



**TOWN OF LEWISBORO
TOWN BOARD MEETING AGENDA
TOWN HOUSE
TUESDAY, OCTOBER 11, 2022
7:30 P.M.**

- I. PUBLIC COMMENT I**
- II. COMMUNICATIONS**
- III. CONSENT AGENDA**
 - a. Approval of Minutes of September 27, 2022**
 - b. Monthly Reports September 2022**
 - i. Building Department**
 - ii. Police Department**
- IV. NEW BUSINESS**
 - a. Presentation: Comprehensive Plan Steering Committee Quarterly Update – Katie McGinn**
 - b. Discussion: 2022 Library Budget – Director Cindy Rubino**
 - c. Resolution: Approving Oak Ridge Hauling LLC's Application for License to Collect and Dispose of Refuse and Recyclables**
 - d. Discussion: Designation of No Through Traffic on Schoolhouse Road**
 - e. Discussion: Designation of No Through Traffic on West Road**
 - f. Resolution: Rehire of Lead Maintenance Mechanic (Repair) to Part-time**
 - g. Resolution: Authorizing Contracting of Services for Building Department**
- V. PUBLIC COMMENT II – For Current Agenda Items Only**
- VI. APPROVAL OF CLAIMS**
- VII. POLLING OF THE BOARD**
- VIII. ANNOUNCEMENTS**

**Town Board Meeting – Monday, October 24, 2022, at 7:30 p.m., at the Town House,
11 Main Street, South Salem**
- IX. MOTION TO GO INTO EXECUTIVE SESSION**

Town Board Meetings Accessibility: The Town of Lewisboro is committed to providing equal access to all its facilities, services, and activities to the fullest extent possible. The Town House, Cyrus Russell Community House, Onatru Farmhouse, and the Bouton Road Town Offices are accessible to persons with physical handicaps. If anyone who wishes to attend any meeting of the Town Board has special needs, please contact the Supervisor's Office (763-3151) at least one week before any scheduled in-person meeting, and we will try to accommodate whenever possible.

Join Zoom Meeting

<https://us06web.zoom.us/j/82769164183?pwd=TUh6RU4rcHNHa3d1aFkwRlh5S0RBUT09>

Meeting ID: 827 6916 4183

Passcode: 481219

Dial by your location

+1 929 205 6099 US (New York)

Meeting ID: 827 6916 4183

Passcode: 481219

TOWN OF LEWISBORO
Building/Zoning Department
79 Bouton Road
South Salem, NY 10590

M5 Fee Report
From 08/30/2022 To 09/29/2022

Count by Type

Fee Type	Count	Total
Additional Building Permit Fee	16	\$15,260.00
Additional CC Fee	2	\$50.00
Additional CO Fee	14	\$15,210.00
BUILDING PERMIT FEE	58	\$28,695.00
CERTIFICATE OF COMPLIANCE FEE	27	\$4,305.00
CERTIFICATE OF OCCUPANCY FEE	29	\$19,000.00
ENVIRONMENTAL QUESTIONNAIRE-BUILDING	10	\$500.00
RE-INSPECTION	4	\$400.00
RECORDS MANAGEMENT FEE	55	\$110.00
RENEWAL FEE	7	\$5,454.50
Stormwater ADMIN	2	\$1,200.00
VARIANCE	1	\$252.00
Wetland Administrative	5	\$1,250.00
	230	\$91,686.50

TOWN OF LEWISBORO

Building & Zoning Department 79 Bouton Road, South Salem, NY 10590 914-763-3060

	2020		2021		2022	YEAR TO DATE INCREASE BY MONTH
	BUDGET REVENUE: \$484,900		BUDGET REVENUE: \$510,000		BUDGET REVENUE: 600,000	
MONTH	INCOME	MONTH	INCOME	MONTH	INCOME	
JAN	\$18,802.00	JAN	\$46,580.69	JAN	\$129,768.00	179%
FEB	\$30,148.50	FEB	\$46,052.00	FEB	\$295,108.75	541%
MAR	\$20,785.00	MAR	\$152,883.32	MAR	\$39,169.50	-74%
APR	\$49,473.50	APR	\$62,215.75	APR	\$71,303.00	15%
MAY	\$31,037.87	MAY	\$87,484.00	MAY	\$80,821.75	-8%
JUNE	\$106,037.00	JUNE	\$172,756.00	JUNE	\$68,812.00	-60%
JULY	\$72,945.50	JULY	\$72,809.49	JULY	\$71,446.25	-2%
AUG	\$57,067.00	AUG	\$51,153.00	AUG	\$45,824.00	-10%
SEPT	\$101,789.50	SEPT	\$107,715.18	SEPT	\$91,686.50	-15%
OCT	\$83,161.00	OCT	\$111,226.00	OCT		
NOV	\$121,043.10	NOV	\$176,999.75	NOV		
DEC	\$85,554.21	DEC	\$50,350.00	DEC		
	\$777,844.18		\$1,138,225.18		\$893,939.75	

