NOTICE OF COMMENCEMENT OF CONSTRUCTION

RETURN THIS FORM TO: COMPLIANCE
Bureau of Ecosystem Health - NYSDEC
SUNY at Stony Brook
50 Circle Road
Stony Brook, NY 11790-3409

Or Fax to: 631-444-0272
E-Mail: dec.sm.R1MHP-BEH@dec.ny.gov

PERMIT NUMBER: _____ EXPIRATION DATE: _____

PERMITTEE NAME & PROJECT ADDRESS: _____

_____

CONTRACTOR NAME & ADDRESS: _____

_____ TELEPHONE: _____

Dear DEC:
Pursuant to the special conditions of the referenced permit, you are hereby notified that the authorized activity shall commence on _____. We certify that we have read the referenced permit and approved plans and fully understand the authorized project and all permit conditions. We have inspected the project site and can complete the project as described in the permit and as depicted on the approved plans. We can do so in full compliance with all plan notes and permit conditions. The permit, permit sign, and approved plans will be available at the site for inspection in accordance with General Condition No. 1. (Both signatures required)

PERMITTEE: _____ DATE_____

CONTRACTOR: _____ DATE_____

*THIS NOTICE MUST BE SENT TO THE ABOVE ADDRESS **AT LEAST TWO DAYS PRIOR TO COMMENCEMENT OF THE PROJECT** AND /OR ANY ASSOCIATED ACTIVITIES. FAILURE TO RETURN THIS NOTICE, POST THE PERMIT SIGN, OR HAVE THE PERMIT AND APPROVED PLANS AVAILABLE AT THE WORK SITE FOR THE DURATION OF THE PROJECT MAY SUBJECT THE PERMITTEE AND/OR CONTRACTOR TO APPLICABLE SANCTIONS AND PENALTIES FOR NON-COMPLIANCE WITH PERMIT CONDITIONS.*

Cut along this line X X X X X X X

NOTICE OF COMPLETION OF CONSTRUCTION

RETURN THIS FORM TO: COMPLIANCE
Bureau of Ecosystem Health - NYSDEC
50 Circle Road
Stony Brook, NY 11790-3409

Or Fax to: 631-444-0272
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PERMIT NUMBER: _____ EXPIRATION DATE: _____

PERMITTEE NAME & PROJECT ADDRESS: _____

_____

CONTRACTOR NAME & ADDRESS: _____

_____TELEPHONE: _____

Pursuant to special conditions of the referenced permit, you are hereby notified that the authorized activity was completed on _____. We have fully complied with the terms and conditions of the permit and approved plans. (Both signatures required)

PERMITTEE: _____ DATE_____

CONTRACTOR: _____ DATE_____

*THIS NOTICE, WITH PHOTOGRAPHS OF THE COMPLETED WORK AND/OR A COMPLETED SURVEY, AS APPROPRIATE, **MUST BE SENT TO THE ABOVE ADDRESS WITHIN 30 DAYS OF COMPLETION OF THE PROJECT.***

BUILDING - ZONING USE PERMIT
TOWN OF RIVERHEAD
Suffolk, New York

SCTM# 67.-2-26.1
Building Permit# **23-0725**
Date Issued: 07/13/2023

Permission is hereby given to:
Town of Riverhead

For Misc Commercial:
Proposed Construction of a Stormwater Management Wetland and Habitat Restoration Project. 525 LF Access Road, 4' x 8' Concrete Water Control Structure, Wetland comprised of 14,378 SF Low Emergent Marsh, 23,053 SF High Emergent Marsh, 14,569 SF Forested Wetland, 5,354 SF Rock-Lined Forebay & Micropool, Vegetated Wetland Comprised of 52,000 SF, Total Stormwater Wetland Comprised of 57,354 SF, 6,118 SF to be Native Upland Restoration Plantings, 3,300 CY of Sediments to be Removed, 1,740 CY of New Fill to be Imported to Restore Wetland Grade. Permit issued for BID Contractors information and insurance required prior to start of construction.

