

# **VILLAGE OF MINOA**

## **Planning Board Public Hearing Meeting Minutes**

Thursday March 13, 2025  
Site Plan Review Retail Use

Present: Chairman Dan DeLucia, Planning Board Members: Alan Archer, John Jarmacz, Sarah Coleman and Secretary Barbara Sturick.

Absent: Attorney Courtney Hills and Member Dan Engelhardt

Also Present: Ashlee Powers and Tim Decker

Upon due notice, a Public Hearing of the Village of Minoa Planning Board was held on March 13, 2025 at 6:30 p.m. at the Municipal Building, in the Board Room, 240 North Main Street, Minoa, New York.

Chairman Dan DeLucia opened the Public Hearing at 6:30 pm and Read the following Legal Notice:

PLEASE TAKE NOTICE that a Public Hearing of the Planning Board of the Village of Minoa, New York shall be held on Thursday, March 13, 2025 at 6:30 p.m., in the Municipal Building located at 240 N Main Street, Minoa, New York, regarding Site Plan Application of Ashlee Powers for Site Plan Review pursuant to Sections 127-3, 4 & 7 of the Village of Minoa Code, for the premises situate at 204 N Main Street and identified as Tax Parcel No. 002.-01-04.0. Applicant is proposing to modify the prior approved use to a new use, specifically a retail use.

Chairman DeLucia turned the floor to Ashlee Powers to present:

- Ashlee Powers stated the business is not technically retail.
- She stated it is Holistic Wellness, Reiki Sessions, Meditation Classes and Candle Making Classes, one on one individual and small groups.
- She stated it is a natural holistic bees wax based business in which she makes bee wax-based products that could be purchased when attending class.

The Board discussed the following with applicant:

- Board member questioned whether or not the space was going to change? Ashlee stated the space is exactly the same.
- Chairman DeLucia asked about hours of operation. Ashlee stated she had no specific hours planned as she recently began a new job. She stated she would possibly hold classes 4-8 p.m. on Monday's and Tuesday's and in line with the hours of the Tea Shop.
- Member Sarah Coleman confirmed with applicant that this is not a walk-in shop and by appointment only.

- Board members clarified that Parking would be roadside or in public lot on Adams Street.
- Member John Jarmacz ask how many people would be present at any given time? Ashley stated at the most there would be (6) six participants.
- Chairman DeLucia confirmed with Board members they received and had the opportunity to review the letter submitted with application by Timothy J. Decker property manager of 204 N Main Street hereto attached as schedule "A".

Chairman DeLucia moved to **close the public** hearing at **6:37 pm.** and continue into Regular meeting. Seconded by Member Sarah Coleman. All in favor; Motion carried.

### **Regular meeting of the Village of Minoa Planning Board**

Secretary Sturick confirmed for the record that the Legal Notice was submitted to Syracuse Media Group for publication order confirmation **#0010965055-01**; was posted at (6) six locations within the Village: Village Hall, Library, Trappers II, Post Office, Sunshine Mart and Scotty's Automotive, and was sent to neighbors located within 500 feet of the subject premises via first class mail.

Secretary Sturick confirmed for the Board that there is no other correspondence for or against the Variance application.

The Board then reviewed and discussed applicants Short Form SEQRA, specifically item **#5 Is the proposed action, a. A permitted use under the zoning regulations?** Applicant corrected his response to Yes, the proposed action is permitted use under the zoning regulations.

The Board then reviewed and completed Part 2 of the Short Form SEQRA, and upon motion by Chairman DeLucia, seconded by Member Sara Coleman, All in favor. Motion carried the resolved as follows:

- The Board identified the proposed action as an Unlisted Action pursuant to NY SEQRA;
- The Board elected to designate itself as Lead Agency,
- The Board determined based on the information provided therein and upon the analysis thereof and all supporting documentation that the proposed action would not result in any significant adverse environmental impacts, and therefore issued a Negative Declaration.

Chairman DeLucia suggested the Planning Board review each of the review standards per Article IV § 127-12 General standards and considerations of the Village of Minoa Code Book.

