

Supervisor Monaghan

TOWN OF STONY POINT  
OFFICE OF TOWN CLERK

74 East Main Street  
Stony Point, New York 10980  
(845) 786-2716 Ext. 107 ~ Fax (845) 786-2783



Megan Carey, Town Clerk  
Holli Finn, Deputy Town Clerk

STONY POINT TOWN BOARD

7:00PM

June 14, 2022

**Agenda**

Pledge of Allegiance  
Roll Call  
Supervisors Report  
Police Dept Report  
Golf Course Report  
Highway Superintendents Report  
Purchase Order Request  
Audit of Bills  
Minutes: May 24, 2022  
Departmental Reports  
Correspondence  
Public Input-Limited to 3 minutes

Public Hearing-Special Use Permit-Eagle Bay

1. Appoint Code Enforcement Officer I
2. Approve Property Maintenance-12 Sandyfields Lane, 3 Sandyfields Lane, 7 Blanchard Road
3. Approve Refund-Day Camp Registration
4. Hire Architect for Patriot Hills Clubhouse
5. Request to Hire Patriot Hills Golf Club Employees
6. Appoint Clerk Typist
7. Set Public Hearing-Local Law Adopting Fats, Oils and Grease Program
8. Approve Grant Award-Police Vehicle
9. Award Contract-Police Department Phone Service
10. Approve Retirement Payout as per CSEA Contract
11. Approve to Hire Lifeguards
12. Approve to Hire Day Camp Personnel

Executive Session-If Necessary

Public Hearing-  
Special Use Permit-  
Eagle Bay

It is the policy of the Rockland County Department of Personnel to provide accommodations in testing to individuals with disabilities and to religious observers and to provide for and promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, or criminal record.



# Rockland County

PERSONNEL

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS, LIBRARIES AND SPECIAL DISTRICTS

Date Received \_\_\_\_\_ Approved \_\_\_\_\_  
 Conditional \_\_\_\_\_ Disapproved \_\_\_\_\_

#1

PERSONNEL DEPT.  
USE ONLY

1. Code Enforcement Officer I (PT)  
 POSITION TITLE EXAM NUMBER

**READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING.** This application is part of the examination. It is necessary that you answer all questions completely. Print in ink or use typewriter. Attach additional sheets if necessary to give complete and detailed information. A resume cannot substitute for the application. **Immediate Notice should be given of any change in address before or after examination.**

**2. NAME AND RESIDENCE**

Holdampf David I  
 Last Name First Name Initial  
 Home:  
160 Wiles Dr. Business: (845)825-1091  
 Street Address or Road Phone Number  
Stony Point NY 10980  
 R.D. # or P.O. Box # Town State Zip  
 Email Address: EM923TL51@aol.com

- 7A. Are you currently a U.S. Citizen? (Citizenship is no longer a requirement for employment except for public officer positions) (If "Yes" to question 7A skip to question 7C) YES  NO
- B. If not, do you have the legal right to accept Employment in the United States? Please give alien registration number: YES  NO
- C. Are you a retiree from New York State or any civil division thereof? YES  NO
- D. Are you an Exempt Volunteer Fireman? YES  NO

**3. Social Security Number**

[REDACTED]

**NON-REFUNDABLE APPLICATION FILING FEE** Please read the announcement and information on page 4  
 FEE PAID: \_\_\_\_\_ NO FEE IS DUE BECAUSE:  
 I have enclosed the fee  I have completed the Application Fee Waiver request form. (Attach to application)  
 (The fee WILL NOT BE REFUNDED if your application is DISAPPROVED)

4. If you are applying for a law enforcement position or are under 18 years of age, fill in your date of birth. \_\_\_\_\_ MM/DD/YYYY

5. State your actual permanent legal residence and indicate how long you have resided there continuously, up to and including date of this application.

	Yrs.	Mos.
School District <u>North Rockland</u>	<u>42</u>	
Village of _____		
Town of <u>Stony Point</u>	<u>42</u>	
County of <u>Rockland</u>	<u>42</u>	
State of <u>New York</u>	<u>42</u>	

**EXTRA CREDIT FOR WAR TIME VETERANS – READ LAST PAGE FOR DETAILS**

- 8A. I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. I served on a full-time active duty Basis other than for training purposes during one of The war periods listed on the back of this form. If not, omit questions 8B-F. YES  NO
- B. Are you currently in the military? YES  NO   
 What was your date of entry? Jan. 2000  
 What was or is your expected date of separation? April 2009
- C. I wish to claim additional credits as a non-disabled war veteran. YES  NO   
 I wish to claim additional credits as a disabled war Veteran. YES  NO   
**(Separation from Service Forms/VA forms must be submitted)**
- D. I am a New York State Resident. YES  NO
- E. I am a US citizen or alien lawfully admitted for permanent residence. YES  NO
- F. I have used veteran credits for appointment to a position in New York State or Local government. YES  NO

6. If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, list below. Call to make arrangements no later than Tuesday before the test date.

Exam Number(s)	Title(s)

PHOTOCOPIES NOT ACCEPTED

9. Check the appropriate box below if you desire special arrangements for testing because you are a:
- A. For religious reasons cannot be tested on Saturday.
  - B. Disabled Person - Complete a confidential questionnaire to indicate reasonable accommodations required. (e.g. braille booklet, amanuensis, reader)
  - C. Active Military Members - indicate your military address and length of duty.

10. Check appropriate answer to the right of each question.
- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds, disability or medical condition? YES  NO
  - B. Did you ever resign from any employment other than face dismissal? YES  NO
  - C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? YES  NO
  - D. Have you ever been convicted of a crime (felony or misdemeanor)? YES  NO
  - E. Are you now under charges for any crime? YES  NO

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

If you answered "YES" to any of the questions above, you may give specifics under "REMARKS" on page 4. If you elect not to provide however, or if such explanation is insufficient, a confidential questionnaire will be sent to you.

Do Not Write In This Area

For questions 11 - 14, make certain you answer all those questions which pertain to requirements listed on the announcement for the examination(s) for which you are filing, or set forth in the specification for the position applied for. If in doubt, answer all questions. IF RESUME IS ATTACHED, APPLICATION MUST BE FILLED OUT COMPLETELY.

11. **EDUCATION.** If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. If specific courses are required, list under REMARKS on last page. PLEASE HAVE OFFICIAL TRANSCRIPTS FORWARDED TO OUR OFFICE. (Student copies are not acceptable.)

Have you graduated from high school? YES  NO

If yes, give year graduated: 1998

If no, give highest grade completed: \_\_\_\_\_

Give name and location of high school: North Rockland High School  
106 Hammond Rd Thiells, NY 10953

If you have a high school equivalency diploma, indicate issuing Government Authority: \_\_\_\_\_ Date and/or Number of Issue: \_\_\_\_\_

	Name of School and Location	Dates of Attendance (Month and Year) From To	Day or Night	# of Years Credited	Did You Graduate?	Type of Course or Major Subject	# of College Credits Awarded	Type of Degree Received	Date Of Degree
College, University, Professional or Technical School	<u>Rockland Community College</u>	<u>Sept. 1998</u> <u>Sept. 2000</u>	<u>Both</u>	<u>1</u>	<u>No</u>	<u>Fire Protection</u>	<u>45</u>	<u>—</u>	<u>—</u>

Other Schools or Special Courses: Brockland County Voces (Carpentry School)  
Dept of Defense Firefighting School (USAF)

Official transcripts previously filed YES  NO  Attached YES  NO  On request from school YES  NO

12A. Licenses, Certificates, or Permits. If a license, certificate, or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) or job specification for which you are applying, complete the following. If not licensed, do you have a temporary permit? YES  NO

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From	To

B. Do you have a valid license to operate a motor vehicle in New York State? YES  Class D NO

13. If ever employed by the County of Rockland or by any civil division therein, please check here  and give dates of employment and name of agency: Brockland County Fire Training Center 1998 - Present

David Holdampf [REDACTED] Code Enforcement I 6/8/22  
Print name Social Security Number Title or Exam Number Date

Do Not Write In This Area

14. **DESCRIPTION OF EXPERIENCE.** Describe below in detail ALL employment pertinent to the position(s) sought. You are responsible for submitting an accurate, adequate, and clear description of your experience. Omissions or vagueness will NOT be resolved in your favor. Include MILITARY SERVICE experience when appropriate. Relevant VOLUNTEER experience generally will be considered. Request volunteer form from Department of Personnel. If your title or duties changed materially in the course of your service in any one organization, indicate such CHANGE clearly and as a SEPARATE EMPLOYMENT. (If more space is needed attach 8-1/2" x 11" sheets of paper using same format.)