Building or Structure located at: **705 Main Rd**
Aquebogue, NY

Pursuant to the Building-Zoning Permit application, together with a layout or plot plan(s), and specification filed with the Town of Riverhead Building Inspector, as Application No. 8478 on 06/20/2023.

This Use/Building Permit does not permit the occupancy of any structures or the use of premises without a valid Certificate of Occupancy or a Letter of Pre-Existing use for said use. The owner or agent must also apply for and receive any other approvals required pursuant to the Code of the Town of Riverhead as well as any other approvals required by any other local, state or federal entity or agency having jurisdiction over the proposed use of the premises.

Acknowledgement is hereby made of receipt of $.00 for this permit.

Permit Expires: 07/13/2024
The construction authorized by this Permit must be completed prior to the expiration date of this Permit. In the event that the work is not completed in time, it is the permit holder's responsibility to apply for a renewal and maintain an active permit until such time a certificate of occupancy/compliance can be issued.

Pursuant to Chapter 217, a Building Permit shall be posted conspicuously on the premises throughout the progress of the work.

Date Permit Released: 7/13/23

Andreas Sofoklis

Town of Riverhead Building Department
201 Howell Avenue, Riverhead, New York 11901
(631) 727-3200 Ext. 213

www.townofriverheadny.gov

COMMERCIAL BUILDING PERMIT APPLICATION

1. Building Permit Application attached (2 pages, signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Inspection acknowledgment checklist;
4. Contractor's 3 Proofs of Insurance; Liability (1M/2M min.), Workers' Compensation (C-105.2 form), & Disability (DB 120.1 form). Forms shall show the property owner and property location, and list the Town of Riverhead as certificate holder;
5. Electrical Application, if applicable (signed and notarized)
   Please review Outdoor Lighting Code, §301-259;
6. Fire Prevention Construction Permit Application;
7. Three (3) complete sets of Building Plans in compliance with §217-6 (2 for Bldg, 1 for FM), including COMcheck or equivalent. Please submit one (1) additional digital version, if possible;
8. Two (2) Plot Plans / Site Plans, with approval from the Planning Department, if applicable;
9. Two (2) surveys, one with Suffolk County Department of Health Services Approval showing location of project on premises, one with actual structures and site conditions;
10. Approvals from other agencies having jurisdiction, if applicable (i.e. SCDPW, NYDEC, NYDOT, Riverhead Highway, Water, Sewer, etc.)
11. Proof of title or Owner's Affidavit;
12. Copy of recorded Covenants and Restrictions, if applicable;
13. Fee is determined in accordance with Chapter 217 of the Town Code and is **non-refundable per §217-12**;

Please note: The processing of application begins when all applicable forms are received and the fee is paid.

APPLICATION FOR BUILDING & ZONING PERMIT

201 Howell Avenue, Riverhead, New York 11901
631-727-3200 ext. 213, 268 and 283 Fax: 208-8039
www.townofriverheadny.gov

Tax Map # 67 - 2 - 26.1

Application No._____ Date_____ Permit No._____ Receipt_____

Approved by_____ Zoning District_____ Building Fee $_____ Electrical Fee $_____

All information below to be filled out by applicant. A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK. This application is to be submitted accompanied by building plans drawn to scale in duplicate, showing elevations, floor plans, run and size of joists, rafters, girders, details of footings and foundation, schematic of plumbing and electrical layouts and grade and species of lumber and quality of all material where applicable.

THE OWNER OF THE PROPERTY IS: (PLEASE PRINT CLEARLY)

First Name	Last Name	Business Name
Drew	Dillingham	Town of Riverhead

Mailing Address	Town	State	Zip
1295 Pulaski Street	Riverhead	NY	11901

Phone Contact	Fax	Email Address
631-727-3200, ext 604		dillingham@townofriverheadny.gov

CONTACT PERSON (if different from owner) The person to receive all correspondence including permit and associated certificate:

First Name	Last Name
William	Bowman (Agent, Land Use Ecological Services, Inc.)