#### **Article IV**

##### **Review Standards**

##### **§ 127-12 General standards and considerations.**

The Planning Board's review of the site plan shall include, as appropriate, but is not limited to the following general considerations:


- A. The location, arrangement, size, design and general site compatibility of buildings, lighting and signs. **The Board discussed with the applicant the stenciled sign on the front door. Ashlee provided visual via her phone of the signage, stating it is less than 30% of the door. The Board did not have an issue with the stenciled sign.**
- B. The adequacy and arrangement of vehicular traffic access and circulation, including intersections, road widths, pavement surfaces, dividers and traffic controls. **The Board believe there would be no issues with vehicular traffic flow.**
- C. The location, arrangement, appearance and sufficiency of off-street parking and loading. **The Board stated there was ample parking for this usage.**
- D. The adequacy and arrangement of pedestrian traffic access and circulation, walkway structures, control of intersections with vehicular traffic and overall pedestrian convenience. **The Board believed there are no issues.**
- E. The adequacy of stormwater and drainage facilities. **The proposed use is consistent with the current use and thus there would be no changes.**
- F. The adequacy of water supply and sewage disposal facilities. **The proposed use is consistent with the current use and thus there would be no changes.**
- G. The adequacy, type and arrangement of trees, shrubs and other landscaping constituting a visual and/or noise buffer between the applicant's and adjoining lands, including the maximum retention of existing vegetation. **The proposed use is consistent with the current use and thus there would be no changes.**
- H. The adequacy of fire lanes and other emergency zones and the provision of fire hydrants. **The proposed use is consistent with the current use and thus there would be no changes.**

- I. Special attention to the adequacy and impact of structures, roadways and landscaping in areas with susceptibility to ponding, flooding and/or erosion. **The proposed use is consistent with the current use and thus there would be no changes.**
- J. Overall impact on the neighborhood, including compatibility of design considerations, environmental and aesthetic impacts. **Remaining the same.**

A Motion made by Sarah Coleman and seconded by John Jarmacz to approve the Site Plan based on Plans Submitted and the analysis conducted by the board. All in favor. Motion carried.

A Motion made by Sarah Coleman and seconded by Alan Archer to close the Planning Board Meeting at 6:52 pm. All in favor. Motion carried.

*Respectfully submitted,*

  
Barbara Sturick, Secretary

Project: 204 N Main St

Date: 3/13/2025

## *Short Environmental Assessment Form*

### *Part 2 - Impact Assessment*

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

|  | No, or<br>small<br>impact<br>may<br>occur | Moderate<br>to large<br>impact<br>may<br>occur |
|--|---|--|
| 1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?  | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 2. Will the proposed action result in a change in the use or intensity of use of land?   | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 3. Will the proposed action impair the character or quality of the existing community?   | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?                      | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?            | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities? | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 7. Will the proposed action impact existing:   |   |  |
| a. public / private water supplies?  | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| b. public / private wastewater treatment utilities?  | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?                                   | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?                     | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?  | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |
| 11. Will the proposed action create a hazard to environmental resources or human health?   | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |

Project: 204 N Main St

Date: 3/13/2025

### **Short Environmental Assessment Form**

#### **Part 3 Determination of Significance**

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

|   |  |
|---|--|
| <input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required. | <input checked="" type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts. |
| Village of Minoa Planning Board   | MARCH 13, 2025   |
| Name of Lead Agency<br><u>DAN W. DELUCA</u>   | Date<br><u>PLANNING BOARD CHAIR</u>  |
| Print or Type Name of Responsible Officer in Lead Agency<br><u>DAN W. DELUCA</u>  | Title of Responsible Officer<br><u>PLANNING BOARD CHAIR</u>  |
| Signature of Responsible Officer in Lead Agency<br><u>[Signature]</u>   | Signature of Preparer (if different from Responsible Officer)<br><u>[Signature]</u>  |

To the Planning Board:

My name is Timothy Decker, and I am the current building manager at 204 N Main St, Minoa, NY 13116, for Bernard and Linda Decker. Since January 1996, this building has comprised three apartments and one commercial space. I currently reside in the upstairs apartment, while the two downstairs apartments and the commercial space are rented.

The front office space has remained unchanged since its remodel in 2016. Natures Path Mind Body Soul is interested in renting this space in its current condition. Attached, you will find all relevant documentation, including the certificate of occupancy, building permits, floor plans, and an inspection report from former Codes Enforcement Officer Michael Murnane.

I am available to answer any questions you may have and can be reached at 315-720-2034.

Thank you for your time and consideration.

Sincerely,  
Timothy J. Decker

Schedule "A"

**VILLAGE OF MINOA  
OFFICE OF CODE ENFORCEMENT  
240 NORTH MAIN STREET  
MINOA, NEW YORK 13116**

# **Certificate of Occupancy**

Permit No. 07-2013      Tax Map No. 002.-01-04.0

Location: 204 N. Main Street, Minoa, New York 13116

Certificate No. 07-2013      Date: April 14, 2016

This **CERTIFIES** that the Renovation located at the address indicated above (property), **complies** substantially with the Uniform Fire Prevention & Building Code of New York State and the Code of the Village of Minoa. It conforms to all of the requirements of the applicable provisions of the law.

