



New York State Thruway Authority
New York State Canal Corporation



290 Elwood Davis Road
Suite 250
Liverpool, New York 13088
www.thruway.ny.gov

May 6, 2015

Wilmorite Construction, LLC
1265 Scottsville Road
Rochester, NY 14624

Re: NYSTA Occupancy Permit T3U150003 for Sanitary Sewer

Dear Mr. McKenna:

The New York State Thruway Authority has completed its processing of your Occupancy Permit application, which acknowledges your request to:

Maintain 290 feet of 6" DR-11 PE sanitary sewer force main transversely under the Thruway mainline at MP 320.13.

It will be necessary for you to resubmit a new insurance form on or before the date of 01/01/2016 to insure that the permit remains valid for the entire term. Renewals must be sent to the Insurance Compliance Unit of the New York State Thruway Authority, P.O. Box 189, 200 Southern Blvd., Albany, NY 12201-0189.

A fully executed copy is enclosed for your files.

If you have any questions or concerns, please give me a call.

Sincerely,



Jay D. Holbrook
Syracuse Division Permit Coordinator

Enclosure(s)

CC: Supervisor of Insurance Compliance

New York State Thruway Authority OCCUPANCY PERMIT	Occupancy Permit Number: T3U150003
---	---

FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY: Sewer	MILEPOST BOUNDARY: MILEPOST ROUTE: MAINLINE BEGINNING MILEPOST NUMBER: 320.13 ENDING MILE POST NUMBER: 0 DIRECTION: CITY/TOWN/VILLAGE: Town of Tyre COUNTY: Seneca	LOCATION OF FACILITY: UNDERGROUND UNDERGROUND DEPTH: 75 Inches ORIENTATION: TRANSVERSE LENGTH: 290 Feet
---------------------------------------	---	--

APPLICANT IDENTIFICATION INFORMATION

NAME: WILMORITE CONSTRUCTION, LLC	
MAILING ADDRESS: 1265 SCOTTSVILLE ROAD	
ROCHESTER, NY	
14624	
FEDERAL ID: 26-1545888	
CONTACT NAME: JAMES MCKENNA	PHONE: 585-464-9400

PURPOSE OF PERMIT

Maintain 290 feet of 6" DR-11 PE sanitary sewer force main transversely under the Thruway mainline at MP 320.13.

This permit is revocable by the Authority at any time in its sole discretion, regardless of the length of term granted. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Subject to Back Charges: **Y** Subject to Liquidated Damages: **Y** Condition Rider(s) Attached: **Y**

Permission is hereby granted to WILMORITE CONSTRUCTION, LLC (hereinafter referred to as "permittee") to proceed as set forth and represented in this application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any rider attached hereto.

This permit incorporates and includes the permit application as well as all other documents referenced herein. The Applicant has agreed to be bound by the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT POLICY and any CONDITION RIDER or amendments thereto which are hereby incorporated into and form a part of this permit. If any part of the obligations and responsibilities described in this permit are not acceptable to the Applicant, no rights shall be exercised hereunder and the Applicant shall immediately mark this document disapproved and return it to the Authority. Otherwise all permit obligations and responsibilities referenced herein shall remain in full legal force and effect and binding upon the permittee.

Date Permit Approved: **May 6, 2015**

NEW YORK STATE THRUWAY AUTHORITY
CONDITION RIDER FOR OCCUPANCY PERMIT NO. T3U150003

All regulations as specified in our Rules Governing Occupancy and Work Permits shall apply. Additionally, the following shall be conditions of this Permit:

- 1 Before you dig, call UFPO at 1-800-962-7962 to locate any underground facilities.**
- 2 No lane/shoulder closure or lane/shoulder occupancy is authorized.**
- 3 All vehicles used on our system must be equipped with a rotating amber light, which is to be used when parked. Every effort must be made to park vehicles off the pavement.**
- 4 All work is dependent upon weather conditions. No work is to be performed during periods of adverse weather.**
- 5 All contractor personnel working on our right-of-way shall observe all Authority rules and regulations and are required to wear a hard hat and High Visibility Safety apparel that meets Performance Class 3 requirements of the ANSI/ISEA 107-2004 publication entitled "American National Standard for High-Visibility Safety Apparel and Headwear" .**
- 6 No other contract work, demolition, destruction, or construction work is authorized by the Permit.**
- 7 Toll free use or U-turns on the Thruway System are not authorized by this Permit. A written request must be submitted to our Traffic and Safety Department to obtain authorization for U-turns (p. 17, section 6, of the NYSTA Occupancy and Work Permit Accommodation Policy booklet).**
- 8 Any violation of Authority regulations or the Permit conditions shall constitute grounds for the immediate revocation of this Permit.**
- 9 The Thruway Permit Coordinator must be notified at least 48 hours in advance of any work on Thruway Property. Call 315-437-2741 to make this notification.**

New York State Thruway Authority
OCCUPANCY PERMIT APPLICATION



For Official Use Only	
Occupancy Permit No.	730150003
Work Permit No.	
Construction Permit No.	