Mailing Address	Town	State	Zip
570 Expressway Drive South, Suite 2F	Medford	NY	11763

Phone Contact	Fax	Email Address
631-727-2400	631-727-2605	wbowman@landuse.us

- ☐ Residential - Estimated cost of proposed construction $_____
- ☐ Commercial - Estimated cost of proposed construction $_____
- ☐ Single Family Residence
- ☐ Manufactured/Modular Home
- ☐ Excavation/Land clearing: approx_____cu.yds. removed
- ☐ Addition
- ☐ Alteration
- ☐ Accessory Structure
- ☐ Swimming Pool

- ☐ Deck
- ☐ _____Car Attached/Detached Garage
- ☐ New Commercial Structure
- ☐ Bulkhead/ Dock
- ☐ Demolition
- ☐ Agricultural Worker Housing
- ☐ Condominium
- ☐ Use Permit_____
- ☑ Miscellaneous Sormwater wetland construction (Floodplain development)

Pool Specifications (if applicable)

- ☐ In ground
- ☐ Above ground
- ☐ Hot tub/spa
- ☐ Heater _____ Electric/Gas

APPLICATION FOR BUILDING & ZONING PERMIT

Please describe project and/or special conditions:

The Town of Riverhead proposes to construct a stormwater wetland with an approximately 525 LF access road (12 FT width) located on a 48 FT wide embankment (8.0 NAVD88, 3H:1V slope) with 4 FT x 8 FT concrete water control structure, 24 inch diameter concrete outfall pipe with 125 SF scour pad, and overflow spillway armored with 12 inch stone (at 7.0 NAVD88). The wetland will be comprised of 14,378 SF (0.33 acres) of low emergent marsh, 23,053 SF (0.53 acres) of high emergent marsh, 14,569 SF (0.33 acers) of forested wetland, and 5,354 SF (0.12 acres) of rock-lined forebay and micropool. Vegetated wetland areas within the stormwater wetland comprise 52,000 SF (1.19 acres) and total stormwater wetland area (including forebay and micropool) is 57,354 SF (1.32 acres). An additional 6,118 SF (0.14 acres) of native upland restoration plantings are also proposed along the north and east sides of the site. Construction activities including excavation, filling, and clearing of natural vegetation are proposed within 75,162 SF (1.73 acres) of the site including nearly all the site's freshwater wetlands. Within the existing Phragmites marsh, the site will be excavated to a depth of 18 inches to remove the greatest concentration of organic matter and Phragmites rhizomes and seed bank. The area will be filled to proposed grade with clean fill enhanced with compost to support growth of native plantings. Along the permanent access route within the limits of the existing wetland, organic sediments will be removed to a depth of 24 inches or to suitable foundation material. The total volume of sediments to be removed is 3,300 CY. It is expected that 1,740 CY of new fill material will be imported to restore appropriate wetland grade after excavation of Phragmites rhizomes and organic sediments and to construct the permanent access road and reinforced embankment, and 460 CY of rock will be required for the forebay/micropool, channel, overflow spillway, and outflow scour pad.

ZONING SPECIFICATIONS: Fill in for new building, or addition to existing building or a change of occupancy. Indicate on the plot plan in triplicate, street names, the location and size of property, the location and setbacks of proposed buildings and existing buildings. Show proposed buildings in dotted lines and existing buildings in a solid line. All distances are measured from property line to nearest part of building.

All work must be in compliance with the Building Code of New York State.

Existing building type/use _____ Proposed building _____ sq. ft. Garage _____ sq. ft.

Existing building _____ sq. ft. Proposed addition _____ sq. ft. Number of Bedrooms _____ N/A to proposed project

Existing Floor 1 _____ sq. ft. Proposed Floor 1 add _____ sq. ft. Height _____ ft.

Existing Floor 2 _____ sq. ft. Proposed Floor 2 add _____ sq. ft. Impervious surface _____ %

Electrician: _____ License # _____

_____

Mailing Address Town State Zip

Plumber: _____ License# _____

_____

Mailing Address Town State Zip

Contractor: TBD - Town will bid project License# _____

_____

AFFIDAVIT

Town of Riverhead)
County of Suffolk) s.s.
State of New York)

I swear that to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are true and complete statements of proposed work to be done on the described premises and that all provisions of the Building Code, Zoning Ordinance, and all other laws pertaining to the proposed work shall be complied with, whether specified of not, and that such work and inspections are authorized by the owner.