This Certificate of Occupancy is issued to: Bernard Decker (owner) of the aforesaid property.

*Michael Marnane*

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CODES ENFORCEMENT OFFICER

VILLAGE OF MINOA  
240 NORTH MAIN STREET  
MINOA, NEW YORK 13116

**Building Permit No. 07-2013**

**PERMIT GRANTED TO RENOVATE**

This CERTIFIES that **Bernard Decker** of 7220 Collamer Rd., E.Syracuse, New York has complied with the Code of the Village of Minoa, heretofore, by filing an Application for a Building Permit dated March 26, 2013.

The Village of Minoa authorizes **Bernard Decker** to renovate/repair his property at **204 N. Main St., Tax Map No. 002.-01-04.0**, according to the plans and information in his Application for **Building Permit No. 07-2013** on file in the Village of Minoa Office of Codes Enforcement.

**Owner & Builder: Bernard Decker**

This Building Permit shall be posted in a conspicuous place upon the property located at **204 N. Main St.** It shall not be removed until completion of the work and final inspection by the Codes Enforcement Officer of the Village of Minoa.

Effective Date: **April 5, 2013**

Expiration Date: **October 5, 2013**

Richard J. Greene

CODES ENFORCEMENT OFFICER

**OFFICIAL USE ONLY:**

Date of Work Site Inspection:  
Date of Abatement/Demolition Inspection:  
Date of Excavation Inspection:  
Date Footing and/or Concrete Slab Inspection:  
Date Foundation Inspection:  
Date Framing Inspection:  
Date Insulation Inspection:  
Date Plumbing Inspection:  
Date Electrical Inspection:  
Date Final Inspection of Appurtenances:  
Date of Final Inspection of Building/Structure:  
Date of Certificate of Occupancy/Certificate of Compliance:

|             |                   |
|-------------|-------------------|
| By:         | _____             |
| By:         | _____             |
| By:         | _____             |
| By:         | _____             |
| By:         | _____             |
| By:         | _____             |
| By:         | _____             |
| By:         | _____             |
| 3-7-13 By:  | Cannaro Plumbing  |
| 4/6/13 By:  | middle dept Insp. |
| By:         | _____             |
| 4/14/13 By: | M. J. Decker      |
| By:         | _____             |

07

### BUILDING PERMIT APPLICATION

Application is hereby made to the Village of Minoa for the issuance of a Building Permit pursuant to all applicable codes, ordinances, and laws regulating the erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion, and change in the occupancy of any building or structure within the boundaries of the Village of Minoa at the following location:

PERMIT NUMBERS: Village of Minoa \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_  
1. PROJECT ADDRESS: 304 N. Main St Minoa TAX MAP NO. 31805 002 01-090 ZONING: Commercial  
2. PROPERTY OWNER NAME: Bernard Decker  
ADDRESS: 7230 Collamer Rd. E. Syracuse, NY 13207 PHONE: 315-247-4426  
3. ARCHITECT/ENGINEER: \_\_\_\_\_ RA# \_\_\_\_\_ PE# \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
4. CONTRACTOR: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

(Contractor's shall include with this Building Permit Application an Insurance Certificate for Workers Compensation, Disability and General Liability Insurance that names the Village of Minoa, Certificate Holder)

5. IS PROPERTY OWNER DOING ALL WORK? ☒ YES ☐ NO  
(If yes, Property Owner shall include with this Building Permit Application a notarized Affidavit of Exemption Form and submit proof of Homeowner's Insurance.)