INSTRUCTIONS:

- *Applicant:* Please print or type. Read and complete Sections I through V.
- *Division Permit Coordinator:* Forward completed application to HQ Permit Coordinator.

Section I Applicant Identification Information

(Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Municipality <input type="checkbox"/> Utility			<input checked="" type="checkbox"/> New <input type="checkbox"/> Amended	
<input checked="" type="checkbox"/> Business/Corporation <input type="checkbox"/> Public Agency <input type="checkbox"/> Not for Profit				
Name Wilmorite Construction, LLC			Federal ID No. 26-1545888	
Street Address 1265 Scottsville Road			P.O. Box	
Town/Village/City Rochester		State New York	Zip Code 1 4 6 2 4 -	
E-mail Address jmckenna@wilmorite.com				
Contact Person Name James McKenna		Phone No. (585) 464 - 9400	Ext: 3209	Fax No. () -
E-mail Address jmckenna@wilmorite.com				

Section II Facility Identification Information

LOCATION OF FACILITY (check all that apply) <input checked="" type="checkbox"/> Underground <input type="checkbox"/> Aerial Depth in Inches <u>75</u> <input type="checkbox"/> Bridge Attachment <input type="checkbox"/> Surface <input type="checkbox"/> Attachment Orientation (Check one or both) <input type="checkbox"/> Longitudinal <input type="checkbox"/> Transverse - Offset from bridge or cross street _____ feet		MILEPOST BOUNDARY (if known) Beginning Milepost No. <u>320.13</u> If longitudinal, include ending Milepost No. _____ Direction of travel (N/S/E/W) <u>N/S</u> GPS Coordinates (if known) <u>42.967, -76.84</u>		IF APPLICABLE, CHECK ONE <input type="checkbox"/> Master agreement/permit <input type="checkbox"/> Co-locate agreement <input checked="" type="checkbox"/> Utility agreement
TYPE AND SIZE OF FACILITY (check one and enter size if known) <input type="checkbox"/> Water Mains _____ <input type="checkbox"/> Telephone _____ <input type="checkbox"/> Fiber Optic _____ <input type="checkbox"/> Drainage _____ <input type="checkbox"/> Gas Mains _____ <input type="checkbox"/> Cable Television _____ <input type="checkbox"/> Parking _____ <input type="checkbox"/> Building Structure _____ <input checked="" type="checkbox"/> Sewers <u>15"</u> <input type="checkbox"/> Electric _____ voltage <input type="checkbox"/> Storage _____ <input type="checkbox"/> Communications Tower _____ <input type="checkbox"/> Communications Tower/Co-Locate _____ <input type="checkbox"/> Other (please describe) <u>6" PE Sanitary Sewer Forcemain within 15" Steel Casing Pipe @min 5' depth to top of pipe</u>				

PURPOSE OF PERMIT (please provide brief description and location)
 To extend sanitary sewer service from the south to the Lago Resort & Casino facility located to the intimate north of the thruway along NYS RT414. The proposed sanitary sewer forcemain will be a private utility.

Section III SEQRA

Has a SEQRA determination been made?
 Yes No Don't know
 If yes, please provide supporting information (by whom, when, etc.)
Negative Declaration,
 Town of Tyre Town Board,
 June 12th 2014

Section IV Insurance - Complete if known

Type of insurance furnished:
 ACORD 25 Certificate of Liability Insurance & Supplemental Insurance Certificate (TA-W51343-9)
 Undertaking Effective Date _____
 Duplicate Policy No. _____
 Effective Date _____
 Performance Bond _____
 Other _____

OCCUPANCY PERMIT APPLICATION


Section V Read Thoroughly Before Signing - Applicant Affirmation/Certification

Application is hereby made by the undersigned for issuance of a permit. I understand and agree that permits are revocable unilaterally by the Thruway Authority (Authority). Therefore, I understand and agree that if granted a permit: I will maintain all installations so permitted subject to the risk of having to relocate or remove such installations at my sole expense, in accordance with the directions of the Authority; I am responsible to reimburse the Authority for any surveys, appraisals and/or any other necessary expenses incurred by the Authority as a result of such permit; and I am solely responsible for obtaining any other consents or permits that may be necessary to accomplish the purposes of such permit.