Length of Employment	Firm Name	Address	City and State
From: Mo. <u>June</u> Yr. <u>1998</u> To: Mo. <u>Jan.</u> Yr. <u>2005</u>	<u>Country Carpentry</u>	<u>55 Filers Lane</u>	<u>Stony Point, NY</u>
Type of Business <u>Construction</u>	Duties: describe the major tasks of the work personally performed by you, with estimate of percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.		
Your Exact Title <u>Carpenter</u>	<u>Worked on Construction Sites</u>		
Name of your supervisor <u>Chris Delisio</u>	<u>Involved in building home additions and</u>		
Supervisors Title	<u>made sure buildings were constructed up to</u>		
Hours per week worked (excluding overtime)	<u>30+</u>		
Length of Employment	Firm Name	Address	City and State
From: Mo. <u>Jan</u> Yr. <u>2000</u> To: Mo. <u>May</u> Yr. <u>2002</u>	<u>Stewart Air Force Base</u>	<u>1 Maguire Way</u>	<u>Newburgh, NY</u>
Type of Business <u>Fire Protection</u>	Duties: (See above)		
Your Exact Title <u>Aircraft Firefighter</u>	<u>Fire Protection for Air Force Base and</u>		
Name of Your Supervisor <u>John Wilson</u>	<u>Stewart Airport Terminal's</u>		
Supervisors Title <u>Fire Chief</u>	<u>Inspect buildings to make sure these up</u>		
Hours Per Week Worked (excluding overtime)	<u>40 hrs +</u>		
Length of Employment	Firm Name	Address	City and State
From: Mo. <u>June</u> Yr. <u>1998</u> To: Mo. <u>Present</u>	<u>Rockland County Fire Training Center</u>	<u>Pomona, NY</u>	
Type of Business <u>Training Center</u>	Duties: (See above)		
Your Exact Title <u>Fire Instructor</u>	<u>Teach Firefighters on firefighting skills</u>		
Name of Your Supervisor <u>Mike Healy</u>	<u>including building construction</u>		
Supervisors Title <u>Head Instructor</u>			
Hours Per Week Worked (excluding overtime)	<u>8+</u>		
Length of Employment	Firm Name	Address	City and State
From: Mo. <u>May</u> Yr. <u>2002</u> To: Mo. <u>Present</u>	<u>FDNY</u>	<u>9 Metro Tech</u>	<u>Brooklyn, NY</u>
Type of Business <u>Fire Dept</u>	Duties: (See above)		
Your Exact Title <u>Firefighter</u>	<u>Fire Protection for NYC Residents</u>		
Name of Your Supervisor <u>Joe Johnson</u>	<u>Conduct building Inspections for</u>		
Supervisors Title <u>Captain</u>	<u>unsafe occupancy's and fire/building codes</u>		
Hours Per Week Worked (excluding overtime)	<u>40+</u>		

David Holdampf [Redacted] Code Enforcement I 6/8/22  
 Print name Social Security Number Title or Exam Number Date

TOWN OF STONY POINT  
BUILDING DEPARTMENT

74 EAST MAIN ST  
STONY POINT, NY 10980  
Ph. 845-786-2716 FAX 845-786- 5138

#2

NOTICE OF FAILURE TO REMEDY VIOLATION  
And  
NOTICE OF HEARING

June 1st, 2022

No. 2022-0076

Section Block Lot # 14.03-2-17

Inspected Property: 12 Sandyfields Lane

Stony Point Reserves  
16 Squadron Blvd  
New City Ny 10956

RE: Order of Remedy

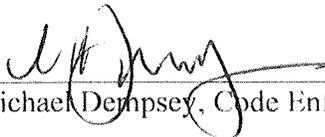
**PLEASE TAKE NOTICE** that you have failed to remedy the violation set forth in a Notice of Violation and Order to Remedy Violation dated May 31st, 2022 by the required compliance date. The premises located at **12 Sandyfields Lane, Stony Point NY 10980** designated as **Tax Map No. 14.03-2-17**, continues in violation of the Stony Points Property Maintenance Code 161-5

**The failure to maintain property**

In violation of **Chapter 161-5** of said laws.

**PLEASE TAKE FURTHER NOTICE** that the Town Board will hold a hearing on **June 14th, 2022 at 7:00 P.M.**, at the Rho Building 5 Clubhouse Lane in the Town of Stony Point, at which time the Town Board will determine whether the aforesaid violation has been properly remedied and whether to order that corrective action be undertaken by the Town at your Expense. You have the right to appear with or without an attorney and have the right to present evidence and examine witnesses to contest the accuracy and validity of the violations noticed herein.

**PLEASE TAKE FURTHER NOTICE** that all costs incurred by the Town, including but not limited to costs of corrective action, attorney's fees and administrative costs, if not paid within thirty (30) days of notification, shall be a lien on the premises and shall be assessed against such premises and shall be levied and collected in the same manner as real property taxes.

  
\_\_\_\_\_  
Michael Dempsey, Code Enforcement Officer

**TOWN OF STONY POINT  
BUILDING DEPARTMENT  
74 East Main Street  
Stony Point, New York 10980  
Ph. 845-786-2716, Fax 845-786-5138**

**NOTICE OF VIOLATION AND ORDER TO REMEDY**

Date: May 31, 2022

No: 2022-0076

Section Block Lot # 14.03-2-17

Inspected Property: 12 Sandyfields

Owner: Stony Point Reserves  
16 Squadron Blvd suite 106  
New City NY 10956

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**TAKE NOTICE that there exists a violation(s) of:**

**161-5 Landscaping Maintenance** All owners, occupants or tenants of any privately owned property within the Town of Stony Point shall maintain grass or other ground cover, trees and shrubbery in a safe and attractive condition, free of noxious weeds, shrubbery, bushes or trees that are noxious, dead or diseased. For the purpose of this provision, all grass or other ground cover shall be kept trimmed to a height of no greater than 10 inches. The failure to maintain property as required by this section shall be deemed an offense.

**NYS/ICC 2020 Property Maintenance Code of NY State  
Section 302 EXTERIOR PROPERTY AREAS**

**302.1 Sanitation.** "Exterior property and premises shall be maintained in a clean, safe and sanitary condition. The occupant shall keep that part of the exterior property that such occupant occupies or controls in a clean and sanitary condition.

**CONDITIONS OBSERVED:**

- 1. High grass property not maintained.**

**ACTION REQUIRED:**

- 1. Cut grass and maintain property throughout growing season.**

**TOWN OF STONY POINT  
BUILDING DEPARTMENT  
74 East Main Street  
Stony Point, New York 10980  
Ph. 845-786-2716, Fax 845-786-5138**

**Premises to be re-inspected for compliance in approximately 7 days. Required actions MUST be completed by June 8, 2022.**

Please contact the Town of Stony Point Building Department at (845) 786-2716 to schedule a re-inspection once the corrective action has been completed. Once compliance is verified this violation can be closed.

