



Christopher Marx, Superintendent of Highways
PO Box 550
1 Clearwater Road
New Paltz, NY 12561
Phone (845) 255-5050
Fax (845) 255-0191
info.highways@townofnewpaltz.org

Freihofers
27 No. Putt Corners Road
New Paltz, NY 12561

Attn: Charlie

255-0240 x 10 office
845-807-6293 cell

Charlie,

Here is the application to hook up to the municipal water at Freihofers.

I believe the water line is on your side of the road so a road cut permit might not be needed. Please fill everything out and submit to the Town Clerk for review and acceptance from the Town Board. I have included the section block and lot on your application.

If you have any questions feel free to give me a call at 255-5050.

Chris Marx

A handwritten signature in black ink, appearing to read "Chris Marx". The signature is stylized with a large, sweeping flourish at the end.



Town of New Paltz
 Water & Sewer Department
 Building & Grounds Department
 P.O. Box 550/1 Veterans Drive.
 New Paltz, NY 12561
 (845)255-0150 Fax: 255-4084

WATER/SEWER PERMIT APPLICATION

Date: 6/20/16

Address: FREIHOFER
27 NO. PUTT CORNERS RD SBL 86.8-5-13

Type of Installation:

Water:
2" Service Size

_____ Tap Date

Sewer:
 _____ Connection Size

_____ Tap Date

Final Approval:

The above noted work has been installed under the supervision of this department and, at the time of installation, conforms to all rules and regulations for the Water/Sewer district in which it is located.

Date: _____ By: _____

Title: _____

CHECKS ARE TO BE MADE OUT TO:
 TOWN OF NEW PALTZ WATER DISTRICT _____ P.O. BOX 550, NEW PALTZ, NY 12561

OFFICE HOURS: 7:00A.M. - 3:30P.M. MONDAY THRU FRIDAY

Application For Approval of Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES

Please complete items 1 through 12a + Block and Lot Numbers

Block #	Lot #	FOR DEPARTMENT USE ONLY Log No.
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1. Name of Facility <i>FREIHOFER BAKING CO</i>		2. City, Village Town <i>NEW PALTZ</i>		3. County <i>ULSTER</i>	
4. Location of Facility street <i>27 No. Post Corners Rd</i>		city <i>NEW PALTZ</i>	state <i>N.Y.</i>	zip <i>12561</i>	
4a. Phone Numbers <i>845-255-0240 EXT 10</i>		Contact Person <i>CHARLES LIVERMORE</i>			
5. Approx. Location of Device(s) <i>NEXT HOT WATER HR</i>			6. Mfg. Model #		Size of Device(s)
# of Fire Services	# of Domestic Services <i>- 0 -</i>	# of Combined Services	Total # of Services	Total # of Buildings <i>1</i>	
7. Name of Owner <i>FREIHOFER</i>		Title <i>R.S.M.</i>	Phone Number <i>845-527-7881</i>		8. Nature of works <input checked="" type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device
Full Mailing street Address <i>27 No. Post Corners Rd.</i>		city <i>NEW PALTZ</i>	state <i>N.Y.</i>	zip <i>12561</i>	
Owner's Signature <i>Michael Gore</i>		Date <i>4/14/16</i>			8a. <input checked="" type="checkbox"/> New Service <input type="checkbox"/> Existing Service
					8b. <input type="checkbox"/> New Building <input checked="" type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovation

9. Name of Design Engineer or Architect		10. NYS License #	
Address street		<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
city		10a. Telephone Number(s)	
state	zip	Date	
signature		m / d / y	

11. Water System Pressure (psi) at Point of Connection Max _____ Avg <i>50*</i> Min <i>AT MAIN</i>		12. Estimate Installation Cost	12a. Estimate Design Cost
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13. Degree of Hazard <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable	List of processes or reasons that lead to degree of hazard checked: <i>NO HAZARD</i>
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14. Public water supply name <i>TOWN OF NEW PALTZ</i>		Name of supplier's designated representative	
Mailing address street		Title	
city	state	zip	m d y
Telephone No. ()		Signature* _____ Date	

* Your signature endorses proposal

Note: All applications must be accompanied by plans, specifications and an engineer's report describing the project in detail. The project must first be submitted to the water supplier, who will forward it to the local public health engineer. This form must be prepared in quadruplicate with four copies of all plans, specifications and descriptive literature.