I further understand that this Application incorporates by reference the terms and conditions of the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION GUIDELINES (TAP-401), the UTILITY OCCUPANCY SUPPLEMENT (TAP-401U), the FIBER OPTIC FACILITIES SUPPLEMENT (TAP-401F) and the DESIGN AND CONSTRUCTION REQUIREMENTS FOR OCCUPANCIES (TAP-421A-E), as such documents may be amended. I agree that if granted a permit, this Application becomes a part of such permit, and as a condition of the issuance of the permit and/or exercise of any privileges granted thereunder, I shall comply with all terms and conditions of this Application, any condition rider placed on such permit and the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY, as same may be amended.

I affirm and certify that all information provided to the Authority, whether written or verbal, including, but not limited to, this Application and accompanying Forms and Supporting Documents, is complete, true and accurate.

Dated this 7th day of April, 2015.



Signature

James E. McKenna
Print Name of Applicant
Vice President of Construction
Title (if applicable)

Section VI Submit Application to the Appropriate Thruway Authority Division Permit Coordinator

DIVISION	HIGHWAY SECTIONS	DIVISION MILEPOST LIMITS
New York	New York (Mainline) • Garden State Parkway Connection • New England Section • I-287 Cross Westchester*	0.00 - 76.50 GS 0.00 - GS 2.40 NE 0.17 - NE 15.01 CWE 0.00 - CWE 10.90
Albany	Albany (Mainline) • Berkshire Section	76.50 - 197.90 B 0.00 - B 24.28
Syracuse	Syracuse (Mainline)	197.90 - 350.60
Buffalo	Buffalo (Mainline) • Niagara Section	350.60 - 496.00 N 0.00 - N 21.50

ADDRESSES AND PHONE NUMBERS

NYS Thruway Authority
New York Division
Division Permit Coordinator
4 Executive Blvd.
Suffern, NY 10901
Phone: (845) 918-2510
Fax: (845) 918-2596

NYS Thruway Authority
Albany Division
Division Permit Coordinator
P.O. Box 861
Albany, NY 12201-0861
Phone: (518) 436-2710
Fax: (518) 436-0233

NYS Thruway Authority
Syracuse Division
Division Permit Coordinator
290 Elwood Davis Rd, Suite 250
Liverpool, NY 13088-2118
Phone: (315) 438-2420
Fax: (315) 461-0765

NYS Thruway Authority
Buffalo Division
Division Permit Coordinator
455 Cayuga Rd, Suite 800
Cheektowaga, NY 14225
Phone: (716) 635-6253
Fax: (716) 626-5362

Overnight mail address:
270 Mt. Hope Drive
Albany, NY 12209

* For the Cross Westchester Expressway (I-287), Occupancy Permits are issued by the New York State Department of Transportation and Work Permits are issued by the New York State Thruway Authority.

TA-41341

NEW YORK STATE THRUWAY AUTHORITY / NEW YORK STATE CANAL CORPORATION

FIELD PAYMENT RECEIPT
WORK / OCCUPANCY PERMITS AND REVIEW FEES

RECEIVED FROM: LAGO RESORT & CASINO, LLC DATE: APRIL 16, 2015

ADDRESS: 1265 SCOTTSVILLE ROAD AMOUNT RECEIVED: \$750.00
ROCHESTER, NY 14624

METHOD OF PAYMENT:

- CASH
- CHECK #0000055
- MONEY ORDER

PURPOSE OF FUNDS:

- WORK PERMIT
- OCCUPANCY PERMIT T3U150003
- SECURITY DEPOSITS
- OTHER ENGINEERING REVIEW FEES

RECEIVED BY:

NAME & TITLE

THRUWAY DIVISION:

PATRICIA TRAVER-FLEMING

- NEW YORK
- SYRACUSE
- ALBANY
- BUFFALO

(SIGNATURE)

Comments:

April 14, 2015

Lago Resort & Casino, LLC
1265 Scottsville Road
Rochester, NY 14624

0000055

10-4/220

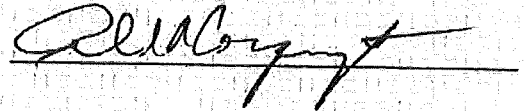
\$750.00

Seven Hundred Fifty Dollars and 00 Cents

Pay to the Order of:

New York State Thruway
290 Elwoode Davis Rd
Suite 250
Liverpool, NY 13088-2118

M&T Bank
Commercial Banking
Northeast Business Center
Newburgh, NY 12550



⑈0000055⑈ ⑆022000046⑆ 9866450662⑈