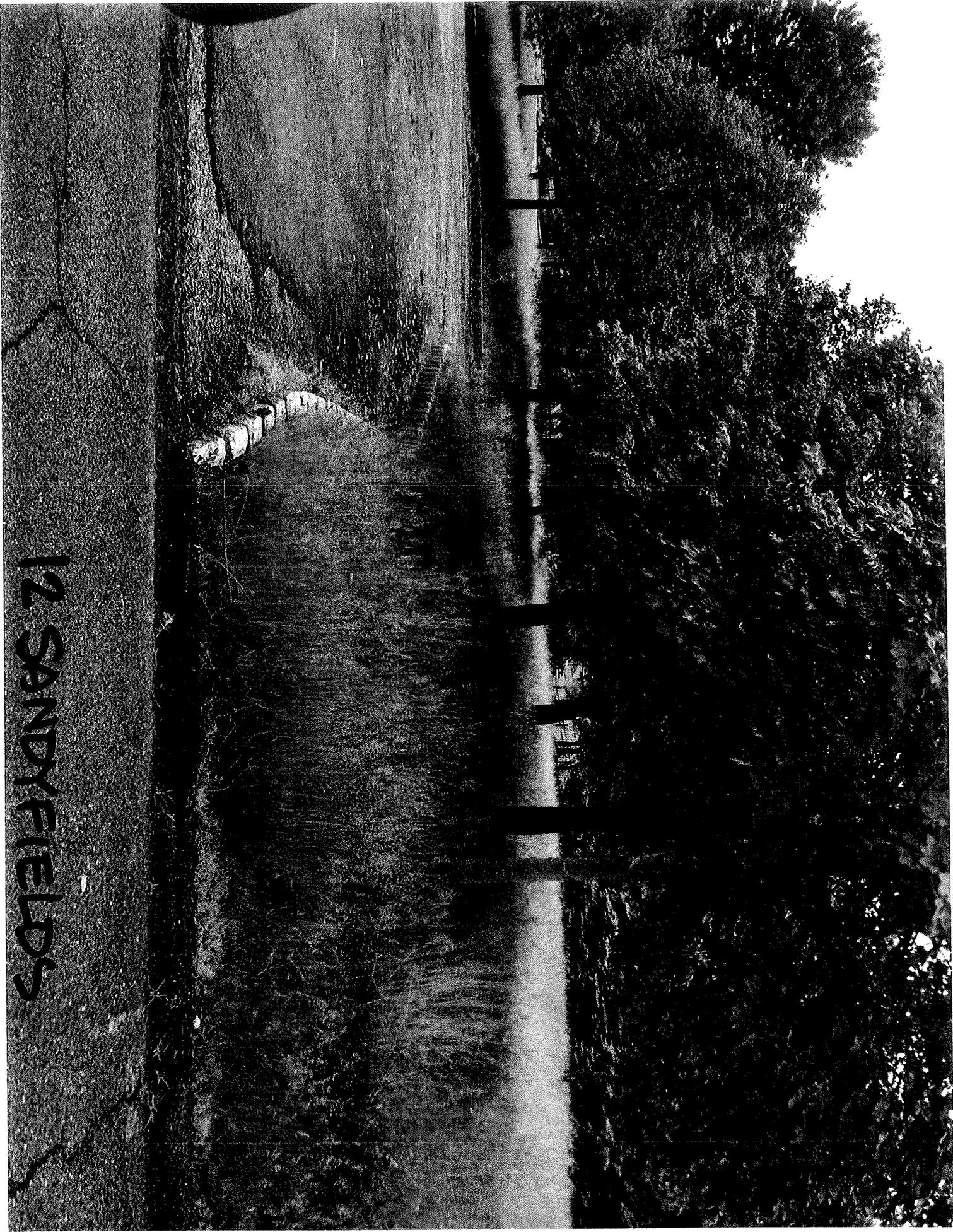
NOTE: failure to remedy the conditions aforesaid and to comply with applicable provisions of law may constitute an offense for which an appearance ticket may be issued and in the event of a conviction or plea of guilty, such offense is punishable by fines or imprisonment or both. Each day that a violation continues may be considered a separate offense punishable by separate fines.

ADDITIONALLY, note that continued failure to comply may result in direct action taken by the Town (or its contractors) to perform the necessary work at property owner's expense, plus legal fees.



Code Enforcement Officer

12 SANDY FIELDS



TOWN OF STONY POINT  
BUILDING DEPARTMENT

74 EAST MAIN ST  
STONY POINT, NY 10980  
Ph. 845-786-2716 FAX 845-786-5138

NOTICE OF FAILURE TO REMEDY VIOLATION  
And  
NOTICE OF HEARING

June 1st, 2022

No. 2022-0075

Section Block Lot # 14.03-2-2

Inspected Property : 3 Sandyfields Lane

Stony Point Reserves  
16 Squadron Blvd  
New City Ny 10956

RE: Order of Remedy

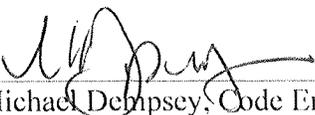
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**The failure to maintain property**

In violation of **Chapter 161-5** of said laws.

**PLEASE TAKE FURTHER NOTICE** that the Town Board will hold a hearing on **June 14th, 2022 at 7:00 P.M.**, at the Rho Building 5 Clubhouse Lane in the Town of Stony Point, at which time the Town Board will determine whether the aforesaid violation has been properly remedied and whether to order that corrective action be undertaken by the Town at your Expense. You have the right to appear with or without an attorney and have the right to present evidence and examine witnesses to contest the accuracy and validity of the violations noticed herein.

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Michael Dempsey, Code Enforcement Officer

**TOWN OF STONY POINT  
BUILDING DEPARTMENT  
74 East Main Street  
Stony Point, New York 10980  
Ph. 845-786-2716, Fax 845-786-5138**

**NOTICE OF VIOLATION AND ORDER TO REMEDY**

Date: May 31, 2022

No: 2022-0075

Section Block Lot # 14.03-2-2

Inspected Property: 3 Sandyfields

Owner: Stony Point Reserves  
16 Squadron Blvd suite 106  
New City NY 10956

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**TAKE NOTICE that there exists a violation(s) of:**

**161-5 Landscaping Maintenance** All owners, occupants or tenants of any privately owned property within the Town of Stony Point shall maintain grass or other ground cover, trees and shrubbery in a safe and attractive condition, free of noxious weeds, shrubbery, bushes or trees that are noxious, dead or diseased. For the purpose of this provision, all grass or other ground cover shall be kept trimmed to a height of no greater than 10 inches. The failure to maintain property as required by this section shall be deemed an offense.

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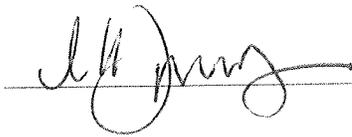
**TOWN OF STONY POINT  
BUILDING DEPARTMENT  
74 East Main Street  
Stony Point, New York 10980  
Ph. 845-786-2716, Fax 845-786-5138**

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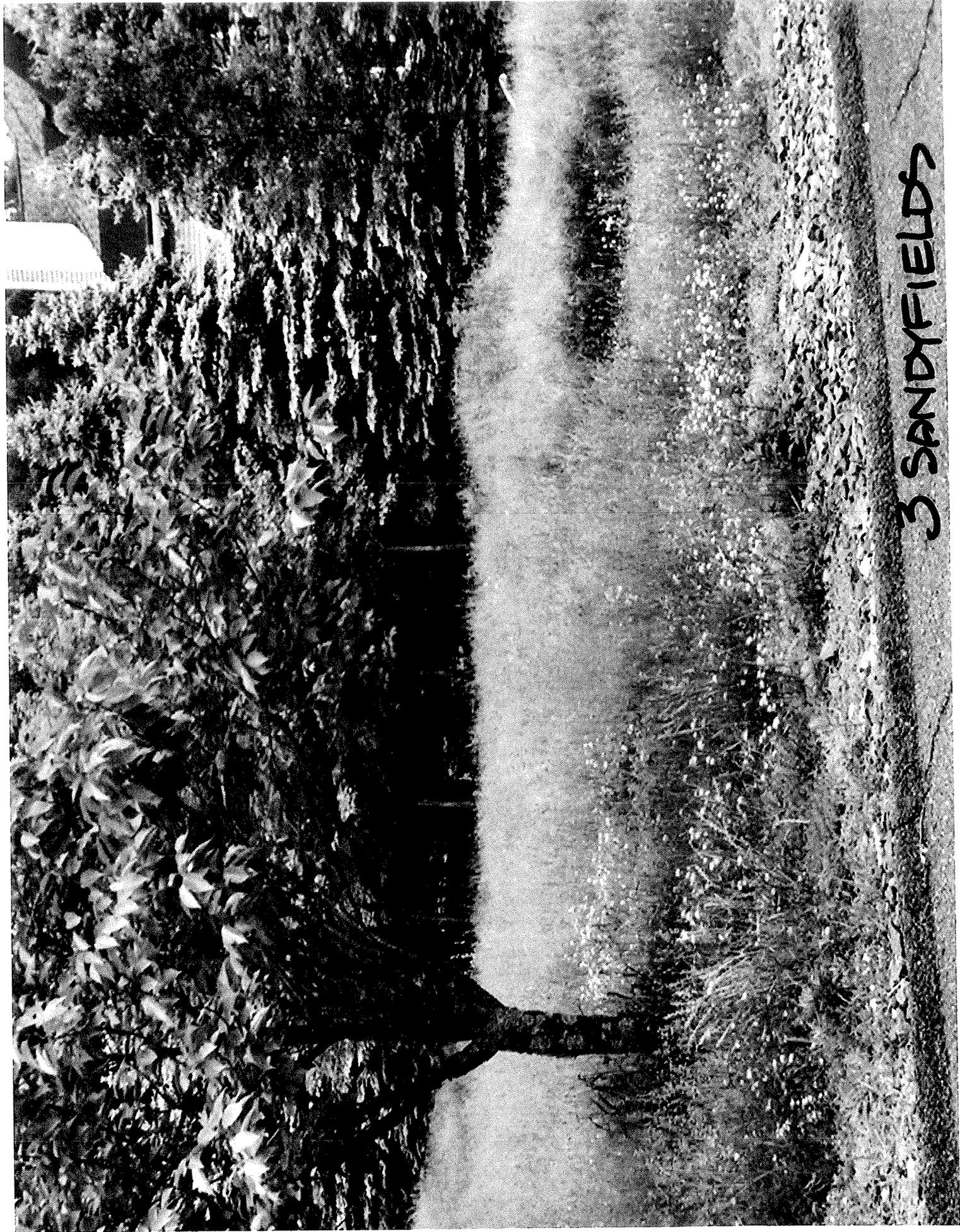
Please contact the Town of Stony Point Building Department at (845) 786-2716 to schedule a re-inspection once the corrective action has been completed. Once compliance is verified this violation can be closed.

