



**New York State Thruway Authority**  
**New York State Canal Corporation**



290 Elwood Davis Road  
Suite 250  
Liverpool, New York 13088  
[www.thruway.ny.gov](http://www.thruway.ny.gov)

May 20, 2015

Wilmorite Construction, LLC  
1265 Scottsville Road  
Rochester, NY 14624

Re: NYSTA Occupancy Permit T3U150004 for Water Main

Dear Mr. McKenna:

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

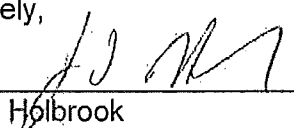
Maintain a 12" PE Water Main crossing under the Thruway mainline.

It will be necessary for you to resubmit new insurance documentation 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 at 315-438-2420.

Sincerely,

  
\_\_\_\_\_  
Jay D. Holbrook  
Syracuse Division Permit Coordinator

Enclosure(s)

CC: Supervisor of Insurance Compliance

New York State Thruway Authority  <b>OCCUPANCY PERMIT</b>	Occupancy Permit Number: <b>T3U150004</b>
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### FACILITY IDENTIFICATION INFORMATION

<b>TYPE OF FACILITY:</b>  Water Main	<b>MILEPOST BOUNDARY:</b> MILEPOST ROUTE: MAINLINE BEGINNING MILEPOST NUMBER: 320.13 ENDING MILE POST NUMBER: 0 DIRECTION: CITY/TOWN/VILLAGE: Town of Tyre COUNTY: Seneca	<b>LOCATION OF FACILITY:</b> UNDERGROUND UNDERGROUND DEPTH:60 Inches ORIENTATION: TRANSVERSE LENGTH: 290 Feet
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### APPLICANT IDENTIFICATION INFORMATION

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

### PURPOSE OF PERMIT

Maintain a 12" PE Water Main crossing under the Thruway mainline.

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 20, 2015**

**NEW YORK STATE THRUWAY AUTHORITY**  
**CONDITION RIDER FOR OCCUPANCY PERMIT NO. T3U150004**

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**



<b>For Official Use Only</b>	
Occupancy Permit No.	<u>T36150004</u>
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)		MILEPOST BOUNDARY (if known)	IF APPLICABLE, CHECK ONE
<input checked="" type="checkbox"/> Underground Depth in inches <u>81</u>	<input type="checkbox"/> Aerial	Beginning Milepost No. <u>320.13</u>	<input type="checkbox"/> Master agreement/permit
<input type="checkbox"/> Surface	<input type="checkbox"/> Bridge Attachment	If longitudinal, include ending Milepost No.	<input type="checkbox"/> Co-locate agreement
Orientation (Check one or both)		Direction of travel (N/S/E/W) <u>N/S</u>	<input checked="" type="checkbox"/> Utility agreement
<input type="checkbox"/> Longitudinal	<input type="checkbox"/> Transverse - Offset from bridge or cross street _____ feet	GPS Coordinates (if known) <u>42.967,-76.84</u>	
TYPE AND SIZE OF FACILITY (check one and enter size if known)			
<input checked="" type="checkbox"/> Water Mains <u>21"</u>	<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 type="checkbox"/> Sewers _____	<input type="checkbox"/> Electric _____ voltage	<input type="checkbox"/> Storage _____	<input type="checkbox"/> Communications Tower _____
<input type="checkbox"/> Other (please describe) <u>12" PE water main within 21" steel casing pipe @ min 5' depth to top of pipe</u>			

PURPOSE OF PERMIT (please provide brief description and location)  
**To extend water service from the south to the proposed Lago Resort & Casino facility located to the immediate north of the thruway along the east side of NYS RT414. The proposed water main will be a public owned utility by the Town of Tyre.**

**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.

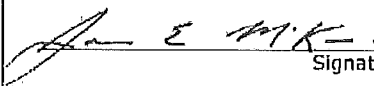
I further understand that this Application incorporates by reference the terms and conditions of the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION GUIDELINES (TAP-401), the UTILITY OCCUPANCY SUPPLEMENT (TAP-401U), the FIBER OPTIC FACILITIES SUPPLEMENT (TAP-401F) and the DESIGN 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 22 day of April, 20 15.