6. PROPERTY CURRENT USE: ( ) RESIDENTIAL ☒ COMMERCIAL ( ) INDUSTRIAL

7. NATURE OF WORK (check all applicable):

|   |   |  |                                  |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Demolition                                   | <input type="checkbox"/> Deck             | <input type="checkbox"/> Wood Stove                                | <input type="checkbox"/> Trailer |
| <input type="checkbox"/> New Building/Structure                       | <input type="checkbox"/> Porch            | <input type="checkbox"/> Chimney                                   | <input type="checkbox"/> Sign    |
| <input type="checkbox"/> Addition                                     | <input type="checkbox"/> Shed             | <input type="checkbox"/> Pool (In-Above Ground)                    | <input type="checkbox"/> Other   |
| <input checked="" type="checkbox"/> Repairs, Renovations, Alterations | <input type="checkbox"/> Garage/Pole Barn | <input type="checkbox"/> Manufactured Home (HUD or State Approved) |                                  |

8. DESCRIPTION IN DETAIL OF PROPOSED PROJECT AND ITS USE (as required in Building Permit Application Guide)  
Length (ft) 43 ft Width (ft) 23 ft Height (ft) 8 ft No. Stories \_\_\_\_\_

Converting & updating office space into  
apartments

9. ESTIMATED VALUE OF WORK, MATERIALS AND LABOR \$ 2500.00

10. CONSTRUCTION TYPE: ☒ Wood ( ) Steel ☒ Masonry ( ) Other

11. SET BACK FROM LOT LINES: Front \_\_\_\_\_ (ft) Rear \_\_\_\_\_ (ft) Side 1 \_\_\_\_\_ (ft) Side 2 \_\_\_\_\_ (ft)

12. LOT FRONTAGE: \_\_\_\_\_ LOT DEPTH: \_\_\_\_\_ TOTAL LOT SQUARE FEET OR ACRES: \_\_\_\_\_

The below signed Property Owner and Contractor agrees to allow the Building Inspector to inspect the sufficiency of the work being done pursuant to this Building Permit Application; comply with all applicable laws, ordinances, and regulations; confirms that all statements contained in this application are true to the best of his/her knowledge and belief and agrees that the work will be performed in the manner set forth in the Application and in the plans and specifications filed herewith.

Print Name of Property Owner Bernard Decker

Signature of Property Owner Bernard Decker

Sworn before me this 26 Day of March, 20 13 Notary Public: Barbara A. Sturick

Print Name of Contractor \_\_\_\_\_

Signature of Contractor \_\_\_\_\_

Sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_ Notary Public \_\_\_\_\_

BARBARA A. STURICK  
NOTARY PUBLIC IN THE STATE OF NEW YORK  
NO. 01-ST6241583  
QUALIFIED IN ONONDAGA CO.  
MY COMMISSION EXPIRES MAY 23rd, 2015

### OFFICIAL USE ONLY

|                           |                          |  |
|---------------------------|--------------------------|--|
| Flood Plains _____        | Wetlands _____           | Contractors W/C Ins. _____                     |
| ZBA _____                 | Planning Board _____     | Plans Review _____                             |
| Building Permit No. _____ | Fee <u>56.00</u>         | Date Paid <u>3/26/13</u>                       |
| Rec'd By <u>Donna</u>     | Receipt No. <u>16454</u> | Approved/Disapproved <u>4/5/2013</u> <u>re</u> |
| Village Approval _____    | Date <u>4/5/2013</u>     |  |



**Plumbing Control Section**

7120 Henry Clay Boulevard  
Liverpool, New York 13088

Date Issued: 01/14/2014

Permit Number: 29951

CANORRO PLUMBING  
7223 TAYLOR ROAD  
EAST SYRACUSE, NY 13057

RECEIVED

JAN 21 2014

VILLAGE OF MINOA

**MUNICIPAL COPY**

Permission is hereby given to the above to install the following plumbing work at 202 NORTH MAIN STREET located in the Village of Minoa owned by BERNIE DECKER on the condition that said work shall be done in accordance with the rules and regulations of the ONONDAGA COUNTY DEPT. OF WATER ENVIRONMENT PROTECTION, the rules and regulations of the Municipality in which the installation is to be made and the Laws of the State of New York relating thereto and on failure to do so, this permit may be revoked.

| Fee Description                                       | Fee      | Received | Check# |
|---|----------|----------|--------|
| Remodeling - Multifamily Dwellings - 1 to 20 Fixtures | \$150.00 | \$150.00 | 2148   |

Treatment Facility: Metro

Remarks:



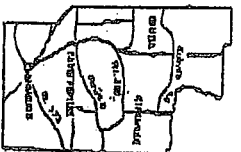
Signed: \_\_\_\_\_

Authorized Signature

NOTE: If work authorized under this permit is not commenced within six months of issue, this permit shall be void.

OCT 25 2013

VILLAGE OF MINOA



TOWN OF MANLIUS  
ONONDAGA COUNTY

State of New York  
301 Broadway Drive  
Elizabethtown, N.Y. 13066

BB# 4432

**PLANNING AND DEVELOPMENT**  
**637-8619**

INSPECTION REPORT

BUILDER/OWNER W. K. & J. Co.