NOTE: failure to remedy the conditions aforesaid and to comply with applicable provisions of law may constitute an offense for which an appearance ticket may be issued and in the event of a conviction or plea of guilty, such offense is punishable by fines or imprisonment or both. Each day that a violation continues may be considered a separate offense punishable by separate fines.

ADDITIONALLY, note that continued failure to comply may result in direct action taken by the Town (or its contractors) to perform the necessary work at property owner's expense, plus legal fees.



Code Enforcement Officer



3 SANDYFIELDS

TOWN OF STONY POINT  
BUILDING DEPARTMENT

74 EAST MAIN ST  
STONY POINT, NY 10980  
Ph. 845-786-2716 FAX 845-786-5138

NOTICE OF FAILURE TO REMEDY VIOLATION  
And  
NOTICE OF HEARING

May 19, 2022

No. 2021-192

Section Block Lot # 19.01-1-20

Barbara Fitzgerald  
7 Blanchard Road  
Stony Point, N.Y. 10980

RE: Order of Remedy

**PLEASE TAKE NOTICE** that you have failed to remedy the violation set forth in a Notice of Violation and Order to Remedy Violation dated **September 22, 2021** by the required compliance date. The premises located at **7 Blanchard Road** designated as **Tax Map No. 19.01-1-20**, continues in violation of the Stony Points Property Maintenance Code 161-5 Tree near property line determined to be a hazard. Tree needs to be removed as discussed in Fall 2021.

**The failure to maintain property**

In violation of **Chapter 161-5** of said laws.

**PLEASE TAKE FURTHER NOTICE** that the Town Board will hold a hearing on **June 14th, 2022 at 7:00 P.M.**, at the Rho Building 5 Clubhouse Lane in the Town of Stony Point, at which time the Town Board will determine whether the aforesaid violation has been properly remedied and whether to order that corrective action be undertaken by the Town at your Expense. You have the right to appear with or without an attorney and have the right to present evidence and examine witnesses to contest the accuracy and validity of the violations noticed herein.

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Michael Dempsey, Code Enforcement Officer

**TOWN OF STONY POINT  
BUILDING DEPARTMENT  
74 East Main Street  
Stony Point, New York 10980  
Ph. 845-786-2716, Fax 845-786-5138**

**NOTICE OF VIOLATION AND ORDER TO REMEDY**

Date: September 22, 2021

No: 2021- 192

Section Block Lot # 19.01-1-20

Inspected Property: **7 Blanchard Road**

Owner: Barbara Fitzgerald  
7 Blanchard Road  
Stony Point, NY 10980

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TAKE NOTICE that there exists a violation(s) of:

161-5 Landscaping Maintenance All owners, occupants or tenants of any privately owned property within the Town of Stony Point shall maintain grass or other ground cover, trees and shrubbery in a safe and attractive condition, free of noxious weeds, shrubbery, bushes or trees that are noxious, dead or diseased. For the purpose of this provision, all grass or other ground cover shall be kept trimmed to a height of no greater than 10 inches. The failure to maintain property as required by this section shall be deemed an offense.

CONDITIONS OBSERVED (8/2/2021):

1. Tree in poor condition.
2. Evidence of damage to neighbor's property caused by tree shedding one of two main branches

ACTION REQUIRED:

1. Remove tree

**TOWN OF STONY POINT  
BUILDING DEPARTMENT  
74 East Main Street  
Stony Point, New York 10980  
Ph. 845-786-2716, Fax 845-786-5138**

The failure to maintain property

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**ADDITIONALLY, note that failure to comply may result in direct action taken by the Town (or its contractors) to perform the necessary work at property owner's expense, plus legal fees.**

\_\_\_\_\_  
Code Enforcement Officer

7 Blanchard Road

#### Municipality Notes

Property Maintenance - Large tree in poor condition/ tree fall imminent.

Spoke w Barbara Fitzgerald regarding tree. She disputes trees location.

Found site plan and will follow up on Monday 11/8/21

11/8/21 Based upon site survey tree may be located on property line.

Follow up with neighbors / they agreed to share responsibility.

They will submit quote.

12/1/21 Quote submitted from Maria Mulder.

7 Blanchard/ Barbara Fitzgerald contacted and coordination to take place between neighbors.

12/22/21 Spoke with Maria Muldor and she confirmed some coordination with Barbara. She will call after Christmas 12/27/21

Spring 2022 –Several attempts to contact Barbara Fitzgerald failed. i.e Phone messages, door hangers  
Contacted Maria Mulder confirming no further effort made to address tree issue after initial contact in December.



**NORTHERN TREE SERVICE II, INC.**  
12 Lindberg Road  
Stony Point, New York 10980  
(845) 786-5346  
License #: H-10503-15-00-00

# JOB ESTIMATE/INVOICE

PHONE: 409-0238      DATE: 12/1/21  
JOB NAME/LOCATION: 563 Willow Grove Rd.  
Stony Point, NY

TO: Maria + Erick Molders

**JOB DESCRIPTION:**

> Remove large ASH Tree of ALL BRANCHES  
"leave STICK STANDING"

**NOT RESPONSIBLE FOR LAWN DAMAGE,  
DRIVEWAYS, OR SPRINKLER SYSTEMS.  
2% MONTHLY AFTER 30 DAYS.  
BALANCE DUE IN FULL UPON  
COMPLETION OF JOB.**

ESTIMATED JOB COST: \$2000.00  
ESTIMATED BY: Tom

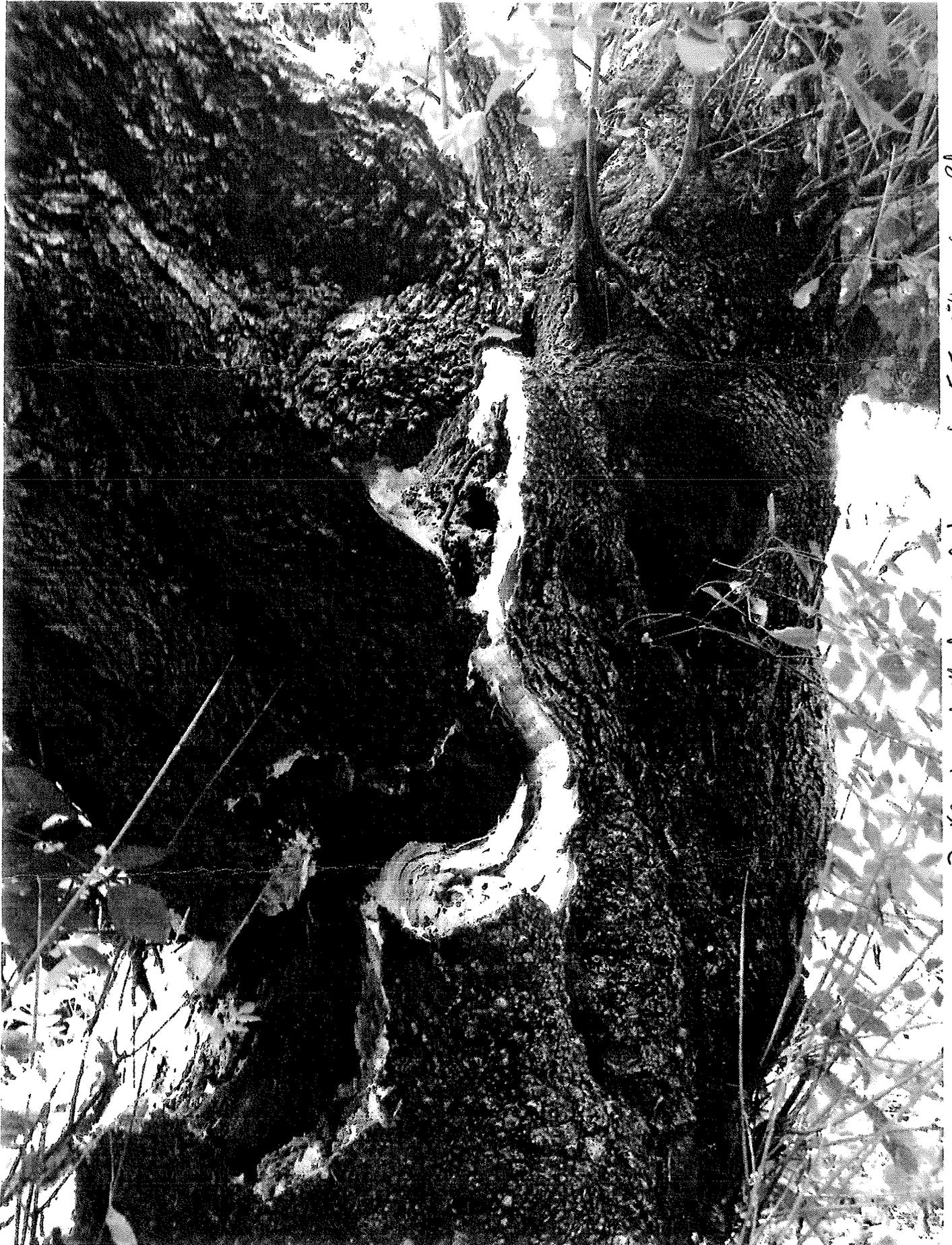
On 12/2/21, I, Maria Mobler,  
spoke to Tony Almeida, owner of home  
at 561 Willow Grove Rd, Stony Point.  
Mr. Almeida approved tree company access  
on his property to access removal of  
dead tree 'shared' by 563 Willow Grove Rd  
and 4 Blanchard Rd.