Town Of Lewisboro Police Department

Monthly Activity Report

Search Type

Start Date

End Date

Incident

01/01/2022

09/30/2022

INC TYPE CATEGORY	January	February	March	April	May	June	July	August	September	Row Total
Aided Case-EMS	44	39	27	25	38	27	39	33	31	303
Aided-Assist Citizen	33	23	25	27	28	22	25	23	27	233
Alarms (Burg./ Fire/ Panic)	20	15	23	32	29	37	23	28	25	232
Animal	3	6	5	8	15	9	13	9	6	74
Assist Other Agency	5	1	2		2	5	9	2	7	33
Civil Comp	1	2	3	3	1	1	3	7	2	23
Criminal Act			2	1				1	2	6
Criminal Mischief			1		3	1	2	2	1	10
Detail		1	4	3	3	2	15	45	29	102
Discon/ Disturbance	4	5	3	4	5	7	5	8	4	45
Domestics	2	2	6	1	3	6	5	4	4	33
Fire	9	3	1	2	2	1	2	6	2	28
Fraud/ Identity Theft	2	4	4	2	5	1	1	1	2	22
Harassment	6	4	3			7	3	1	3	27
Larceny		1	2	5	4	4	1	2	5	24
Mental Health Incident		2	3	3	1	2	1	2	2	16
Miscellaneous	10	4	1	5	2	3	2	8	5	40
Motor Vehicle Accident	3	7	13	11	15	15	19	26	19	128
Property	17	13	12	11	2	6	2		4	67
Property Check		40	281	239	173	160	169	439	573	2074
Records			2	2	5	1	9	11	8	38
Road	2	7	5	4	3	5	8	6	8	48
Summons Served/Attempted	1	3	5		3		8	7	4	31
Suspicious	2	5	10	9	10	14	8	5	7	70
Trespass		2	1	2	1	3	6	2	1	18
Utility			4	2	4	2	5	4	6	27
Vehicle	8	7	7	9	8	10	15	5	9	78
Vehicle-V/T	42	58	83	81	128	116	107	107	80	802
Warrant								1		1
totals	214	254	538	491	493	467	505	795	876	4633

TOWN OF LEWISBORO
TOWN HOUSE
11 MAIN STREET
SOUTH SALEM, NEW YORK 10590

THIS IS AN APPLICATION FOR LICENSE TO COLLECT AND DISPOSE OF REFUSE AND RECYCLABLES IN THE TOWN OF LEWISBORO.

RESIDENTIAL ☒

COMMERCIAL ☒

If applying for renewal, date the current license expires 8/4/2022

The Town will ensure that confidential proprietary documents submitted as part of this license application are maintained under seal and free from Freedom of Information disclosure.

Applicant shall be responsible for designation of document to be so protected.

1. Name of Applicant Oak Ridge Hauling LLC
Business Address 307 White Street
Business Telephone & Fax Numbers 203-743-0405 203-748-0340
Home & Emergency Telephone Numbers _____

2. VEHICLES

TK #	MAKE	MODEL	BODY TYPE	LICENSE PLATE #
RRL-2	KNW	T300	REAR LOAD	56832A
RL-27	FRHT	135	REAR LOAD	L17393
FL-23	MACK	MRU613	FRONT LOAD	66369A
FL-49	MACK	TERRAPR	FRONT LOAD	70361A
RO-28	MACK	GR64	ROLLOFF	64163A
RH-14	FRHT	M2106	ROLLOFF	64209A

*Math Maturo
Safety + Compliance
Manager*

It is understood that all equipment is and shall be maintained in good working condition.

3. FEES (Suggested: See note re Town Rate)

COMMERCIAL: *Contact our Sales Dept for current rates on specific contain sizes - 203-743-0405*

Size of Container

Pickup Frequency

Suggested Rate (Per Yard)

Note: The Town Rate will be set by the Town Board each December for the following year. Actual rate charged may not exceed Town Rate. The fee schedule filed with the Town for the license period shall remain in effect for the license period, as defined herein, unless any change therein is filed with the Town no less than 60 days prior to date said revised fee schedule is to take effect.

RESIDENTIAL:

- A. Curbside 35.00 — New Customers
- B. Driveway less than 125 feet 40.00
- C. Driveway more than 125 feet 50.00

4. METHOD OF BILLING

Monthly or by contract agreement

5. AREAS TO BE SERVICED, IF NOT ENTIRE TOWN OF LEWISBORO

6. LOCATION OF TRANSFER SITES

307 white st Danbury CT 06810

7. PLACE OF DISPOSITION OF REFUSE

wheelabrator - Bridgeport CT

8. WESTCHESTER COUNTY DEPARTMENT OF HEALTH PERMIT NO. 13-933

9. INSURANCE INFORMATION

<u>Name of Agent</u>	<u>Insurance Company</u>	<u>Policy No.</u>	<u>Policy Period</u>
Alliant Ins. Serv.	Auto - Ace American	ISAH25548802	1.1.22-1.1.23
	Umb. Indemnity Ins	N10908279 007	1.1.22-1.1.23
	WC - Indemnity Ins	WLRC68910675	1.1.22-1.1.23

(Attach copy of Insurance certificate evidencing coverage amounts and naming Town as additional insured. New Certificate to be mailed automatically to Town upon renewal of change in and of the above information. Be sure to include Workmen's Compensation and Disability insurance coverage)

10. DETAILED DESCRIPTION OF APPLICANT'S EMPLOYMENT COMPLIMENT, INCLUDING JOB CLASSIFICATIONS

over 255 employees
Drivers, Laborers, Transfer Station Staff, Office Staff

11. SET FORTH ACTUAL OR BENEFICIAL OWNERS OF THE BUSINESS, OR IF CORPORATION, THE STOCKHOLDERS, DIRECTORS AND OFFICERS OF THE CORPORATION AND ALL RELATED BUSINESSES.