Sworn to be before this 9 day of June 20 23

Carol Ann DelVecchio
Notary Public, Suffolk County, New York

Signature _____
Owner, Agent or Architect

CAROL ANN DELVECCHIO
Notary Public, State of New York
No. 01DE6101029
Qualified in Suffolk County
Commission Expires Nov. 3, 2023

*SCTM#*_____ *ZB#*_____ *Receipt No.* _____ *Date*_____

Application for Electrical Permit
Town of Riverhead
(631) 727-3200 Ext. 213
Fax (631) 208-8039

N/A to proposed stormwater wetland construction project

Owner of Property: _____ Phone No._____

Mailing Address: _____

Location of Job: _____ Hamlet:_____

Name of Contractor responsible for electrical installation:

Business Name in full: _____ License No. _____

Mailing Address: _____

Phone#_____ Cell #_____ Fax#_____

State use of premises: ☐ Residential ☐ Commercial Nature of work:_____

Exposed ☐ Concealed ☐ New ☐ Old ☐ Area of proposed construction in total square feet: _____

Service Information:
Temp Requested ☐

Size of Mains: _____ Feeders:_____

Service Enters Building: ☐ Overhead ☐ Underground

Application fees are made payable to the Town of Riverhead Fee: _____ Type Code: _____

APPLICATION IS HEREBY MADE to the Building Department as per Chapter 217 of the Code of the Town of Riverhead.
STATE OF NEW YORK) COUNTY OF SUFFOLK)

_____ being duly sworn deposes and says that he/she is the applicant above named.
He/She is the _____ of said owner or owners, and is duly authorized to perform or have performed the said work and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief: and that all work will be performed in the manner set forth in this application and in the plans and specifications filed herewith.

Sworn to before me this _____ day
of _____ 20_____ Signature of Electrician_____

Notary Public _____

FOR OFFICE USE ONLY

Request Date:	Inspection	Remarks:

Read this document carefully.
You may consult your attorney before completing.

Disclosure Affidavit

STATE OF NEW YORK)
SS:
COUNTY OF SUFFOLK)

I, _____ an applicant for the following relief: _____ and being duly sworn, deposes and says:
(Type of Permit)

That I make and complete this affidavit under the penalty of perjury and swear to the truth thereof.

That I understand that this affidavit is required by Section 809 of the General Municipal Law and that a knowing failure to provide true information is punishable as a misdemeanor. Being so warned, I state:

That _____ is a State Officer, is an officer or employee of Riverhead Town, and:
(Name of Relative)

☑ ***Check here if not applicable (i.e., you have no relative working for the Town of Riverhead.) and please sign below before a notary public.***

That this person has an interest in the person, partnership or association requesting the above stated relief.

That for the purpose of this section, an officer or employee shall be deemed to have an interest in the applicant where he, his spouse, or their brothers, sisters, parents, children, grandchildren or the spouse of any of them.

a. is an applicant,
b. is an officer, director, partner or employee of the applicant,
c. legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association, applicant, or
d. is a party to an agreement with such an application, express or implied whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request.
e. That ownership of less than five (5) per cent of the stock of a corporation whose stock is listed on the New York or American Stock Exchange shall not constitute an interest for the purpose of this section.

Drew Dellinger
(Signature)

Sworn to before me this 9 day of June, 2023

Carol Ann Delvecchio
Notary Public

CAROL ANN DELVECCHIO
Notary Public, State of New York
No. 01DE6101029
Qualified in Suffolk County
Commission Expires Nov. 3, 2023

N/A to proposed stormwater wetland construction project

Town of Riverhead Building Department

ZB NO._____ SCTM#. 600-67-2-26.1

COMMERCIAL INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET

Inspections must be made by the building department within four (4) months of the issuance of a building permit. It is the responsibility of the applicant, owner, or contractor to request inspections from the Building Department. Construction must be completed and certificate of occupancy must be obtained within twelve (12) months, or the permit may need to be renewed.