A handwritten signature in black ink, appearing to read "Maria Mobler". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

7 Blanchard Rd ↓



S63 willow Grove Rd  
mid of road



Broken branch that caused damage to 565 Willow Grove Rd  
... sticks, stems ...

#3

Holli Finn

---

**From:** Supervisor  
**Sent:** Tuesday, June 7, 2022 10:28 AM  
**To:** Holli Finn; Megan Carey  
**Subject:** FW: Requesting Stony Point Summer Camp Refund

Good morning,

Please place request for refund on our Town Board agenda.

Thank you,  
Jim

*Jim Monaghan  
Supervisor  
Town of Stony Point  
845-786-2716  
845-786-3248 - Fax  
[www.townofstonypoint.org](http://www.townofstonypoint.org)*

**From:** Amy Stamm <[astamm@TownOfStonyPoint.org](mailto:astamm@TownOfStonyPoint.org)>  
**Sent:** Tuesday, June 7, 2022 9:15 AM  
**To:** Supervisor <[supervisor@townofstonypoint.org](mailto:supervisor@townofstonypoint.org)>  
**Subject:** FW: Requesting Stony Point Summer Camp Refund

**Amy Stamm**

Confidential Assistant to Supervisor Jim Monaghan  
Town of Stony Point  
(845) 786-2716 x111  
[astamm@townofstonypoint.org](mailto:astamm@townofstonypoint.org)

**From:** Max Vasquez <[mvasquez161@yahoo.com](mailto:mvasquez161@yahoo.com)>  
**Sent:** Monday, June 6, 2022 11:46 AM  
**To:** Amy Stamm <[astamm@TownOfStonyPoint.org](mailto:astamm@TownOfStonyPoint.org)>  
**Subject:** Requesting Stony Point Summer Camp Refund

Good morning,

My name is Max D Vasquez, I homeowner at. [REDACTED] Stony Point, NY. I recently spoke with Craig Robinson about an unexpected situation. I'm in the Air National Guard at 105th Newburgh and unfortunately I am being activated and deployed as of July 1 until sometime the end of this year. My three children (Max, Sophia, and Knox), won't be able to attend this year Stony Point Summer Camp due to not having childcare during this summer and under the above circumstances. I ask if a refund would be possible and if there is any questions or concerns don't hesitate to contact me at above email and cell [REDACTED].

If you need to speak to my immediate supervisor here is his contact. Senior Master Sergeant Rivera [REDACTED]. Much appreciated

Respectfully,  
Max D Vasquez

[REDACTED]

[REDACTED]

ELIZABETH PARKS ARCHITECT

#4

June 7, 2022  
*via email*

Karl Javenes  
Superintendent of Highways  
Town of Stony Point  
74 East Main Street  
Stony Point, NY 10980

Re: Clubhouse Alterations  
Proposal for architectural services

Karl,

Thank you for the opportunity to provide this proposal for architectural services in connection with the planned alterations at the Patriot Hills Clubhouse. The drawings will provide layout and the general scope of work we discussed at the site on June 2, 2022 and will be based on the drawings you provided.

Please review this proposal at your convenience and let me know if you have any questions. I look forward to speaking with you.

Sincerely,



Elizabeth Parks, A.I.A.

# ELIZABETH PARKS ARCHITECT

## PATRIOT HILLS CLUBHOUSE - ALTERATIONS LETTER AGREEMENT FOR ARCHITECTURAL DESIGN SERVICES

### General Project Scope

Preparation of Design and Permit/Construction documents describing proposed alterations to approximately 6,400 sf of space at the Patriot Hills Clubhouse, located at 19 Clubhouse Lane in Stony Point, New York. The proposed scope of construction generally includes:

1. General construction
  - a. Existing windows and doors to be retained. New panic or other hardware as required.
  - b. New insulated framed wall at perimeter
  - c. New suspended ceiling and lighting
  - d. Reconfiguration of existing sprinkler fire suppression system to serve new layout
  - e. New partitions and exit doors to separate altered areas from Club occupancy.
  - f. New flooring
  - g. Electrical work for lighting, power and equipment
  - h. New exit signage and emergency lighting
2. New Dayroom (North end of wing)
  - a. New kitchenette at south end of space
3. Meeting Room (South end of wing)
  - a. New accessible family toilet room
  - b. New men's and women's accessible toilet rooms
  - c. Ceiling to have partial gwb soffit at arched window

### Architectural Design Scope of Services

#### 1. Existing Conditions Documentation

- a. Measurement and photographic documentation of existing conditions.
- b. Architectural drawings supplied by the Owner will be utilized to the greatest extent possible,
- c. Areas not affected by proposed work to be shown schematically for context only.
- d. Scale plans will be prepared to show existing conditions.

#### 2. Schematic Design

- a. Code review and calculation of occupancy loads for exiting and toilet room requirements.
- b. Schematic floor plans describing alterations and other proposed work.
- b. Meetings to discuss scope of work and options for the new layout.
- c. Final Schematic Design drawings will be annotated with general scope of work and primary material selections.

#### 3. Construction Documents

The approved Schematic Design plans and scope of work will be developed further for construction.

- a. Drawings will include dimensioned floor plan, reflected ceiling plan, framing notes and toilet room elevations.
- b. Electrical layout will be included in the drawings. Design and sizing of electrical wiring and systems will be by others.
- c. The existing plumbing system will be extended and modified to serve the new work. Layout of fixtures will be indicated in the drawings; design of systems will be by others.
- d. The existing heating and cooling systems will be modified to serve new configuration.

**4. Construction Phase**

- a. Construction Phase services to review the progress of construction and provide details for clarification or changes to the work.

**6. Interior Design**

- a. Assistance with finishes, fixtures and appliance selection and specification, if requested, may be completed as an additional service.

**Schedule**

The Existing Condition drawings and first round of Schematic Design drawings will be completed in approximately one week. Completion of final construction documents will depend on the ultimate scope of work and the number of revisions made.

**Exclusions**

Mechanical and structural engineering design work is not included. When and if required, engineering design will be treated as a reimbursable expense and invoiced with the architectural services.

- It is expected that all mechanical and electrical design will be performed by the Sub-contractor(s) on a Design-Build basis.
- At this time no need for structural engineering is anticipated. If required, structural engineering design will be treated as a reimbursable expense.

All work connected to the identification, removal or abatement of hazardous materials is solely the responsibility of the Owner.

Fees for application to the local authorities for permits, inspection or other actions are not included.

**Fees for Architectural Services**

Unless noted as a fixed fee below, architectural design services will be billed on an hourly basis at the rate of \$125 per hour of time spent on the project, including communications, meetings, design and drawings. No charges for travel time to and from the project site will be included. The estimated fees may vary from the amounts noted, depending on the ultimate scope and number of revisions made.

#1, 2 Existing Conditions & Schematic Design	<i>Fixed Fee</i>	\$1,250
#3 Construction Docs and Permit Application	<i>Fixed Fee</i>	\$2,500
#4 Construction Phase Services	<i>Estimated (Hourly)</i>	\$1,000
#5 Interior Design	<i>Not Included</i>	

**Reimbursable Expenses**

Reimbursable items costs include the cost of plotting large format drawings and reproduction of documents and will be billed at 100 percent of invoice.

- Printing, copies, postage *Estimated* \$125

**Terms**

Hourly work and approved Additional Services and any additional expenses incurred in connection with the project will be invoiced as follows:

Hourly and Additional Services will be completed on an hourly basis at the rate of \$125/hour.