# DATA

LOCATION 202-209 0000

CHAS. F. LEE.  
BOOK BINDER.

INSPECTION FOR: 11-11-11

## COMPLETIONS

[illegible]

**THEORY**

உள்ளுறுதல்  
காண்பது.  
உறுதி செய்து  
கொள்ளுதல்

**SIMPLE INTEREST**

[illegible]

**ADDITIONAL NOTES:**

Verlag, C. H.

Q: How did you feel after the demonstration?

U.S. AIR FORCE

...

**WAS PRINTED BY:**

282

Not found

105

11/20/20

OK to C/2 L

6' x 10'

BATH  
6' x 6'

closet

2' x 12'

BED

OFFICE

12' x 6'

Bedroom

11' x 12'

11' x 12'

BED

OFFICE

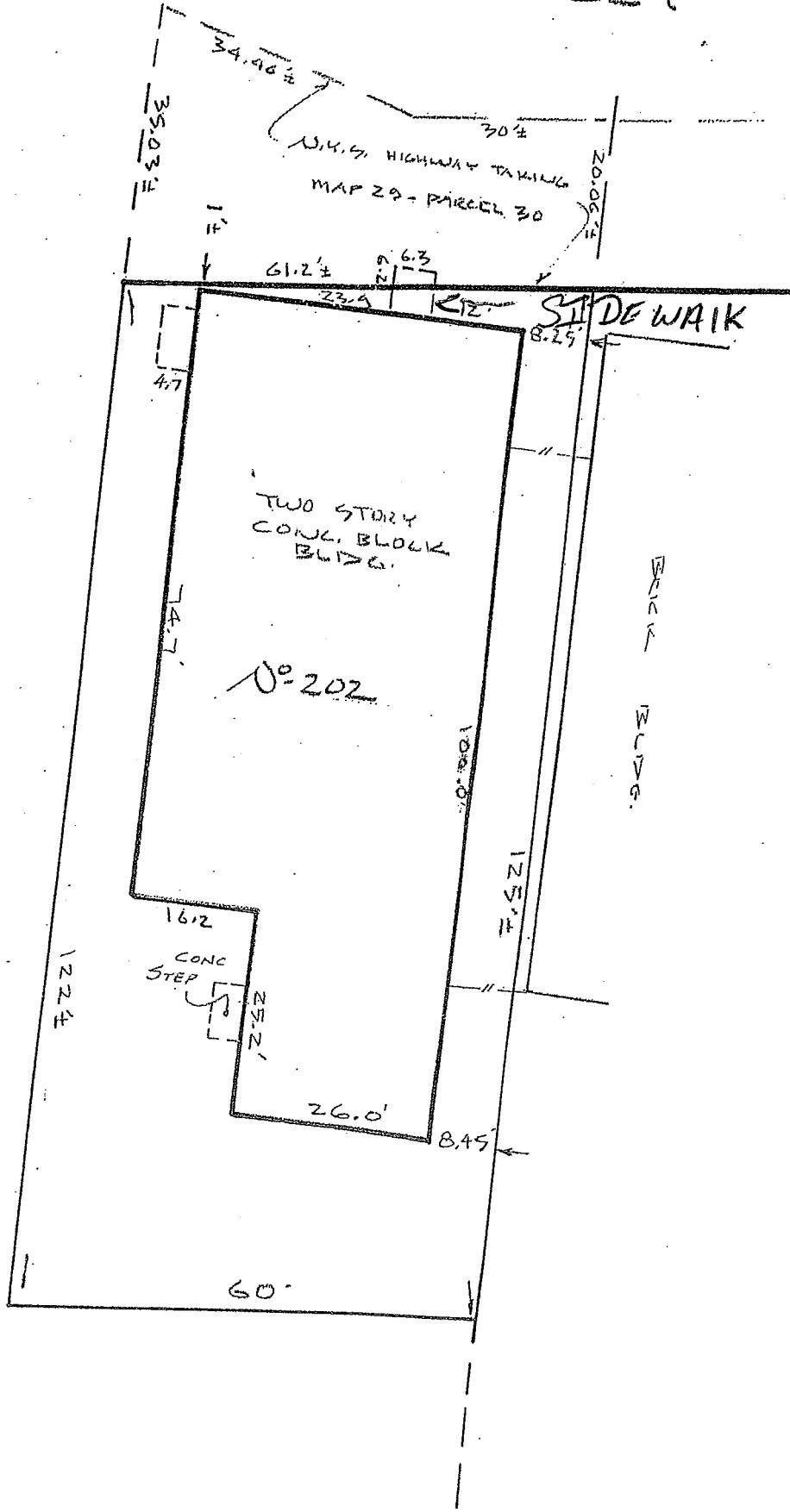
10' x 10'

