



Snow Plow Contractor/Sub-Contractor
Application Packet 2014

ALL RATES ARE PER HOUR UNLESS OTHERWISE STIPULATED

2014 RATES FOR PICKUPS, VANS, PANELS, SUVS, ETC.
GAS & DIESEL

Up to 7,000 lbs -----	69.72
7,001 to 8,800 lbs -----	72.00
8,801 and up -----	75.00

TRUCKS – DIESEL – Rear Wheel Drive

Up to 22,499 lbs. -----	74.38
22,500 to 27,499 lbs. -----	75.81
27,500 to 32,499 lbs. -----	81.19
32,500 to 37,499 lbs. -----	88.83
37,500 to 42,499 lbs. -----	93.82
42,500 to 47,499 lbs. -----	99.51
47,500 to 52,499 lbs. -----	106.08
52,500 to 57,499 lbs. -----	110.52
57,500 to 62,499 lbs. -----	116.41
62,500 and over -----	121.73

TRUCKS – DIESEL – All Wheel Drive

Up to 22,499 lbs. -----	77.55
22,500 to 27,499 lbs. -----	83.07
27,500 to 32,499 lbs. -----	90.10
32,500 to 37,499 lbs. -----	98.74
37,500 to 42,499 lbs. -----	100.32
42,500 to 47,499 lbs. -----	104.89
47,500 to 52,499 lbs. -----	111.65
52,500 to 57,499 lbs. -----	116.73
57,500 to 62,499 lbs. -----	121.76
62,500 and over -----	137.14

TRUCKS – GASOLINE – Rear Wheel Drive

Up to 22,499 lbs. -----	71.60
22,500 to 27,499 lbs. -----	73.76
27,500 to 32,499 lbs. -----	78.93
32,500 to 37,499 lbs. -----	82.08
37,500 to 42,499 lbs. -----	84.78
42,500 to 47,499 lbs. -----	86.71
47,500 to 52,499 lbs. -----	89.03
52,500 to 57,499 lbs. -----	90.99
57,500 to 62,499 lbs. -----	94.27
62,500 and over -----	100.08

TRUCKS – GASOLINE – All Wheel Drive

Up to 22,499 lbs. -----	75.47
22,500 to 27,499 lbs. -----	79.08
27,500 to 32,499 lbs. -----	86.28
32,500 to 37,499 lbs. -----	90.27
37,500 to 42,499 lbs. -----	92.85
42,500 to 47,499 lbs. -----	95.16
47,500 to 52,499 lbs. -----	98.88
52,500 to 57,499 lbs. -----	104.26
57,500 to 62,499 lbs. -----	109.60
62,500 and over -----	115.40

PLOWS

One way, add -----	4.69
Reversible, add -----	5.12
V-Plow, add -----	5.40
Underbody, add -----	4.81
Side wing plow, add -----	3.12

SPREADERS

Dump body slide-in up to 10 CY, add -----	3.14
Dump body slide-in over 10 CY, add -----	5.07
Truck bed conveyor type, up to 10 CY -----	4.22
Truck bed conveyor type, over 10 CY -----	6.04
Tailgate -----	2.00
Pickup -----	2.05
Truck equipped w/ zero velocity controller -----	4.96

2014 RATES CONTINUED

GRADERS

Up to 10,000 lbs.	-----	65.09
10,001 to 15,000 lbs.	-----	74.80
15,001 to 22,000 lbs.	-----	79.85
22,001 and over	-----	250.00

GRADER PLOWS

One-way plow, add	-----	7.40
Hydraulic		
Snow Wing, add	-----	10.06
V-Plow, add	-----	9.72

LOADERS & BACKHOES – Wheel Mounted

Up to 18,000 lbs.	-----	110.00
18,001 and over	-----	250.00

SKID-STEERS – w/ Transportation

Up to 600 lbs. operating capacity		51.37
601 to 1,000 lbs.	-----	51.22
1,001 to 1,500 lbs.	-----	55.53
1,501 and over	-----	90.00

Inc. Village of Mastic Beach
Insurance Requirements For Snow Plow Contractors/Sub-Contractors
Page One of Three

The independent contractor shall maintain at a minimum the following insurance giving evidence of same to Inc. Village of Mastic Beach on **the form of Certificates of Insurance, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 30 days notice of cancellation, non-renewal or material change.** New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. All subcontractors must adhere to the same insurance requirements.

