

### **3ZONING BOARD OF APPEALS AGENDA**

#### Public Hearing Application #1

Application # 21Z-0003  
1850 Fairport Nine Mile Pt Rd  
Daniel Safee

*See Pages to Follow*



212-0003

1850 Fairport Nine-Mile Pt Rd  
Penfield, NY 14526  
P: (585)-388-0850



## Letter of Intent

November 16th, 2020

### To Whom It May Concern:

I am writing to the Town of Penfield to express our intent to construct and install a sign on our property in Penfield as described in our sign application and ZBA application.

Southeast Bible Baptist Church would also like to express consent as the owner of the property located at 1850 Fairport Nine-Mile Pt Rd, Penfield, NY for a contractor to fabricate, construct, and install a monument sign on our property as outlined in our formal request to the town of Penfield.

Specifically we have contracted with Dan Safee of DANWINS LLC to perform the work noted above.

If you have any questions you may reach out to me personally or call our main office at 585-388-0850.

Sincerely,

**Pastor Jim Krohn**  
jk@mground.org  
315-521-1695



## TOWN OF PENFIELD SIGN PERMIT APPLICATION

DATE 11/16/2020 Projected start date 12/1/2020 PERMIT # \_\_\_\_\_

### **APPLICANT INFORMATION:**

NAME Daniel Safee PHONE 585-298-1354

EMAIL dan@danwins.com CELL PHONE 585-298-1354

SIGN INSTALLATION ADDRESS 1850 Fairport Nine-Mile Pt Rd, Penfield, NY 14526

### **CONTRACTOR INFORMATION:** ([X] check if contractor is applicant)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

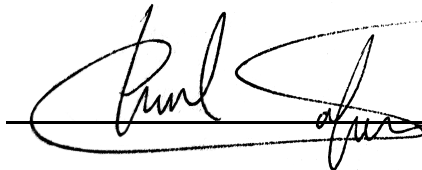
TYPE OF SIGN(S):	ATTACHED		SINGLE FACED	
Monument Sign	FREESTANDING	X	DOUBLE FACED	X

DIMENSIONS OF SIGN(S) 6 Feet Tall, 6 Feet & 3 Inches Wide

LINEAR FEET OF BUILDING FRONTAGE FACING TOWARD A STREET OR PARKING AREA:  
261 Linear Feet

DATE OF ZONING BOARD OF APPEALS APPROVAL, IF REQUIRED \_\_\_\_\_

IF FREESTANDING SIGN, SETBACK FROM PUBLIC RIGHT-OF-WAY 50 Feet

 Signature of Applicant

(For Office Use Only)

### PROVIDED WITH APPLICATION:

- ☐ Contractor Insurances (required) C-105.2 or U-26.3, DB120.1 or CE200  
☐ Sketch of Proposed Sign Showing all Dimensions (required)  
☐ Map of Sign Location (required)  
☐ Property Owner Approval for Proposed Signage (required)

Application approved? ☐ Yes ☐ No

Date: \_\_\_\_\_

By: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/09/2020

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).

<b>PRODUCER</b> Steinmiller Associates Inc. 1223 Bay Rd  Webster NY 14580	<b>CONTACT NAME:</b> Kristen Steinmiller <b>PHONE (A/C, No, Ext):</b> (585) 671-5660 <b>E-MAIL ADDRESS:</b> ksteinmiller@steinmillerins.com <b>FAX (A/C, No):</b> (585) 671-5717
<b>INSURED</b> DANWINS LLC 2186 EMPIRE BLVD  WEBSTER NY 14580-8535	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> MAIN STREET AMERICA ASSURANCE <b>INSURER B:</b> NATIONAL GRANGE MUTUAL <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 29939 14788

**COVERAGES****CERTIFICATE NUMBER:** CL201908267**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BPU5623W	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							Pharmacy Professional \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			CUU5623W	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**SOUTHEAST BIBLE BAPTIST CHURCH  
1850 FAIRPORT NINE MILE PT RD

PENFIELD

NY 14526

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

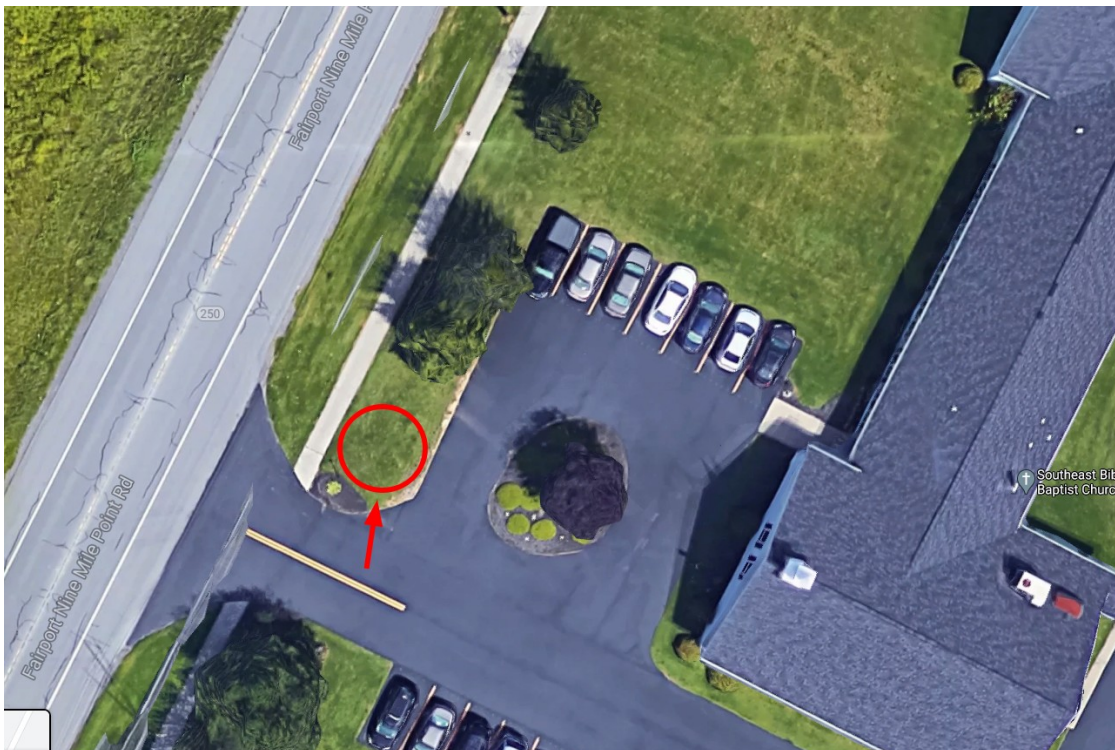
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Sketch of Proposed Sign w/ All Dimensions