All revisions to documents after the design has been approved will involve an additional charge based on our hourly rates for the time required to complete the necessary revisions or additions.

No other party is authorized to make changes, revisions, or additions to our documents. The documents are a product of service for this project only and shall remain the property of Elizabeth Parks, Architect.

Invoices for time spent and expenses for the project will be prepared periodically or at the conclusion of separate phases of the design work and are due and payable upon receipt.

Please sign below as indication of your willingness to agree to all the terms of this proposal and return one copy.



6/7/2022

---

Elizabeth Parks, Architect  
Elizabeth Parks, A.I.A.

Date

---

Accepted

Date



#5



**DAVE FUSCO, PGA**

19 Clubhouse Lane, Stony Point, NY 10980

PHONE: (845) 947-7085

FAX: (845) 947-7296

E-mail: dfusco@patriothillsgolfclub.com

June 14, 2022

Members of the Town Board,

I request for approval to **HIRE** the following people to be employed at the Patriot Hills Golf Club. These individuals will work in operations.

**Pro Shop**

Anthony Mezzio \$15.00

Annie McGovern \$17.00

**Carts and Range**

Jillian Fullick \$13.20

*Ethan Ferrara* \$ 13.20

Sincerely,

*Dave Fusco*  
Dave Fusco

Director of Golf

It is the policy of the Rockland County Department of Personnel to provide accommodations in testing to individuals with disabilities and to religious observers and to provide for and promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, or criminal record.



# Rockland County

PERSONNEL

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS, LIBRARIES AND SPECIAL DISTRICTS

Date Received \_\_\_\_\_ Approved \_\_\_\_\_  
 Conditional \_\_\_\_\_ Disapproved \_\_\_\_\_

PERSONNEL DEPT.  
USE ONLY

#6

1. Clerk-Typist  
 POSITION TITLE EXAM NUMBER

**READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING.** This application is part of the examination. It is necessary that you answer all questions completely. Print in ink or use typewriter. Attach additional sheets if necessary to give complete and detailed information. A resume cannot substitute for the application. **Immediate Notice should be given of any change in address before or after examination.**

2. NAME AND RESIDENCE

Last Name Romano First Name Mary Initial J  
 Street Address or Road 39 Ethan Allen Business: 914-419-7826 Phone Number  
 R.D. # or P.O. Box # \_\_\_\_\_ Town Stony Point State NY Zip 10980  
 Email Address: Romano Mary J @gmail.com

7A. Are you currently a U.S. Citizen? YES  NO   
 (Citizenship is no longer a requirement for employment except for public officer positions) (If "Yes" to question 7A skip to question 7C)

B. If not, do you have the legal right to accept Employment in the United States? YES  NO   
 Please give alien registration number: \_\_\_\_\_

C. Are you a retiree from New York State or any civil division thereof? YES  NO

D. Are you an Exempt Volunteer Fireman? YES  NO

3. Social Security Number \_\_\_\_\_

**NON-REFUNDABLE APPLICATION FILING FEE** Please read the announcement and information on page 4

FEE PAID:  I have enclosed the fee NO FEE IS DUE BECAUSE:  I have completed the Application Fee Waiver request form (Attach to application)  
 (The fee WILL NOT BE REFUNDED if your application is DISAPPROVED)

**EXTRA CREDIT FOR WAR TIME VETERANS – READ LAST PAGE FOR DETAILS**

4. If you are applying for a law enforcement position or are under 18 years of age, fill in your date of birth. \_\_\_\_\_  
 MM/DD/YYYY

8A. I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. I served on a full-time active duty Basis other than for training purposes during one of The war periods listed on the back of this form. If not, omit questions 8B-F. YES  NO

5. State your actual permanent legal residence and indicate how long you have resided there continuously, up to and including date of this application.

	Yrs.	Mos.
School District <u>Haverstraw/Stony Point</u>	<u>35</u>	
Village of _____		
Town of <u>Stony Point</u>	<u>35</u>	
County of <u>Rockland</u>	<u>60</u>	
State of <u>New York</u>	<u>60</u>	

B. Are you currently in the military? YES  NO   
 What was your date of entry? \_\_\_\_\_  
 What was or is your expected date of separation? \_\_\_\_\_

C. I wish to claim additional credits as a non-disabled war veteran. YES  NO

I wish to claim additional credits as a disabled war Veteran. YES  NO   
 (Separation from Service Forms/VA forms must be submitted)

6. If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, list below. Call to make arrangements no later than Tuesday before the test date.

Exam Number(s)	Title(s)

D. I am a New York State Resident. YES  NO

E. I am a US citizen or alien lawfully admitted for permanent residence. YES  NO

F. I have used veteran credits for appointment to a position in New York State or Local government. YES  NO

9. Check the appropriate box below if you desire special arrangements for testing because you are a:

A. For religious reasons cannot be tested on Saturday.

B. Disabled Person - Complete a confidential questionnaire to indicate reasonable accommodations required. (e.g. braille booklet, amanuensis, reader)

C. Active Military Members - indicate your military address and length of duty.

10. Check appropriate answer to the right of each question

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds, disability or medical condition? YES  NO

B. Did you ever resign from any employment other than face dismissal? YES  NO

C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? YES  NO

D. Have you ever been convicted of a crime (felony or misdemeanor)? YES  NO

E. Are you now under charges for any crime? YES  NO

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

If you answered "YES" to any of the questions above, you may give specifics under "REMARKS" on page 4. If you elect not to provide however, or if such explanation is insufficient, a confidential questionnaire will be sent to you.

Do Not Write In This Area

For questions 11 - 14, make certain you answer all those questions which pertain to requirements listed on the announcement for the examination(s) for which you are filing, or set forth in the specification for the position applied for. If in doubt, answer all questions. IF RESUME IS ATTACHED, APPLICATION MUST BE FILLED OUT COMPLETELY.

11. EDUCATION. If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. If specific courses are required, list under REMARKS on last page. PLEASE HAVE OFFICIAL TRANSCRIPTS FORWARDED TO OUR OFFICE. (Student copies are not acceptable.)

Have you graduated from high school? YES  NO

If yes, give year graduated: 1979

If no, give highest grade completed: \_\_\_\_\_

Give name and location of high school: Clarksdown High School North  
Congers R.d., New City, NY 10956

Date and/or Number of Issue: \_\_\_\_\_

If you have a high school equivalency diploma, indicate issuing Government Authority: \_\_\_\_\_

Name of School and Location	Dates of Attendance (Month and Year) From To	Day or Night	# of Years Credited	Did You Graduate?	Type of Course or Major Subject	# of College Credits Awarded	Type of Degree Received	Date of Degree
College, University, Professional or Technical School								
Other Schools or Special Courses								

Official transcripts previously filed YES  NO  Attached YES  NO  On request from school YES  NO

12A. Licenses, Certificates, or Permits. If a license, certificate, or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) or job specification for which you are applying, complete the following. If not licensed, do you have a temporary permit? YES  NO

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From	To

B. Do you have a valid license to operate a motor vehicle in New York State? YES  Class D NO

13. If ever employed by the County of Rockland or by any civil division therein, please check here  and give dates of employment and name of agency: \_\_\_\_\_

Mary Roman Print name [REDACTED] Social Security Number Clerk-Typist Title or Exam Number 4/8/79 Date

Do Not Write In This Area

14. DESCRIPTION OF EXPERIENCE. Describe below in detail ALL employment pertinent to the position(s) sought. You are responsible for submitting an accurate, adequate, and clear description of your experience. Omissions or vagueness will NOT be resolved in your favor. Include MILITARY SERVICE experience when appropriate. Relevant VOLUNTEER experience generally will be considered. Request volunteer form from Department of Personnel. If your title or duties changed materially in the course of your service in any one organization, indicate such CHANGE clearly and as a SEPARATE EMPLOYMENT (If more space is needed attach 8-1/2" x 11" sheets of paper using same format.)

Length of Employment  
 From: Mo. FEB Yr. 2021 Firm Name alex stard Nutrition Health Address Long Island, NY City and State  
 To: Mo. April Yr. 2022  
 Type of Business Healthcare  
 Your Exact Title Customer Service Rep  
 Name of your supervisor Helped pt get the Eye Exam Pass  
 Supervisors Title  
 Hours per week worked (excluding overtime) 37.5  
 Duties: describe the major tasks of the work personally performed by you, with estimate of percentage of time spent on each type of work. State size and kind of working force, if any supervised by you and the extent of such supervision.