James E. McKenna  
Print Name of Applicant

Vice President of Construction  
Title (if applicable)

  
Signature

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

DIVISION	HIGHWAY SECTIONS	DIVISION MILEPOST LIMITS
New York	New York (Mainline) <ul style="list-style-type: none"> <li>• Garden State Parkway Connection</li> <li>• New England Section</li> <li>• I-287 Cross Westchester*</li> </ul>	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) <ul style="list-style-type: none"> <li>• Berkshire Section</li> </ul>	76.50 - 197.90 B 0.00 - B 24.28
Syracuse	Syracuse (Mainline)	197.90 - 350.60
Buffalo	Buffalo (Mainline) <ul style="list-style-type: none"> <li>• Niagara Section</li> </ul>	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.

## OCCUPANCY PERMIT SUPPORTING DOCUMENTATION LIST

Please review the THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION GUIDELINES (TAP-401) which is available on the Authority's web page or by request prior to submitting your application.

In order for the Authority to formally consider your application, the forms listed below must be completed and submitted as part of the application.

**FORMS THAT MUST BE COMPLETED AND SUBMITTED:** (available from Division Permit Coordinator or from the Authority's website at [www.nysthruway.gov](http://www.nysthruway.gov))

- TA-W41337 Occupancy Permit Application - Pages 1 - 3  
(Original form **ONLY** will be accepted; read and complete the applicant sections listed on the permit)
- TA-W51343-9 Supplemental Insurance Certificate  
(Original form **ONLY** will be accepted)
- ACORD 25 Certificate of Liability Insurance  
(Available from your Insurance agent; original form **ONLY** will be accepted)

**SUPPORTING DOCUMENTS:**

Supporting documents, as listed below, may be required. The Permit Coordinator for the Division in which you are applying for occupancy should be contacted to determine what additional supporting documents will be required.

- Site/Operation Plan (3 copies)
  - Must be stamped by a New York State Licensed Professional Engineer or Registered Architect
    - Plan and profile drawn to scale
    - Highway ROW, C/L and stationing
    - Edge of pavement and shoulders
- Property Survey stamped by a New York State Licensed Land Surveyor (3 copies)
- Utility Pole/Conduit Authorization/Letter of Agreement (for non-owner)
- Drainage Analysis/Storm Water Management Report
- Other \_\_\_\_\_

**FEES:**

- Application Fee: \$750 (minimum, non-refundable)
- Amendment Fee:
  - Nominal (name/address change) \$ 25
  - (per permit) Moderate (routine engineering/administrative review) \$250
  - Comprehensive (extensive engineering/administrative review) \$500
- Annual Fee: The Authority reserves the right to charge annual fees in accordance with the Authority's Fee Policy for Occupancy and Work Permits. Contact the Division Permit Coordinator for details.

### MAKE CHECKS PAYABLE TO: "NEW YORK STATE THRUWAY AUTHORITY"

Please be sure to include all required forms and any required supporting documents.  
**These items must accompany this Application for processing.**

Application Fee .....	\$ 750.00 _____
Annual Fee .....	\$ _____
Other .....	\$ _____
<b>Total Fees</b>	<b>\$ 750.00</b> _____

Submit forms, fees and information to appropriate Division Permit Coordinator address listed in Section VI.

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: MAY 5, 2015

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

METHOD OF PAYMENT:

- CASH
- CHECK #0000062
- MONEY ORDER

PURPOSE OF FUNDS:

- WORK PERMIT
- OCCUPANCY PERMIT T3U150004
- SECURITY DEPOSITS
- OTHER ENGINEERING REVIEW FEES

RECEIVED BY:

NAME & TITLE

THRUWAY DIVISION:

PATRICIA TRAVER-FLEMING

- NEW YORK
- SYRACUSE
- ALBANY
- BUFFALO

(SIGNATURE)

Comments:

**Lago Resort & Casino, LLC**

**0000062**

1265 Scottsville Road  
Rochester, NY 14624

10-4/220

May 1, 2015

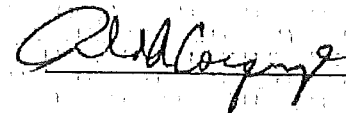
\$750.00

Seven Hundred Fifty Dollars and 00 Cents

Pay to the Order of:

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

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



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