Living Room

HALL  
6' x 10'

ENTRY

EX, CENTERLINE PAVEMENT  
 NORTH  
 MAIN STREET



I HEREBY CERTIFY THAT THIS MAP WAS MADE  
 FROM AN ACTUAL SURVEY AND SAME IS CORRECT.  
 LICENSED LAND SURVEYOR  
 Douglas B. Kehr  
 LIVERPOOL, N.Y.  
 NYSLS 49223

|   |                 |                 |              |
|---|-----------------|-----------------|--------------|
| Location survey on part of Lot #35,<br>Town of Manlius.   |                 |                 |              |
| Known as No. 202 North Main Street<br>Village of Minoa, Town of Manlius, County<br>of Onondaga, N. Y. |                 |                 |              |
| DRAWN BY: DRL   | SCALE: 1" = 20' | DATE: Dec. 1983 | DRAWING NO.: |
| REVISIONS:  |                 |                 |              |

# THIS POLICY IS ISSUED ON THE CO-OPERATIVE ASSESSMENT PLAN

BUSINESS OWNERS  
POLICY DECLARATIONS

MADISON MUTUAL INSURANCE COMPANY  
1256 State Route 5 PO Box 357  
Chittenango, NY 13037-0357  
PHONE: 315/687-3211

Page 1

Policy Number: 90001730  
RENEWAL

Location: 1 Building: 1  
Policy Period: FROM 9/17/2012 TO 9/17/2013  
12:01 AM Standard Time

**INSURED:**

BERNARD J. DECKER  
LINDA DECKER  
220 COLLAMER RD  
EAST SYRACUSE NY 13057-9777

**AGENT:**

CROWLEY INSURANCE AGENCY INC 18  
202 N CENTER ST  
EAST SYRACUSE NY 13057-2525  
PHONE: 315/437-2983 8

The Described Location(s) covered by this policy are as follows:

202 N MAIN ST, MINOA, NY, 13116-1212, ONONDAGA COUNTY

This replaces all previously issued policy Declarations, if any. This policy applies only to accidents, occurrences or losses which happen during the policy period shown above. This policy applies only to those coverages below for which a limit of insurance and/or a limit of liability or premium charge is shown. Our limit for each coverage shall not be more than the amount stated for such coverage, subject to all the terms of this policy.

| COVERAGE                           | COINSURANCE       | DEDUCTIBLE | LIMIT OF LIABILITY | PREMIUM   |
|------------------------------------|-------------------|------------|--------------------|-----------|
| 1. Building                        | RC                | NONE       | \$1,000 SF-3       | \$305,000 |
| 2. Business Property               |                   | NONE       | NONE               | \$2,133   |
| 3. Bodily Injury & Property Damage | (Each Occurrence) |            | \$1,000,000        | \$70      |
| 4. Premises Medical Payments       | (Aggregate)       |            | \$1,000,000        |           |
| 5. Products/Completed Operations   | (Each Person)     |            | \$5,000            |           |
| 6. Fire Legal Liability            | (Each Accident)   |            | \$50,000           |           |
|                                    | (Each Occurrence) |            | \$1,000,000        |           |
|                                    | (Aggregate)       |            | \$1,000,000        |           |
|                                    | (Each Occurrence) |            | \$50,000           |           |

Subject to the following Forms and Endorsements (\* Basic forms Included with this Policy):

SF-3 \* (9/96), SF-20 \* (1/88), ML-430 \* (9/98), SF-311 \* (1/88), \$103-  
SF-312 \* (1/88), MMIC \* (1/92), ML-14 \* (6/91), LS-14 \* (1/88),  
LS-31 \* (6/90), LS-72 \* (3/89), LS-73 \* (11/89), LS-87 \* (7/88),  
LS-88 \* (5/97), LS-89 \* (5/97), LS-93 \* (5/97), SF-18 \* (7/96),  
SF-83 \* (2/02), SF-99 \* (5/98), LS-NY-1 \* (12/08), MMIC-2 (12/92),  
SF-10 B (1/88), LS-5 \* (1/88), LS-49 (9/95), LS-80 (7/96),  
LS-84 (10/97), LS-5S \* (1/88), SF-27A (7/96), LS-2 \* (1/88),  
RENEWAL CREDIT, TR-DS (02/08), CLAIM FREE CREDIT, LS-101 \* (9/03),  
LS-85 \* (5/99), PF-1 \* (10/03), SF-345 (12/00)