Length of Employment  
 From: Mo. July Yr. 2006 Firm Name Stony Point Center Address 17 Corliss Ave, Stony Point, NY City and State  
 To: Mo. June Yr. 2020  
 Type of Business Conference Center  
 Your Exact Title Group Sales Manager  
 Name of Your Supervisor Paula Sandusky  
 Supervisors Title General Manager  
 Hours Per Week Worked (excluding overtime) 37.5  
 Duties: (See above)

Length of Employment  
 From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ City and State  
 To: \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Your Exact Title \_\_\_\_\_  
 Name of Your Supervisor \_\_\_\_\_  
 Supervisors Title \_\_\_\_\_  
 Hours Per Week Worked (excluding overtime) \_\_\_\_\_  
 Duties: (See above)

Length of Employment  
 From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ City and State  
 To: \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Your Exact Title \_\_\_\_\_  
 Name of Your Supervisor \_\_\_\_\_  
 Supervisors Title \_\_\_\_\_  
 Hours Per Week Worked (excluding overtime) \_\_\_\_\_  
 Duties: (See above)

Length of Employment  
 From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ City and State  
 To: \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Your Exact Title \_\_\_\_\_  
 Name of Your Supervisor \_\_\_\_\_  
 Supervisors Title \_\_\_\_\_  
 Hours Per Week Worked (excluding overtime) \_\_\_\_\_  
 Duties: (See above)

Length of Employment  
 From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ City and State  
 To: \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Your Exact Title \_\_\_\_\_  
 Name of Your Supervisor \_\_\_\_\_  
 Supervisors Title \_\_\_\_\_  
 Hours Per Week Worked (excluding overtime) \_\_\_\_\_  
 Duties: (See above)

Length of Employment  
 From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ City and State  
 To: \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Your Exact Title \_\_\_\_\_  
 Name of Your Supervisor \_\_\_\_\_  
 Supervisors Title \_\_\_\_\_  
 Hours Per Week Worked (excluding overtime) \_\_\_\_\_  
 Duties: (See above)

Mary Roman Print name [REDACTED] Social Security Number Clerk-Typist Title or Exam Number 6/8/22 Date

## INSTRUCTIONS AND INFORMATION

### ANNOUNCEMENT OF EXAMINATION:

Before filling out your application, read carefully the announcement for this examination and/or the job specification for this position. Be sure to enter in Question 1, the exact civil service title and examination number where appropriate.

### APPLICATION FILING FEE:

Refer to the front of the exam announcement for the required application filing fee. The fee must be submitted with your application(s) and must be received in our office by the Last Date for Filing as indicated on the examination announcement.

Make check or money order payable to the Rockland County Commissioner of Finance. Write your name, last four digits of your social security number and the examination number(s) on the check or money order. **Cash will not be accepted.** Application filing fees are non refundable.

Refer to Supplement A of the examination announcement for further information regarding application filing fees and application filing fee waiver.

### ADMISSION TO EXAMINATION:

If, within in three days of the examination, you do not receive a notice informing you whether or not you are to be admitted to the test, notify the Department of Personnel immediately by telephone or overnight mail.

### CHANGE OF ADDRESS OR NAME:

Notify this office immediately of any change of address or name. When writing, give the number and title of examination(s) applied for.

### VETERANS CREDITS:

If you are making a claim for veterans credits with the application be sure to request our "Information on Veterans Credits" form which details the requirements. In general, you must present documentary proof (DD241 Separation From or Discharge Papers) to our department prior to the establishment of the eligible list. You must meet the following:

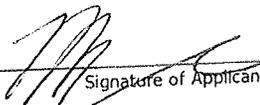
1. Be a citizen or an alien lawfully admitted for permanent residence (at the time of application for credits).
2. Have served anywhere in the United States armed forces (see definition in 3 below) during the following dates:  
World War I - April 6, 1917 -- November 11, 1918; World War II - December 7, 1941 -- December 31, 1946;  
Korean Conflict - June 27, 1950 -- January 31, 1955; Viet Nam Conflict - December 22, 1961 -- May 7, 1975;  
Persian Gulf Conflict - August 2, 1990 -- date when such hostilities end  
Or, have served in the commissioned corps of the United States Public Health Services during:  
July 29, 1945 -- September 2, 1945; June 26, 1950 -- July 3, 1952  
Or, have received the armed forces expeditionary medal, the navy expeditionary medal, or the marine corps expeditionary medal for the:  
Hostilities in Lebanon - June 1, 1983 -- December 1, 1987; Hostilities in Grenada - October 23, 1983 -- November 21, 1983;  
Hostilities in Panama - December 20, 1989 -- January 31, 1990
3. Expect to receive or have been honorably discharged or released under honorable circumstances from the armed forces of the United States  
ARMED FORCES are defined as the army, navy, air force, marines, coast guard, and all components thereof and the national guard when in Service for the United States pursuant to call as provided by law, "on a full time duty basis other than active duty training purposes"
4. Be a resident of New York State at the time of application and examination.

Forms for verification of your disability rating with the Veteran's Administration are available at the Rockland County Department of Personnel and will be forwarded to you upon request.

### 15. REMARKS:

### THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements are subject to verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

  
Signature of Applicant

Mary Romano  
Print Name

6/8/2022  
Date

(State below any other name by which you have been known)

Mary Jean Fenlon  
Social Security Number

Chenik Typist  
Title or Exam Number

#7

# Set Public Hearing Local Law Adopting Fats, Oils and Grease Program

RESOLUTION

#8

A meeting of the Town Board of the Town of Stony Point was convened on **June 14, 2022, at 7:00 p.m.**

The following resolution was duly  
offered and seconded to wit:

**RESOLUTION 2022/\_\_\_\_\_**

**RESOLUTION ACCEPTING STATE AND MUNICIPAL FACILITIES GRANT AND  
AUTHORIZING EXECUTION AND SUBMISSION OF DOCUMENTS**

**WHEREAS**, the Dormitory Authority of the State of New York (“DASNY”) has awarded the Town a \$56,500 grant for purchase of a police vehicle and speed signs (“Grant Funds”) pursuant to the State and Municipal Facilities Program (“SAM”); and

**WHEREAS**, acceptance of such Grant Funds requires approval of the Town Board and authorization for officials to complete and submit any required documents; and

**WHEREAS**, the Town Board desires to approve and accept such Grant Funds and authorize the completion of any documents required by DASNY.

**NOW THEREFORE BE IT RESOLVED** that:

Section 1. The above “WHEREAS” clauses are incorporated herein by reference.

Section 2. The Town Board hereby approves acceptance of the Grant Funds and authorizes the Town Supervisor, or his designee, to complete, execute and submit any documents required to facilitate the acceptance of such Grant Funds, including but not limited to completion of grant certifications, project certifications, tax forms, questionnaires, site control documents, financial documentation, SEQRA documentation and any and all other documents necessary to carry out the provisions of this Resolution.

Section 3. The Board further authorizes the Town’s Special Counsel, as necessary, to execute an Opinion of Counsel and any other documents necessary to carry out the provisions of this Resolution.

Section 4. The Town Board determines that this action is a Type II action under SEQRA, 6 NYCRR 617.5 (26) and (33).

Section 5. The Town Supervisor, any employee or official or consultant as directed by the Town Supervisor is authorized to take any and all actions necessary to carry out the provisions of this Resolution.

Section 6. This Resolution shall be effective immediately.

Edward Finn  
Chief of Police

POLICE DEPARTMENT  
TOWN OF STONY POINT  
79 ROUTE 210  
STONY POINT, NEW YORK 10980

Tel: (845) 786-2422  
Fax: (845) 786-3120



STONY POINT • GRASSY POINT • TOMKINS COVE • JONES POINT

[www.stonypointpd.org](http://www.stonypointpd.org)

Grants Administration  
DASNY  
515 Broadway  
Albany, NY 12207

*SUBJECT: State and Municipal Facilities Program ("SAM")  
Purchase of a New Police Vehicle and 2 Radar Speed Signs  
Project ID: #24980*

Dear Grants Administration:

Enclosed please find the following documents in connection with the SAM Grant awarded to our organization:

1. Completed Grantee Certification signed by two (2) authorized officers;
2. Completed Project Certification signed by an authorized officer;
3. Completed and signed W-9 with correct Legal Organization name and Tax ID Number filled in;
4. Completed Grantee Questionnaire signed by two (2) authorized officers and notarized;
5. Evidence of Site Control.  
Vehicle Questions
6. Financial documentation; and
7. SEQRA and SHPO documentation

If any further information is needed or if you have any questions, please feel free to give me a call at (845) 786-2422

Daniel Schoales  
Lieutenant  
Town of Stony Point  
74 East Main Street  
Stony Point, New York 10980.  
[DSchoales@stonypointpd.org](mailto:DSchoales@stonypointpd.org)