I. Workers Compensation and NYS Disability

Coverage	Statutory
Extensions	Voluntary Compensation; All States Coverage Employers Liability – Unlimited

NOTE: If you do not maintain Workers Compensation and NYS Disability due to a valid exemption, the following must be submitted to the Inc. Village of Mastic Beach:

CE-200 – Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage.

New York State Workers Compensation **CE-200 EXEMPTION FORM** is available at www.wcb.ny.gov

FOR AN ON-LINE APPLICATION:

CE-200 (12/08) is an on-line application that allows an immediate print of the exemption form.

- Click on **On-Line Services** – on the right side of the screen.
- Then click on **Request for WC/DB Exemption** and follow the directions.

OR

FOR AN APPLICATION BY MAIL:

CE-200 (2/09) is an application which must be printed and mailed/faxed to Albany. The exemption certificate is then mailed to the applicant.

- Click on **Forms** – at the top center of the page.
- Click on **List of ALL Common Workers Compensation Board Forms.**

The forms are in ALPHABETICAL ORDER. Scroll down to CE-200 (2/09) – which is half way down the page

Applicants eligible for exemptions must file a new CE-200 **for each and every new or renewed permit, license or contract** issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant.

Applicants are strongly encouraged to use the Board's electronic web program. They can receive their Form CE-200 immediately, whereas manual paper filing may take up to four weeks to process.

Inc. Village of Mastic Beach
Insurance Requirements For Snow Plow Contractors/Sub-Contractors
Page Two of Three

II. Commercial General Liability

(REQUIRED by ALL contractors)

Coverage and Limits \$1,000,000 Combined Single Limit with explosion,
collapse and underground hazard.

Additional Insured Inc. Village of Mastic Beach, all elected and appointed
officials, employees and volunteers.

III. Automobile Insurance

(REQUIRED by ALL contractors)

Limit \$1,000,000 Combined Single Limit

Additional Insured Inc. Village of Mastic Beach, all elected and appointed
officials, employees and volunteers.

For Pick-up Trucks and Dump Trucks

- \$100,000 bodily injury each person;
- \$300,000 bodily injury each occurrence;
- \$100,000 property damage each occurrence

IV. Umbrella Liability - Suggested

Coverage Umbrella Form, or Excess Follow Form

Suggested Limit \$2,000,000.

Additional Insured Inc. Village of Mastic Beach, all elected and appointed
officials, employees and volunteers.

Vehicle Information Form

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

Please fill in ALL applicable information about your vehicle(s) and provide phone number.
 *NOTE: All vehicles are subject to inspection by the Village

TRUCK:	LOADER:	
Make:	Make:	Model:
Year:	Year:	Horse Power:
Body Type:	Crawler/Wheel Drive:	
Wheel Drive (rear or all):	Gas/Diesel:	
Gas/Diesel:	Bucket Size:	
License Plate #	License Plate #	
Gross Vehicle Weight:	Gross Vehicle Weight:	

DOZER/TRACTOR:	SWEeper:
Make:	Make:
Year:	Year:
Crawler/Wheel Drive:	Wheel Drive:
Gas/Diesel:	Cubic Yards:
License Plate #	License Plate #
Gross Vehicle Weight:	Gross Vehicle Weight:

DUMP TRUCK:	CRANE:
Make:	Make:
Year:	Year:
Capacity:	Gas/Diesel:
License Plate #	Bucket Size:
Gross Vehicle Weight:	License Plate #
	Gross Vehicle Weight:

PLOW:	GRADER:
Length:	Make:
Type (one-way/reversible/v):	Type (one-way/hydraulic/v):
Manual/Power:	Gas/Diesel:
	License Plate #
SPREADER:	Gross Vehicle Weight:
Cubic Yards:	

Corporate Affidavit of Ownership

STATE OF NEW YORK
COUNTY OF SUFFOLK
VILLAGE OF MASTIC BEACH

_____, being duly sworn deposes and says:

That he/she is an officer of the _____ Corporation, to
wit: it's _____ a domestic corporation with its principal
place of business at _____.

That said corporation is the owner of the following equipment:

Which said equipment is to be rented by the Village of Mastic Beach.