THIS DECLARATIONS DOES NOT SUPERSEDE ANY CANCELLATION OR NON-RENEWAL NOTICES

6/18/12

COUNTERSIGNATURE DATE \* Insured Copy \*

Timothy Burbach CPCU Pres/CEO  
OUR AUTHORIZED REPRESENTATIVE

Provisions Required by Law to be Stated in this Policy: - This Company is an Assessment Cooperative Fire Insurance Company having by-laws and special regulations relating to meetings of members, election of directors, rights and obligations of members and liability of members to assessment as printed on the third page hereof.

6/18/12

30P-DEC (10/96) Continued On Page 2, For Location 1 Building 1 (See Reverse) 9/17/12

|                   |         |
|-------------------|---------|
| INCEPTION PREMIUM | \$2,100 |
| NY STATE FIRE FEE | \$12.29 |

Subsequent payments will be due each year based on rates in effect at that time.

Rating Information: Protection: HIGH-PROTECTED Construction: FRAME  
Policy Type: DELUXE Occupancy: TENANT Miles From Fire Department: 5.0  
Feet from Hydrant: 1000 Fire District: MINOA Business Description: APARTMENTS  
OFFICE AND 2 APARTMENTS RTO  
Mortgagee - First

OCWEN LOAN SERVICING LLC  
ITS SUCCESSORS AND/OR ASSIGNS  
P O BOX 6723  
SPRINGFIELD OH 45501-6723

ACCOUNT NO: 89585665  
ON: 202 N MAIN ST  
MINOA NY 13116-1212

6/18/12  
BOP-DEC (10/96) End of Declaration For Location 1 Building 1

9/17/12

## SUPPLEMENTAL DECLARATIONS

Page 1

Location: 1 Building: 1

This Supplemental Declarations page forms a part of **your** policy.

Set forth below are the forms and other information related to **your** policy. For descriptions of coverage, limitations and exclusions refer to the named forms, Declarations, General Policy Provisions, General Liability Coverage and other forms that are a part of **your** policy.

POLICY NO. 90001730

4MED INSURED BERNARD J DECKER  
LINDA DECKER

BUSINESSOWNERS PLAN

STANDARDXXX DELUXEActual Cash Value BuildingXXX Replacement Cost (SF-27) BuildingActual Cash Value Business PropertyReplacement Cost (SF-27) Business Property

\*\*\*\*\*  
**IF DELUXE PLAN HAS "X" ON LINE ABOVE, THEN ALL FORM SF-311 COVERAGES APPLY TO THIS POLICY. THE 90 DAY PERIOD FOR SEASONAL VARIATION COVERAGE MUST BE SHOWN BELOW**  
 \*\*\*\*\*

**STANDARD PLAN**  
**coverage ONLY APPLIES**  
**when an "X" is shown**  
**in the box below**

## FORM SF-311

## ADDITIONAL EXPENSE

\$            amount of additional coverage above \$1000.

## LOSS OF INCOME

actual loss of income for 3.00 additional months.

## ACCOUNTS RECEIVABLE

\$            amount of additional coverage above \$1,000

## BUILDING INFLATION PROTECTION

1% of increase each 3 months or            % of increase each 3 months.

## EMPLOYEE DISHONESTY COVERAGE

\$            amount of additional coverage above \$1,000

## EXTERIOR SIGNS

\$            amount of additional coverage above \$1,000

## MONEY AND SECURITIES

\$            amount of additional coverage above \$1,000

## WHILE AWAY FROM THE INSURED PREMISES

           % of additional coverage above 15%.

## VALUABLE PAPERS AND RECORDS

\$            amount of additional coverage above \$1,000

## SEASONAL VARIATION

Designate 90 Day Period -                                   Additional 30 Day Period -                                   25% increase raised to            %.