John Decker CEO
Michael Brennan COO
Debra Zambito CFO

12. NUMBER OF CUSTOMERS

182 = Residential 13 = Commercial

IF INITIAL LICENSE, NAMES AND ADDRESSES OF A MINIMUM OF FIVE COMMERCIAL ACCOUNTS.

13. CONTINGENCY PLANS (Set forth in detail plans for providing service in the event of equipment failure, labor disputes or disposal difficulties or other factors which would affect service).

We have over 125 various vehicles - 2 Driver Unions - with different bargaining agreements and a management staff licensed to drive commercial vehicles.

14. PLEASE MAKE SURE TO SEND THE TONAGE REPORT (TOTAL GARBAGE AND TOTAL RECYCLABLES) TO THE TOWN IN JANUARY OF EACH YEAR. IT CAN BE EMAILED TO townclerk@lewisborogov.com.

Matt Matraro being duly sworn, does hereby depose and say that all the statements herein contained are true and correct, that I have received a copy of, have read and understand, and will comply with all of the provisions of the applicable Refuse Collection Law of the Town of Lewisboro, and that all personnel have been instructed to comply with the provisions of applicable Refuse Collection Law of the Town of Lewisboro.

9/21/22
Date

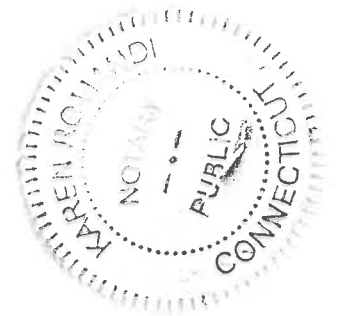
Matt Matraro
Applicant

Safety Manager
Title

(Corporate Seal)

Sworn to before me this 21st day of September, 2022.

Notary Public



Refuse License Fees:

Residential: \$35 for each truck over 10 cubic yards ✓
\$15 for each truck under 10 cubic yards

Commercial: \$100 for each truck over 10 cubic yards ✓
\$50 for each truck under 10 cubic yards

For office use:

Total fee paid: _____

Receipt No./Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Alliant Insurance Services, Inc.
7361 Calhoun Place, Suite 630
Rockville MD 20855

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX
(A/C, No):

E-MAIL

ADDRESS: Impero_Waste_Services_COI@alliant.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: ACE American Insurance Company

22667

INSURER B: Indemnity Insurance Company of

43575

INSURER C: Merchants National Insurance C

12775

INSURER D: Certain Underwriters at Lloyds

INSURER E:

INSURER F:

INSURED

Impero Waste Services LLC
Oak Ridge Waste and Recycling of CT, LLC
Oak Ridge Hauling, LLC
307 White Street
Danbury CT 06810

License#: 0C36861

IMPEWAS-01

COVERAGES

CERTIFICATE NUMBER: 1355075364

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	ENVP0000316-22	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ISA H25548802	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	N10908279 007	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WLRC68910675	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Contractors Pollution	Y	Y	ENVP0000316-22	1/1/2022	1/1/2023	Limit \$1,000,000
C	Excess policy	Y	Y	EXL0002368	1/1/2022	1/1/2023	Limit \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Liability & Contractors Pollution - Blanket Additional Insured/Waiver of Subrogation/Primary Non-Contributory when required by written contract per form GAP PL 01 6/1/2016

General Liability & Contractors Pollution - Use Lloyd's #85202 for A.M. Best Rating - A XV

Auto Liability - Blanket Additional Insured if required by written contract per form CAU74c 0316

Auto Liability - Blanket Primary and Non-contributory if required by written contract per form CA0449 1116

Auto Liability - Blanket Waiver of Subrogation if required by written contract per form CA131115a 0614

Workers Compensation - Blanket Waiver of Subrogation if required by written contract per form WC 00 03 13

Workers Compensation - States - CT and NY

See Attached...

CERTIFICATE HOLDER

Town of Lewisboro
11 Main St.
South Salem NY 10590

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Impero Waste Services LLC Oak Ridge Waste and Recycling of CT, LLC Oak Ridge Hauling, LLC 307 White Street Danbury CT 06810	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Umbrella Liability - Blanket Additional Insured/Primary Non-contributory if required by written contract per form XS-41887 1/14
Umbrella Liability - Blanket Waiver of Subrogation as required by written contract per form XS-41864 1/14
Umbrella Liability policy provides additional layer over the General Liability, Auto Liability and Employers Liability policies
Excess policy provides additional layer over Umbrella policy.