NOTE: AFTER THE FOUDATION IS POURED OR PILINGS ARE INSTALLED, AND PRIOR TO THE START OF FRAMING, A FLOOD ELEVATION CERTIFICATE IS REQUIRED FOR WORK WITHIN FLOODPLAIN.

The following inspections are required. **ONE WEEK notice for inspections is necessary**.

1st Inspection:	Footing reinforcement or pier excavation prior to pour
2nd Inspection:	Footing keyway with foundation wall reinforcement and dowels into existing
3rd Inspection:	Foundation before backfill (must be damp proofed where applicable)
4th Inspection:	Under slab plumbing, perimeter insulation, and slab preparation before slab is poured.
5th Inspection:	Framing, Sheathing & Strapping prior to housewrap (if strapped under sheathing, separate sheathing inspection req'd)
6th Inspection:	Rough plumbing; air and/or water test may be required
7th Inspection:	Rough electric
8th Inspection:	Insulation and draft stopping; must be weather tight
9th Inspection:	Final building, plumbing, electrical inspections; all construction completed and ready for occupancy

Site features may need additional inspections; i.e. drywells, grading, grade stabilization, etc.

After the required inspections are made, a Certificate of Occupancy must be issued prior to occupying the subject building(s). The following documents are required to be submitted after all of the work is complete:

- O Final Survey with Suffolk County Department of Health Services Approval, if applicable N/A
- O Electrical Certificate of Compliance with Dark Skies Acknowledgement, if applicable N/A
- O Fire Marshal Certificate of Compliance N/A
- O Planning Department Approval, if applicable
- O Plumbers Affidavit, if applicable N/A
- O Final Floor Affidavit, if applicable N/A
- O Approvals from all agencies having jurisdiction (Highway, Water, Sewer, SCDPW, NYSDOT, etc.)

- No building may be used or occupied in whole or in part, until a Certificate of Occupancy shall have been issued by the Building Inspector. (All new construction)
- No building enlarged, extended or altered, or upon which work has been performed, which required a building permit, shall be occupied or used more than thirty (30) days after completion, unless a Certificate of Occupancy shall have been issued by the Building Inspector. (All additions, alterations, etc.)
- All debris created by land clearing and during construction must be removed from the property. No debris is to be used in backfill of footings and foundation or is to be buried.

The Certificate of Occupancy will be issued after a processing period of at least Seventy-two hours (72) from the time all of the required documents are submitted to this office.

Pursuant to Chapter 217-12 (G): The Building Inspector may charge a duplicate inspection fee for any inspection that must be repeated due to the failure of the applicant to meet the inspection criteria. The duplicate inspection fee for residential properties shall be $200. The duplicate inspection fee for commercial properties shall be $350. In addition, each missed inspection shall be considered a failed inspection and a fee shall be charged. If foundations are poured without the rebar being seen then we reserve the right to require third party imaging certification.

The owner/contractor is responsible for all drainage and flooding issues as provided by §217-6 (k) of the Town Code.
Permit fees are nonrefundable per Town of Riverhead Code §217-12 D(17).
The person responsible for this site must call in for all inspections listed above.

Signature: _____ ***Date:*** 6/9/23

2021 REVISED

N/A to proposed stormwater wetland construction project

Dark Skies' Compliance Acknowledgement
Town of Riverhead Lighting Ordinance Article XLIX

TO BE SUBMITTED AT THE CONCLUSION OF WORK AND PRIOR TO CO

Property Owner

Property Address

Suffolk County Tax Map Number: 0600-_____-_____-_____

Permit No. ZB _____

I, _____, Suffolk County License #_____
☐ Electrician or ☐ Owner or ☐ Architect

doing business as _____
Name of Business

residing (or doing business) at _____,

being duly sworn, depose and says that;

☐ I am the Electrician for the above referenced property; that I currently have a valid Suffolk County Electrician's License; and

☐ I am the owner or architect; and

That the Outdoor Lighting installation is complete, that said installation conforms to the provisions of Article XLIX of the Riverhead Town Code and the National Electrical Code; and that I understand that the Town of Riverhead will rely on this sworn statement as a condition to issuing the Electrical Certificate of Compliance for the above described work:.