## SPRINKLER LEAKAGE

## PERSONAL INJURY

\*\*\*\*\* **END OF FORM SF-311 COVERAGES** \*\*\*\*\*

# BUSINESS GENERAL LIABILITY INSURANCE SCHEDULE

(For Use With LS-5 and LS-6)

Page 1

This endorsement forms a part of the policy identified below:

Location: 1 Building: 1

POLICY NO. 90001730

NAMED INSURED BERNARD J DECKER

LINDA DECKER

## SCHEDULE

### GENERAL LIABILITY HAZARDS

| DESCRIPTION OF HAZARDS                       | CODE NO. | PREMIUM BASES               | RATE                              | PROVISIONAL PREMIUM               |
|--|----------|-----------------------------|-----------------------------------|-----------------------------------|
| Premises - Operations                        |          | Area (sq. ft.)              | Bodily Injury and Property Damage | Bodily Injury and Property Damage |
|  |          | Frontage                    | Per 100 sq. ft. of Area           |                                   |
|  |          | Remuneration                | Per linear Ft.                    |                                   |
|  |          |                             | Per \$100 of Remuneration         |                                   |
| APARTMENTS                                   | 01001    |                             |                                   | INCLUDED                          |
| OFFICE                                       | 06009    |                             |                                   | INCLUDED                          |
| Escalators (Number at Premises)              |          | Number insured              | Per Landing                       |                                   |
| INCLUDED                                     |          |                             |                                   | INCLUDED                          |
| Independent Contractors                      |          | Cost                        | Per \$100 of Cost                 |                                   |
| INCLUDED                                     |          |                             |                                   | INCLUDED                          |
| Completed Operations                         |          | See Manual for Rating Basis |                                   |                                   |
| INCLUDED                                     |          |                             |                                   | INCLUDED                          |
| Products                                     |          | See Manual for Rating Basis |                                   |                                   |
| INCLUDED                                     |          |                             |                                   | INCLUDED                          |
| Total Provisional Premium                    |          |                             |                                   | INCLUDED                          |
| Location if all premises owned by,           |          |                             |                                   |                                   |
| rented to or controlled by the named insured |          | SAME                        |                                   |                                   |
| Interest of named insured in such premises   |          | OWNER                       |                                   |                                   |
| Part occupied by named insured               |          | NONE                        |                                   |                                   |

The foregoing discloses all hazards insured hereunder known to exist at the effective date of this policy unless otherwise stated.

## SUPPLEMENTAL DECLARATIONS

Page 2

Location: 1 Building: 1

POLICY NO. 90001730

NAMED INSURED BERNARD J DECKER  
LINDA DECKER

The following optional coverages shown below form a part of *your* policy

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**PROPERTY OPTIONAL COVERAGES**

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REPLACEMENT COST PROVISION - Coverage A Only

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**Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence**

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☒ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

Bernard Decker  
(Signature of Homeowner)

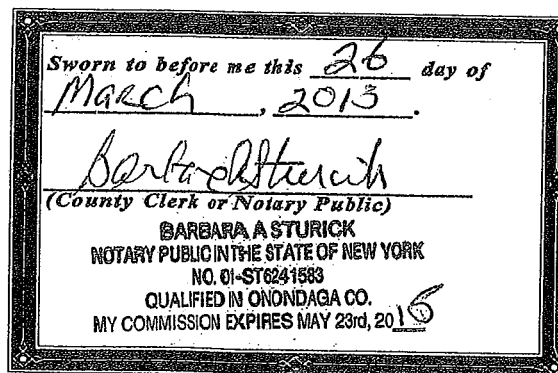
3/26/13  
(Date Signed)

BERNARD Decker  
(Homeowner's Name Printed)

Home Telephone Number 315-656-2418

Property Address that requires the building permit:

204 N. Main Street  
MINER NY. 13116



Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

**LAWS OF NEW YORK, 1998  
CHAPTER 439**

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

## **Implementing Section 125 of the General Municipal Law**

### **1. General Contractors -- Business Owners and Certain Homeowners**

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ♦ insured (C-105.2 or U-26.3),
- ♦ a Board-approved self-insured employer (SI-12), or
- ♦ are exempt (WC/DB-100),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

### **2. Owner-occupied Residences**

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file Form BP-1.

- ♦ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
  - ♦ is performing all the work for which the building permit was issued him/herself,
  - ♦ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ♦ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ♦ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" Form BP-1, but shall either:
  - ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (Form C-105.2 or Form U-26.3), OR
  - ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied residence** (including condominiums) listed on the building permit, provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

Note to File:

Tax Map No: 002.-01-04.0

202 N. Main Street, Minoa NY

Zone: Commercial

As of January 1996 Three (3) apartments and one (1) office have existed at the above noted property.  
Rental inspection was conducted in March 2016 for all areas listed above.

Codes Enforcement Officer

A handwritten signature in black ink, appearing to read "Michael J. Menna", written in a cursive style.