That no officer, elected or appointed, of the Village of Mastic Beach is a stockholder or
an officer, nor will become a stockholder or officer, of the aforesaid corporation during the rental
period.

That this affidavit is made to induce the Village of Mastic Beach to rent such equipment
and said Village relies on the truth of the statements herein made.

Sworn to before me this

___ day of _____, 20___

NOTARY PUBLIC

SIGNATURE

Individual Affidavit of Ownership

STATE OF NEW YORK
COUNTY OF SUFFOLK
VILLAGE OF MASTIC BEACH

This is to certify that I, _____,
am employed by the Village of Mastic Beach as an independent contractor. I use my own tools
and equipment and I hire no employees.

_____, being duly sworn deposes and says:

That I am the owner of the following equipment:

That no officer, elected or appointed, of the Village of Mastic Beach is an owner or co-
owner of said equipment, nor will become an owner or co-owner of said equipment, during the
rental periods.

That this affidavit is made to induce the Village of Mastic Beach to rent such equipment
and said Village relies on the truth of the statements herein made.

Sworn to before me this

___ day of _____, 20__

NOTARY PUBLIC

SIGNATURE

Village of Mastic Beach
Employer Affidavit of Compliance
With Respect to the Hiring of Employees in Accordance
With Federal Law

STATE OF NEW YORK
COUNTY OF SUFFOLK
VILLAGE OF MASTIC BEACH

Employer Firm: _____

Project Name: _____

I, _____, being duly sworn, deposes and state:

That I am an ___ Officer, ___ Partner, ___ Owner, ___ or Member of the Firm

By submission of this Affidavit, and each person signing on behalf of any Employer, including but not limited to owner, firm, corporation or entity hereby certifies, under penalties of perjury, that I affirm of my own knowledge that the above named person on behalf of the Employer has complied with the requirements of Title 8 of the United State Code (U.S.C.) Section 1324a and any amendments thereto, and that all employees, including non-citizens, aliens, which includes full-time, part-time, temporary or seasonal employees, are authorized to work in the United States and that said employees, including non-citizens, aliens, have provided the required documents for my review, which appear to be genuine and demonstrate, and that to the best of my knowledge, the employees, including non-citizens, aliens, are authorized to work in the United States; and 2) that during the term of the contract, agreement or period of work performed by the Employer, all employees hired, retained, shall be authorized to work in the United States in compliance with Federal Law and 3) that the Employer will only employ/retain subcontractors/special consultants who hire, retain, employees authorized to work in the United States, and 4) any such subcontractors/special consultants shall be required to submit an Affidavit demonstrating compliance with Federal Law regarding the eligibility of employees to work in the United States, and that the subcontractor's/special consultant's employees have submitted the required documents demonstrating compliance with Federal Law, which said Affidavit shall be submitted to the Village with the Employer's request for subcontractor/special consultant approval and at all times required by the Village Code.

Sworn to before me this

___ day of _____, 20___

NOTARY PUBLIC

SIGNATURE

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

BACKGROUND CHECK PERMISSION

In connection with my application to render services to the Village of Mastic Beach, I hereby consent to the following:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of the Village's consideration of my application to render services, I give permission to the Village to investigate my personal, employment, and criminal history. I understand that this background investigation will include, but not be limited to, verification of all information given by me to the Village.

2. CONSENT TO CONTACT PAST EMPLOYERS AND COMPANIES

I specifically give permission to the Village to contact all of my prior employers and companies I have provided services to for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Village, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Village. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers or companies I have provided services to the Village. I further agree to indemnify all past employers or companies I have provided services to for any liability they may incur because of their reliance upon this Agreement.

3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I further give permission to the Village to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for the Village to have access to information, I hereby delegate the Village as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

4. COOPERATION WITH INVESTIGATION

I agree to fully cooperate in the Village's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or other federal, state, or local governmental agency will not release reference information or criminal history information directly to the Village, I agree to personally request such information to the extent permitted by law.

5. MISCELLANEOUS

This Agreement represents the entire understanding and agreement relating to its subject matter. The Village shall be entitled fully to rely on this Agreement. I understand that I have no guarantee of being hired to provide services to the Village and that the Village may determine not to engage me for any lawful reason.