CHAIR  
INVESTIGATIONS AND GOVERNMENT OPERATIONS

COMMITTEES  
CORPORATIONS, AUTHORITIES AND COMMISSIONS  
FINANCE  
JUDICIARY  
LABOR  
TRANSPORTATION



SENATOR  
**JAMES SKOUFIS**  
39<sup>TH</sup> SENATORIAL DISTRICT  
STATE OF NEW YORK

ALBANY OFFICE:  
ROOM 815  
LEGISLATIVE OFFICE BUILDING  
ALBANY, NY 12247  
OFFICE: 518-455-3290

DISTRICT OFFICE:  
47 GRAND STREET  
NEWBURGH, NY 12550  
OFFICE: 845-567-1270

NORTH ROCKLAND OFFICE:  
55 WEST RAILROAD AVENUE  
SUITE 24A2  
GARNERVILLE, NY 10923  
OFFICE: 845-786-6710

e-mail:  
skoufis@nysenate.gov

March 24, 2022

Ed Finn  
Chief of Police  
Town of Stony Point Police Department  
79 Route 210  
Stony Point, NY 10980

Dear Chief Finn,

Enclosed please find the "State and Municipal Facilities Capital Program (SAM) Project Information Sheet" for the Town of Stony Point Police Department grant in the amount of \$56,500. These funds are for costs associated with the purchase of a police vehicle and speed signs. Please return the completed project information sheet to me by May 6, 2022.

Once we have received the completed project information sheet, we will submit it to New York State Senate Finance. Senate Finance will submit the sheet to the Dormitory Authority of the State of New York (DASNY), who will send you a due diligence package to complete, with a request for specific documentation. As the grant moves through DASNY, it will receive a formal project identification number and move through multiple "desk" audits to make sure all project details are ready for the approval phase. It will then move to the Division of Budget for approval. Once DASNY is notified that the grant has received all the necessary governmental approvals, two copies of the Grant Disbursement Agreement (GDA) will be sent to you. The GDA is the contract between DASNY and the grantee.

It is important to note that, while purchases made during the review process are eligible for reimbursement upon completion of the grant's review, advancing with the project prior to a GDA and final approval is done at your own risk. At a minimum, I strongly recommend no purchases be made with the anticipated funding until the project has received a formal identification number from DASNY. Please be advised that the full review is a lengthy process, often taking up to 18 months from start to end; my office and I will move to expedite the funding as quickly as possible.

If you ever need any status updates, have any questions or need any assistance throughout the grant process, please do not hesitate to contact Christine Rodriguez, my Senior Grants Specialist, at (845) 567-1270. Thank you for your cooperation and patience as well as your partnership on behalf of those we serve.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Skoufis', written over a white background.

James Skoufis  
Senator, 39th District

#9

RESOLUTION

A meeting of the Town Board of the Town of Stony Point was convened on **June 14, at 7:00 p.m.**

The following resolution was duly offered and seconded to wit:

**RESOLUTION 2022/ \_\_\_\_\_**

**RESOLUTION TO AUTHORIZE EXECUTION OF VERIZON SERVICES AGREEMENT**

**WHEREAS**, the Town of Stony Point (“Town”) must find a new provider for telephonic, internet, and wireless services for the Town Police Department; and

**WHEREAS**, the Town Board desires to retain the services of Verizon Business Network Services, LLC (Verizon) in order to provide such services to the Police Department as manifested by the U.S. Services Agreement Master Service Order Form (“Agreement”).

**NOW THEREFORE BE IT RESOLVED** that:

- Section 1. The above “WHEREAS” clauses are incorporated herein by reference as set forth in full.
- Section 2. The Town Board hereby authorizes the Town Supervisor to execute the U.S. Services Agreement Master Service Order Form,
- Section 3. The Town Board hereby authorizes the Town Supervisor, or his designee, to execute any documents necessary to enter into the proposed agreement in a final form approved by Town Counsel.
- Section 4. The Town Supervisor, and any Town official, employee or consultant as directed by the Town Supervisor is hereby authorized to take any and all actions necessary to carry out the provisions of this Resolution.
- Section 5. This Resolution shall be effective immediately.

The question of the adoption of the foregoing Resolution was duly put to a vote on roll call, which resulted as follows:

	<u>Yea</u>	<u>Nay</u>	<u>Abstain</u>	<u>Absent</u>
Supervisor Monaghan	[ ]	[ ]	[ ]	[ ]

#10

**Colleen Woods**

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**From:** Diane Payan  
**Sent:** Tuesday, May 17, 2022 11:31 AM  
**To:** Colleen Woods  
**Subject:** Retirement

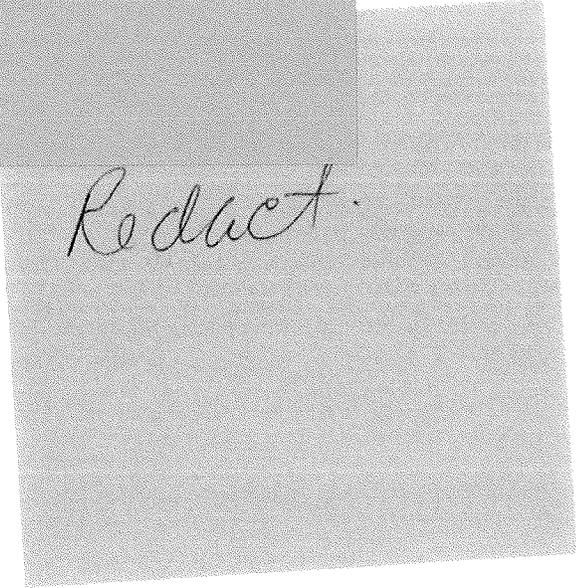
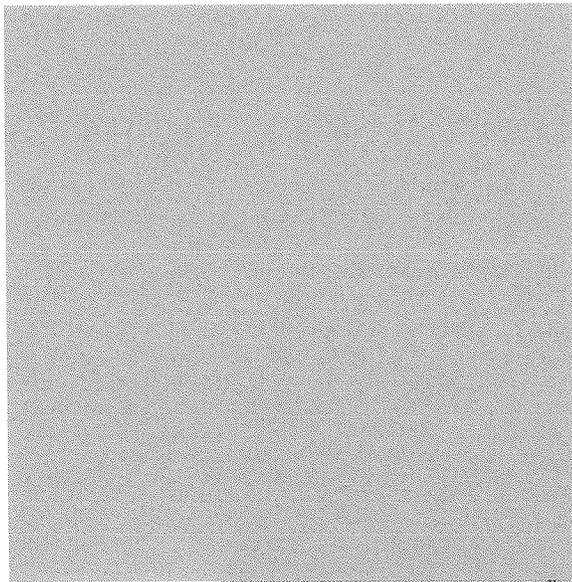
To the Stony Point Town Board:

I Diane Payan will be retiring on May 26<sup>th</sup>. I am requesting to have my 60 vacation days paid out.

Sincerely,

Diane Payan

60



#11

# *Stony Point Recreation*

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*5 Clubhouse Lane Stony Point NY 10980*

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*(845) 947-5261*

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June 10, 2022

Members of the Town Board,

I am requesting approval to hire the following people to be employed at the Town Pool as well as the wading pool at Eccher Park from 6/25/22 thru 9/5/22 at \$16 per hour.

I am requesting that we hire the following lifeguards.

**Lifeguards**

Riley Conlan  
Jordan Riello

**Sub**

Anthony Nigro

Respectfully Submitted,

Karenanne Nigro  
Recreation Facilities Supervisor  
[knigro@townofstonypoint.org](mailto:knigro@townofstonypoint.org)

#12

June 8, 2022

Stony Point Town Board:

I am requesting that the following people are hired at the rate of \$13.20/hr as Recreation Aides for the Stony Point Day Camp for the 2022 season (June 27-August 5) :

Carter Berhns  
Saniiah Cajou  
Ed Cigna  
Gianna Ciraldo McDonnell  
Peter Cricchio  
Angela Dellolio  
Caleb Fang  
Stanley Grom  
Autumn Jacobs  
Matthew Lombardoni  
Destiny Loynes  
Alana Melendez  
Julianne OHara  
Michael Ohara  
Michael Piesco  
Nicholas Randt  
Christine Richardson  
Ben Stamm  
Brandon Untener

And as Recreation Assistant (Seasonal):

~~Dundee Belford Conklin (\$125.00/day)~~  
Elizabeth Hardin (\$150.00/day)  
Lindsey Cuppernell (\$20.00/hr)  
Kalista Javenes (\$20.00/hr)

Recreation Supervisor (PT):

Craig Robinson (\$9411.68/yr)

Thank you,

Craig Robinson