## Map of Sign Location





1850 Fairport Nine-Mile Pt Rd  
Penfield, NY 14526  
P: (585)-388-0850

## OFFICIAL CORRESPONDENCE

November 16th, 2020

### **To Whom It May Concern:**

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Specifically we have contracted with Dan Safee of DANWINS LLC to perform the work noted above.

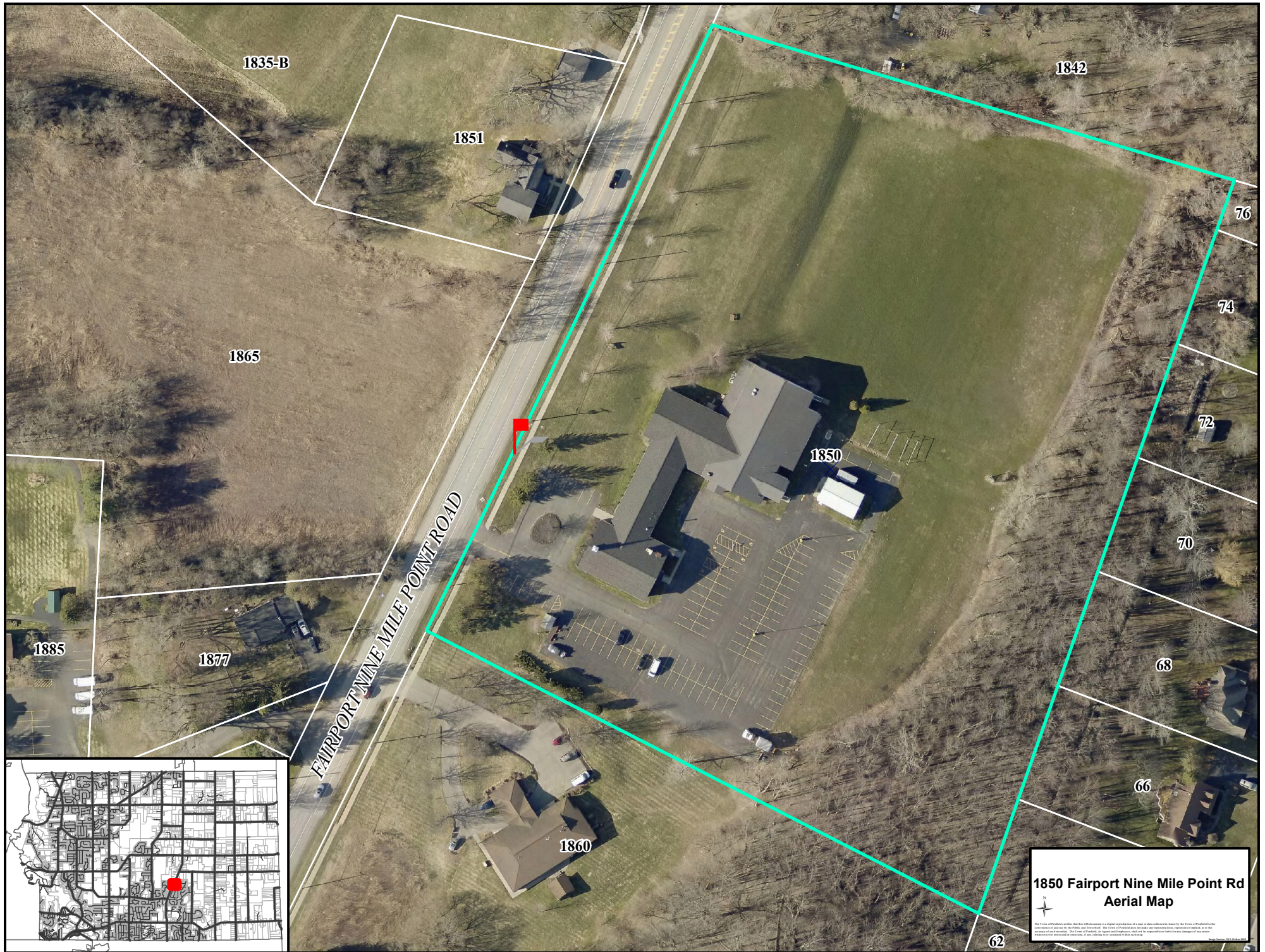
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Sincerely,

**Pastor Jim Krohn**

jk@myground.org  
315-521-1695





**1850 Fairport Nine Mile Point Rd  
Aerial Map**

This is an aerial photograph of the property at 1850 Fairport Nine Mile Point Rd. The property is outlined in red. The map is for informational purposes only and does not constitute a legal document. The map is not to be used for any other purpose. The map is not to be used for any other purpose. The map is not to be used for any other purpose.