Town of Riverhead)
County of Suffolk) ss.
State of New York)

Signature: _____

False statements made herein are punishable as a class "A" misdemeanor pursuant to § 210.45 of the Penal Law, State of New York.

Sworn to before me this 9 day

of June, 2023.

_____
(Notary Public, Suffolk County, New York)

CAROL ANN DELVECCHIO
Notary Public, State of New York
No. 01DE6101029
Qualified in Suffolk County
Commission Expires Nov. 3, 2023

TOWN OF RIVERHEAD ~ OFFICE OF THE FIRE MARSHAL

201 Howell Avenue, Riverhead New York 11901 (631) 727-3200 ext. 601 Fax (631) 727-3370

CONSTRUCTION PERMIT APPLICATION

TO BE SUBMITTED WITH: ***ONE (1) SET OF STAMPED/SEALED BUILDING CONSTRUCTION PLANS AND***
APPLICATION FEE: *under 10,000 sq. ft.* - **$100** *10,000 sq. ft. and over* - **$150**
(TRUSS CONSTRUCTION) ADDITIONAL **$50**

If the building will utilize truss construction, please describe construction type (ex: Type Vb) and where the truss system will be located (ex: roof, floor, roof & floor) _____

Date of Application: 6/6/2023 Tax Map No. 600-67-2-26.1 TOR Permit No. _____ (Office Use Only)

New Construction: ☑ **Alteration:** ☐

Address of Construction/Alteration 705 Main Road, Aquebogue, NY 11931

Business Name of Building / Occupant Meetinghouse Creek Stormwater Wetland and Habitat Restoration

Type of Building Occupancy (Specify from NYS Building Code) N/A - no building proposed

Description of work to be performed: Proposed construction of stormwater wetland.

Do you plan to install a Fire Alarm System? ☐ Yes ☑ No N/A **Fire Sprinkler System?** ☐ Yes ☑ No N/A

Property Owner Name: Town of Riverhead

Is Property Owner the Applicant? ☑ Yes ☐ No **Daytime Phone No:** 631-727-3200, ext 604

Mailing Address: 1295 Pulaski Street, Riverhead, NY 11901

Applicant Information *(to whom permit is to be issued to)**

Name: Drew Dillingham, P.E., Town Engineer, Town of Riverhead

Mailing Address of Applicant: 1295 Pulaski Street, Riverhead, NY 11901

Name & Number of Contact Person for Additional information:

Name William Bowman, PhD / Land Use Ecological Services, Inc. (Agent) Phone No. 631-727-2400

SIGNATURE OF APPLICANT

The accuracy of the information, plans, diagrams and facts submitted in conjunction with this application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.

Signature of Applicant _____ **Date:** 6/9/23

PLEASE ALLOW A MINIMUM OF 2 – 4 WEEKS FOR REVIEW PROCESS

Updated 8/16

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Division of Water, Bureau of Water Permits
625 Broadway, Albany, New York 12233-3505
P: (518) 402-8111 F: (518) 402-9029
www.dec.ny.gov

7/11/2023

Town of Riverhead
Drew Dillingham
1295 Pulaski Street
Riverhead, NY 11901

RE: ACKNOWLEDGMENT of NOTICE OF INTENT for Coverage Under SPDES General Permit for Storm Water Discharges from CONSTRUCTION ACTIVITY – General Permit No. GP-0-20-001

Dear Prospective Permittee:

This is to acknowledge that the New York State Department of Environmental Conservation (Department) has received a complete Notice of Intent (NOI) for coverage under General Permit No. GP-0-20-001 for the construction activities located at:

Meetinghouse Creek Stormwater Wetland & Habitat Restoration
705 Main Road
Riverhead, NY 11901 **County: SUFFOLK**

Pursuant to Environmental Conservation Law (ECL) Article 17, Titles 7 and 8, and ECL Article 70, coverage under GP-0-20-001 for the above construction site is effective five (5) business days from **7/10/2023**, which is the date the Department received your complete eNOI.

