARANCE
- 36" FRONT CLEARANCE
- MUST NOT BE IN A REGULARLY OCCUPIED AREA. INSTALL IN GARAGE, BASEMENT, OR UTILITY CLOSET
- BATTERY ENCLOSURES ARE UL 9540 COMPLIANT



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BATTERY DETAILS

E-2

CONDUIT LABEL 1 EVERY 10-FT	AC COMBINER	UTILITY METER LABEL	<div>POWER SOLUTIONS</div> <div>2060 OCEAN AVENUE, RONKONKOMA, NY 11779 (631) 348-0001</div> <div>MOJTABAEI-ZAMANI RESIDENCE</div> <div>205 SOUTH BROADWAY IRVINGTON, NY VILLAGE OF IRVINGTON S: 2.170 B: 78 L: 11</div> <div>PROJECT DATA: #214938 INVERTER: (33) ENPHASE IQ7A-72-2-US MODULES: (33) LG435QAC-A6 RACKING: IRON RIDGE XR100 WATTAGE: 14,355 ROOF TYPE: COMPOSITION SHINGLES WIND LOAD: -33PSF @ 130MPH FASTENER: USE 5/16" DIA. 5" LAGS BATTERY: ENCHARGE 40 KWH</div> <div><div>MM</div><div>MICHAEL E. MIELE, PE Licensed Professional Engineer 705 Orrs Mills Road New Windsor, NY 12553 TELEPHONE: (845) 629.9693 EMAIL: MieleEngineering@gmail.com</div></div> <div><div>STATE OF NEW YORK MICHAEL EDWARD MIELE LICENSED PROFESSIONAL ENGINEER 079676</div><div>ALTERATION OF THIS DOCUMENT EXCEPT BY A LICENSED PROFESSIONAL IS ILLEGAL</div><div>PAPER SIZE: 11" x 17" (ANSI B)</div><div>DATE: 10/21/2021 DESIGN BY: KO CHECKED BY: MEM REVISIONS: 1 11.29.21 AM</div></div>	
RAPID SHUTDOWN	AC COMBINER	MSP LABEL		
DC DISCONNECT LABEL	AC COMBINER	MSP LABEL		
BATTERY CONDUIT LABEL 1 EVERY 10 FEET	AC DISCONNECT	INTERCONNECT LABEL		
2020 RESIDENTIAL CODE OF NEW YORK STATE, 2020 ENERGY CONSERVATION CODE OF NEW YORK STATE, VILLAGE OF IRVINGTON CODE, 2017 NATIONAL ELECTRIC CODE. ASCE7-16.		STICKERS		E-4