NAME: _____

SIGNATURE: _____

DATE: _____

VILLAGE OF MASTIC BEACH
NOTICE OF PUBLIC HEARING

PLEASE TAKE NOTICE that a public hearing will be held by the Board of Trustees of the Village of Mastic Beach on January 13, 2015, at 7:00 pm at Village Hall, 369 Neighborhood Road, Mastic Beach, New York 11951, regarding the filing by the Building Inspector of a report containing his findings and recommendations regarding certain structures situate on premises on 183 Jefferson Drive, Mastic Beach, New York designated by Tax Map No. 0209-022.00-02.00-038.000 reputedly owned by KEITH JONES and TITILAYO JONES in which said report finds that the structure is unsafe and dangerous to the public and recommends its immediate demolition and removal.

Any resident of the Village of Mastic Beach is entitled to be heard at such public hearing.

By order of the Board of Trustees of the Village of Mastic Beach, dated December 16, 2014.

Susan F. Alevas, Esq.
Village Clerk

Incorporated Village of Mastic Beach

P.O. Box 521, 427 Neighborhood Road, Mastic Beach, NY 11951
631-281-2326 631-772-2432 Fax

INSPECTION UNDER CHAPTER 180 OF THE CODE OF THE
VILLAGE OF MASTIC BEACH
"UNSAFE OR HAZARDOUS BUILDING, CONDITION, PROPERTY OR STRUCTURE"

Premises: 183 Jefferson Dr
Inspector: Timothy Brojer
Date of Inspection: 6-8-2014

EXISTING CONDITIONS: CHECK ALL THAT APPLY

- Interior walls other vertical structural members list, lean or buckle to such an extent that a plumb line passing through the center of gravity falls outside of the middle third of its base.
- Exclusive of the foundation, shows 33% or more of damage or deterioration of the support member of members or 50% of damage or deterioration of the non-supporting enclosing or outside walls or covering.
- Improperly distributed loads upon the floors or roofs or in which the same are overloaded or which have insufficient strength to be reasonably safe for the purpose used.
- Premises damaged by fire, wind, or other causes so as to have become dangerous to life, safety or the general health and welfare of the occupants or the public.
- Premises is so dilapidated, decayed, unsafe, unsanitary or utterly fails to provide amenities essential to decent living so that it is unfit for human habitation or is likely to cause sickness or disease so as to work injury to the health, safety, or general welfare of those living therein.
- Premises has light, air and sanitation facilities which are inadequate to protect the health, safety or general welfare of persons who live or may live therein.
- Inadequate facilities for egress in cases of fire or panic or insufficient stairways, elevators, fire escapes or other means of communication.
- Contains parts that are so attached that they may fall and injure members of the public or property.

ADDITIONAL INFORMATION REGARDING CONDITION OF PROPERTY (attach extra sheet if necessary):

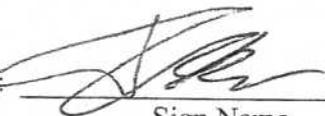
RECOMMENDATION TO VILLAGE BOARD:

Circle One: Repair Remove

Describe in Detail Recommended Action:

At This Time The house needs to
~~be~~ down.
torn

Date: 6-8, 2014

By: 
Sign Name
Timothy Boyer
Print Name

Incorporated Village of Mastic Beach

369 Neighborhood Rd
Mastic Beach, NY
631.772.4368

Parcel Information

Legal Address: 183 JEFFERSON DR

Unit #:

Parcel ID: 0209-022.00-08.00-038.000

Current Owner:

JONES KEITH & TITILAYO
183 JEFFERSON DR

MASTIC BEACH NY 11951

Deed Book:

Page:

Zone:

Ward:

Subdivision/Development:

Roll Section: 1

Property Class: 219

Account #: 4426860

County ID:

Lot Group:

Coordinates: N E

Business Name:

Dimensions

Frontage:

Depth:

Acreage: 0.23

Districts:

School:

Fire:

Sewer:

Septic Info.

System:

DOH/BOH #:

Final DOH/BOH Date:

of Bedrooms:

Tank Size:

Name on Permit:

Date of Issuance:

I, Village Clerk of the Incorporated Village of Mastic Beach, certify that I have compared the foregoing with the original thereof filed in my office, and I do hereby certify that same is a correct transcript therefrom.

Dated _____ 20____

SEAL

Village Clerk

NOT VALID UNLESS RAISED SEAL IS PRESENT