The permit identification number for this site is: **NYR11L393**. Be sure to include this permit identification number on any forms or correspondence you send the Department. When coverage under GP-0-20-001 is no longer needed, you must submit a Notice of Termination to the Department.

Additionally, authorization to discharge under GP-0-20-001 is conditioned upon compliance with Part II.C. of GP-0-20-001, specifically the following:

1. A final Storm Water Pollution Prevention Plan has been prepared;

2. When applicable, project review pursuant to the State Environmental Quality Review Act (SEQRA) has been satisfied;

3. Where required, all necessary Department permits subject to the Uniform Procedures Act (UPA) (see 6 NYCRR Part 621), or the equivalent from another New York State agency, have been obtained, unless otherwise notified by the Department pursuant to 6 NYCRR 621.3(a)(4).

If other UPA permits, or the equivalent, are required, you must submit a preliminary SWPPP to the appropriate Permit Administrator at the Regional Office listed in Appendix F to GP-0-20-001. The preliminary SWPPP must be submitted at the time that the applications for all other UPA permits, or the equivalent, are submitted to the Department.

Note: Construction cannot commence until all of the above have been satisfied.

Please be advised that there is an annual regulatory fee of $110, which is billed by the Department in the late fall. The regulatory fee covers a period of one calendar year. In addition, since September 1, 2004, construction stormwater permittees have been assessed an initial authorization fee which is now $110 per acre of land disturbed and $675 per acre of future impervious area. The initial authorization fee covers the duration of the authorized disturbance.

Should you have any questions regarding any aspect of the requirements specified in GP-0-20-001, please contact me at (518) 402-8114.

Sincerely,

David Gasper

David Gasper
Environmental Engineer

cc: RWE - **1**
SWPPP Preparer
Land Use Ecological Analysts, LLC
Risotto, Kelly
570 Expressway Drive South, Suite 2F
Medford, NY 11763

Sarah Widing <swiding@interfluve.com>

RE: Case 100833 Stormwater BMP and Restoration 705 Main Road, Aquebogue, NY25 0600-06700-0200-026001

joshi, siddha (DOT) <siddha.joshi@dot.ny.gov> Tue, Aug 22, 2023 at 9:20 AM
To: "cconstantine@interfluve.com" <cconstantine@interfluve.com>, Sarah Widing <swiding@interfluve.com>
Cc: "Tariq, Melik (DOT)" <Melik.Tariq@dot.ny.gov>, "Islam, Mohammad R (DOT)" <Mohammad.Islam@dot.ny.gov>, "Fajolu, Olumuyiwa (DOT)" <Olumuyiwa.Fajolu@dot.ny.gov>, "Easow, Mathewkutty (DOT)" <Mathewkutty.Easow@dot.ny.gov>, "Magioncalda, Jennifer (DOT)" <Jennifer.Magioncalda@dot.ny.gov>, "Aucacama-Rivera, Diego (DOT)" <Diego.Aucacama-Rivera@dot.ny.gov>

Good Morning,

This is in response to your submission July 27, 2023 for the subject site. NYSDOT Comments have been addressed properly. Plans are approved for the subject site. All other required submission items are listed below:

- Please submit 3 sets of the accepted plans (11”x17”, drawn to legible scale). Make sure the plan is accepted before sending 3 copies.

- Completed, signed Highway Work Permit Application PERM 33. The property owner should be named as applicant - 1 and the contractor as joint applicant.

- Proof of Workers Compensation Insurance (Acceptable forms are, Form C-105.2, U-26.3 or SI-12) or proof of exemption (Form, C-200). Name and address of the entity requesting proof of coverage should read as:

NYSDOT Traffic Safety & Mobility, 250 Veterans Memorial Highway, Rm. 6A-7, Hauppauge, NY 11788.

- Proof of Disability Benefits Coverage (Acceptable forms are, Form DB-120.1 or DB-155) or proof of exemption (Form CE 200).

Should you have any additional questions feel free to contact Me at 631-952-6022.

