

# 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:

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: V

NAME: WILMORITE CONSTRUCTION, LLC

MAILING ADDRESS:

Sewer

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.

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### New York State Thruway Authority

For Official Use Only



**OCCUPANCY PERMIT APPLICATION** 

					Occupancy Permit No. 734/50003				
<ul><li>INSTRUCTIONS:</li><li>Applicant: Please print or type. Read and complete Sections I through V.</li></ul>				rough V		Work Permit No.			
				applications 1 th		nator,	Construct	ion Per	mit No.
Section I	Applican	t Identif	cation	Information	)				V → 1000
(Check one)	☐ Individual ☐ Business/0	Corporation	_	Municipality Public Agency	Utility Not for Pi	rofit		New	☐ Amended
Name		,					Federal	ID No.	
   Wilmorite C	Construction,	LLC					26-154	15888	
Street Address	5	****							P.O. Box
1265 Scotts	sville Road								
Town/Village/	City	WALKER CO.		· · · · · · · · · · · · · · · · · · ·		State			ZIp Code
Rochester							New Yor	k	1 4 6 2 4 -
E-mall Address	S								
jmckenna@	wilmorite.co	m							
Contact Persor	n Name				Phone No.		Ext.		Fax No.
James McKe	enna				( 585 ) 46	54 - 94	100 32	209	( ) -
E-mail Address	S								
jmckenna@	wilmorite.co	m							
	Facility I								
	FACILITY (chec			MILEPOST BOU	INDARY (if know	n)		IF APP	LICABLE, CHECK ONE
∪ Undergrou     □ Und		Aeria		Beginning Mile	post No.	320.1	L3	Πм	aster agreement/permit
Depth In I	nches 75	Bridg	e hment	If longitudinal,	Include		,		
	tation (Check o		mene	ending Milepos				c	o-locate agreement
Longitudin	al	•	•	Direction of tra	vel (N/S/E/W)	<b>1/</b> S			
Transverse	e - Offset from	=	oss street				76.84	×υ	tility agreement
TYPE AND CITE	fee E OF FACILITY		and ontor		es (if known) 4	12.907,	70.04		
Water Mair		Telephor		Size II KNOWII)	Fiber Optic		☐ Drain	nage	
Gas Mains		Cable Te	 levision		Parking	<u>, , , , , , , , , , , , , , , , , , , </u>	Build	_	ucture
Sewers     Se		   Electric	-	<del></del>	Storage		• =		tions Tower
<u> </u>	<u> </u>		***************************************	Voltage	515/490	<del></del>	. 🗀		tions Tower/Co-Locate
Other (plea	ase describe) 6	" PE Sani	tary Sev	er Forcemain	n within 15" S	Steel Ca			in 5' depth to top of pipe
PURPOSE OF P	ERMIT (please	provide brie	f descript	on and location)					
*				<del></del>					cated to the intimidate
north of the	e thruway al	ong NYS	K1414.	ine proposed	sanitary sev	ver force	emain w	ill be	a private utility.
	- CONTRACTOR OF THE CONTRACTOR						· · · · · · · · · · · · · · · · · · ·		
,									
Section III	SEORA		Section	IV Insura	nce - Comp	lete if i	known		The state of the s
		een made?	Type of in	surance furnishe	ed:				
X Yes  If yes, please p	No    Do provide supporti			o 25 Certificate o taking Effective I			applement	al Insui	rance Certificate (TA-W51343-9)
Information (by Negative De	whom, when,	etc.)		ate Policy No	-				
	e Town Boar			Effective Date					
June 12th 20		~ <i>,</i>	Perfori   Other	mance Bond					
<u> </u>									

### 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 unliaterally 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. 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

HICCHINAN CECTIONS

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 (845) 918-2596 Fax:

DIVICION

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

(518) 436-0233

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

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

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

Fax:

<sup>\*</sup> 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.

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# OCCUPANCY PERMIT SUPPORTING DOCUMENTATION LIST

Please review the THRUV on the Authority's web pa	VAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCO	OMMODATION GUIDELINES (TAP-401) which is available
n order for the Authority	to formally consider your application, the forms listed	below must be completed and submitted as part of the
FORMS THAT MUST BE vww.nysthruway.gov)	COMPLETED AND SUBMITTED: (available from Divi	ision Permit Coordinator or from the Authority's website at
TA-W41337	Occupancy Permit Application - Pages 1 - 3 (Original form <b>ONLY</b> will be accepted; read and comp	plete the applicant sections listed on the permit)
TA-W51343-9	Supplemental Insurance Certificate (Original form <b>ONLY</b> will be accepted)	
ACORD 25	Certificate of Liability Insurance (Available from your insurance agent; original form <b>Q</b>	NLY will be accepted)
SUPPORTING DOCUME	NTS:	
Supporting documents, as hould be contacted to de	s listed below, may be required. The Permit Coordinate etermine what additional supporting documents will be	or for the Division in which you are applying for occupancy required.
Site/Operation Pl	an (3 copies)	
🔀 Must be star	mped by a New York State Licensed Professional Engine	eer or Registered Architect
<ul> <li>Highway</li> </ul>	profile drawn to scale ROW, C/L and stationing pavement and shoulders	
Property Survey	stamped by a New York State Licensed Land Surveyor	(3 coples)
Utility Pole/Condu	ult Authorization/Letter of Agreement (for non-owner)	
Drainage Analysis	s/Storm Water Management Report	
Other		
EES:		
Application Fee:	\$750 (minimum, non-refundable)	
Amendment Fee: (per permit)	Nominal (name/address change) Moderate (routine engineering/administrative review) Comprehensive (extensive engineering/administrative	\$ 25 \$250 review) \$500
Annual Fee;	The Authority reserves the right to charge annual fees Occupancy and Work Permits. Contact the Division Pe	in accordance with the Authority's Fee Policy for ermit Coordinator for details.
	MAKE CHECKS PAYAB "NEW YORK STATE THRUWA	
Please	be sure to include all required forms and an These items must accompany this App	ny required supporting documents, plication for processing.
Application Fe	e	\$_750.00
Annual Fee	anninga ana ang pangganan	' · ·\$
Other		\$
	Total Fees	\$ 750.00
Submit forms, fees	and information to appropriate Division Pers	mit Coordinator address listed in Cootian VI

TA-41341	New York State T	FIELD PAYE	MENT RECEIPT ERMITS AND RE				
RECEIVED FROM:	LAGO RESORT & CASINO, LLC		DATE: APRIL 16, 2015				
Address:	1265 Scottsville Road Rochester, NY 14624		AMOUNT RECEIVED: \$750,00				
METHOD OF PAYMENT: CASH			PURPOSE OF FUNDS: WORK PERMIT			64000	
CHECK #0000055  MONEY ORDER			OCCUPANCY PE		003		
			OTHER ENGINE	ERING REVIEW FI	EES		
RECEIVED BY:		Name & Title	- Control of the cont	The second secon	THRUWAY DIVISIO	N:	
(Signatui	ÇE)	Patricia Traver-Fleming		, Acceptable and the	☐ NEW YORK	SYRACUSE	
Comments:			2.0 (TV Ann. 2022 Ann. 1977)				
Seven Hundred Fifty Dollar	s and 00 Cents					\$750.00	
Payto the Order of:  New York State Thruv				M&T Bank Commercial Ba Northeast Bus Newburgh, NY	iness Center		
290 Elwoode Davis Ro Suite 250 Liverpool, NY 13088-2				<u> </u>	May.		
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