Town of New Paltz, New York

Toni Hokanson, Town Supervisor
PO Box 550, 1 Veterans Drive, New Paltz NY 12561
Phone: 845/255.0604 x1 TTY: 800/622.1220 Fax: 845/255.4084
www.townofnewpaltz.org

Water and Sewer Department Fees

845.255.0150

Approved 4.23.09

Water User Application Fee

Industrial	\$100
Commercial	\$50
Residential	\$25

Sanitary Sewer Permit Fee

Industrial*	\$350
Commercial*	\$200
Residential*	\$25

New Construction Inspection Fee

Water:

Industrial	\$200
Commercial	\$100
Residential	\$25

Sewer:

Industrial	\$200
Commercial	\$100
Residential	\$25

Service Restoration Fee

Water:

Industrial	\$100
Commercial	\$50
Residential	\$25

Sewer:

Industrial	\$100
Commercial	\$50
Residential	\$25

*Includes connection fee

THERE WILL BE
NO ROAD
CUTTING

WATER LINE IS ON SOUTH SIDE
OF DUBOIS. SAME SIDE AS
FACILITY

Town of New Paltz Highway Department
PO Box 550
1 Clearwater Rd
New Paltz, NY 12561
845.255.5050



Application Date: _____

Road Cut Application/Permit

Permit # _____

Applicant

Bldg Permit # _____

Name: _____
Address: _____

Phone # _____
Cellular # _____

Owner, if other than applicant

Name: _____
Address: _____

Phone # _____
Cellular # _____

Location of work

S/B/L# _____ Sub-Division: _____
Box # _____ Road: _____

Reason for work: _____

Signature: _____ Date: _____
Print: _____

Approval

Preliminary Approval: _____ Date: _____

Final Approval: _____ Date: _____

****SEE ADDITIONAL NOTES ON NEXT PAGE**

PERMIT # _____

Town of New Paltz Highway Department
PO Box 550
1 Clearwater Rd
New Paltz, NY 12561
845.255.5050



Application Date: _____

NOTES:

This application is good for one (1) year from the date of application.

Applicant is responsible for notifying emergency services and New Paltz Central School District Transportation Dept if road will be closed.

All work must be done within the regulations of OSHA & MUTCD 2009.

Construction will adhere to the detail sheet, attached, if not applicable, please apply.

If other than applicant is performing work, please list all sub-contractors and provide proof of insurance certificates for all.

An inspection will be performed by the Town of New Paltz Highway Superintendent or a duly appointed Highway Personnel before the installation and/or replacement of base coat, binder course and wear surface coat.

The Town of New Paltz Highway will be given 24 hours notice of the work to be performed. Please call (845) 255-5050.

**LARRY JANSEN
PLUMBING & HEATING, INC.**
Repairs - Service - Installations
357 Route 32 South
NEW PALTZ, NEW YORK 12561

(914) 255-1011

JOB ESTIMATE

PHONE	DATE 6/6/14
JOB NAME/LOCATION	

TO Bimbe Bakeries - North Olive Rd
New Paltz, ny

JOB DESCRIPTION: Install new water line from north side of street
to inside building.
 > 1" K Copper - coil
1" curb box w/ adjustable rod
1" back flc preventer
4- 1" union compression
2- 1" m adapter compression
1- 1" water main Tap
1- 1" pressure reducee
1" L Copper pipe for inside wall to hot water heater
1" Copper fittings
2- 1" ball valves
1" pipe insulation
 > 1" water main tap labor
labor

THIS ESTIMATE IS FOR COMPLETING THE JOB AS DESCRIBED ABOVE. IT IS BASED ON OUR EVALUATION AND DOES NOT INCLUDE MATERIAL PRICE INCREASES OR ADDITIONAL LABOR AND MATERIALS WHICH MAY BE REQUIRED SHOULD UNFORESEEN PROBLEMS OR ADVERSE WEATHER CONDITIONS ARISE AFTER

ESTIMATED
JOB COST 9,210.00