Thanks,

Siddha R. Joshi

Assistant Engineer | Permits

New York State Department of Transportation, Region 10

Traffic & Safety

250 Veterans Memorial Highway, Rm. 6A-7, Hauppauge, NY 11788

631-952-6028 | siddha.joshi@dot.ny.gov

www.dot.ny.gov/permits

NOTICE OF COMMENCEMENT OF CONSTRUCTION

RETURN THIS FORM TO: COMPLIANCE
Bureau of Ecosystem Health - NYSDEC
SUNY at Stony Brook
50 Circle Road
Stony Brook, NY 11790-3409

Or Fax to: 631-444-0272
E-Mail: dec.sm.R1MHP-BEH@dec.ny.gov

PERMIT NUMBER: _____ EXPIRATION DATE: _____

PERMITTEE NAME & PROJECT ADDRESS: _____

_____

CONTRACTOR NAME & ADDRESS: _____

_____ TELEPHONE: _____

Dear DEC:
Pursuant to the special conditions of the referenced permit, you are hereby notified that the authorized activity shall commence on _____. We certify that we have read the referenced permit and approved plans and fully understand the authorized project and all permit conditions. We have inspected the project site and can complete the project as described in the permit and as depicted on the approved plans. We can do so in full compliance with all plan notes and permit conditions. The permit, permit sign, and approved plans will be available at the site for inspection in accordance with General Condition No. 1. (Both signatures required)

PERMITTEE: _____ DATE_____

CONTRACTOR: _____ DATE_____

*THIS NOTICE MUST BE SENT TO THE ABOVE ADDRESS **AT LEAST TWO DAYS PRIOR TO COMMENCEMENT OF THE PROJECT** AND /OR ANY ASSOCIATED ACTIVITIES. FAILURE TO RETURN THIS NOTICE, POST THE PERMIT SIGN, OR HAVE THE PERMIT AND APPROVED PLANS AVAILABLE AT THE WORK SITE FOR THE DURATION OF THE PROJECT MAY SUBJECT THE PERMITTEE AND/OR CONTRACTOR TO APPLICABLE SANCTIONS AND PENALTIES FOR NON-COMPLIANCE WITH PERMIT CONDITIONS.*

Cut along this line X X X X X X X

NOTICE OF COMPLETION OF CONSTRUCTION

RETURN THIS FORM TO: COMPLIANCE
Bureau of Ecosystem Health - NYSDEC
50 Circle Road
Stony Brook, NY 11790-3409

Or Fax to: 631-444-0272
E-Mail: dec.sm.R1MHP-BEH@dec.ny.gov

PERMIT NUMBER: _____ EXPIRATION DATE: _____

PERMITTEE NAME & PROJECT ADDRESS: _____

_____

CONTRACTOR NAME & ADDRESS: _____

_____TELEPHONE: _____

Pursuant to special conditions of the referenced permit, you are hereby notified that the authorized activity was completed on _____. We have fully complied with the terms and conditions of the permit and approved plans. (Both signatures required)

PERMITTEE: _____ DATE_____

CONTRACTOR: _____ DATE_____

*THIS NOTICE, WITH PHOTOGRAPHS OF THE COMPLETED WORK AND/OR A COMPLETED SURVEY, AS APPROPRIATE, **MUST BE SENT TO THE ABOVE ADDRESS WITHIN 30 DAYS OF COMPLETION OF THE PROJECT.***

NEW YORK STATE | Department of Environmental Conservation

NOTICE

The Department of Environmental Conservation (DEC) has issued permit(s) pursuant to the Environmental Conservation Law for work being conducted at this site. For further information regarding the nature and extent of work approved and any Departmental conditions on it, contact the Regional Permit Administrator listed below. Please refer to the permit number shown when contacting the DEC.

Regional Permit Administrator
SHERRI AICHER

Permit Number: 1-4730-01079/00002

Expiration Date: 9/6/2028

NYSDEC Region 1 Environmental Permits
50 Circle Road
Stony Brook, NY 11790-3409
Email: dep.r1@dec.ny.gov

Note: This notice is **NOT** a permit

NEW YORK STATE | Department of Environmental Conservation

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