

TOWN OF STONY POINT  
OFFICE OF TOWN CLERK

74 East Main Street  
Stony Point, New York 10980  
(845) 786-2716 Ext. 107 ~ Fax (845) 786-2783



Megan Carey, Town Clerk  
Holli Finn, Deputy Town Clerk

**STONY POINT TOWN BOARD**

**Agenda**

**7:00PM**

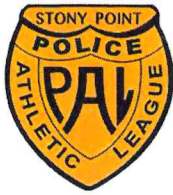
**April 14, 2026**

Pledge of Allegiance  
Roll Call  
Supervisors Report  
Police Dept Report  
Purchase Order Request  
Audit of Bills  
Minutes: March 24, 2026  
Departmental Reports  
Correspondence  
Public Input-Limited to 3 minutes

Continued Public Hearing-Local Law Amending Use Table - BU

1. Approve Use of Sound Stage – PAL Color Run/Walk 5k
2. Approve Dental Insurance
3. Request to Adjust Day Camp Fees
4. Approve Hires for Patriot Hills Golf Club-Operations
5. Appoint ZBA Member
6. Approve Renewal of Property and Liability Insurance with NYMIR
7. Authorize Town Clerk to go out to Bid for Streetlights
8. Accept the Proposal for the Comprehensive Plan
9. Approve Donation 21<sup>st</sup> Annual North Rockland Community 5K Run/Walk
10. Authorize Town Clerk to go out to Bid for Paving
11. Approve Property Maintenance – 9 Smith St.
12. Approve Hire Recreation Facility Attendant (Seasonal)

Executive Session-If Necessary



**Stony Point Police Department**  
**Youth Bureau / P.A.L.**  
79 Route 210, Stony Point, New York 10980  
Phone #: (845)786-2242, Fax #: (845)786-3120



*Det. Andrew Kryger – Youth Officer*  
*Det. Sgt. William Skinner*

*Chief Greg Becker*

March 14, 2026

Town of Stony Point  
Town Board  
74 East Main St  
Stony Point, NY 10980

Members of the Town Board,

The Stony Point Police Athletic League, Inc. would like to promote health and well-being by holding our 5<sup>th</sup> Annual 5K Color Run on Sunday, May 3, 2026, 8:30am, rain or shine. The run/walk will be on the grounds of Farley Elementary School 140 RT 210 Stony Point. The route will take runners/walkers around the perimeter of Farley Elementary School grounds.

**We are requesting the use of the portable stage at Farley Elementary School and set up by 8am on Sunday, May 3, 2026.** The event will be rain or shine. Estimated attendance for this event is 100 runners.

As with all our events, you are cordially invited to attend.

Thank you for your support and consideration.

Sincerely,

*Andrew M. Kryger*

Det. Andrew Kryger  
Director, Stony Point P.A.L.  
Stony Point Police Department

#2

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Town Of Stony Point

**Employer Sponsored Dental**

Proposal produced on March 23, 2026  
This quote is valid for 90 days from date of proposal

## Town Of Stony Point Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
<b>Dental Option 7 7970240</b>				
<b>Employer Sponsored Dental (per Employee Per Month)</b>	149			
All Active Full Time Police (30 hours)				\$191,939
▪ Employee Only	10		\$101.15	
▪ Employee + Family	54		\$277.47	
All Other Active Full Time Town Employees (30 hours)				\$149,000
▪ Employee Only	25		\$67.02	
▪ Employee + Family	60		\$179.02	
Rates are guaranteed from April 1, 2026 - March 31, 2028				

Accepted subject to Town Board resolution expected on 4/14/2026.

\_\_\_\_\_  
AMY STAMM, TOWN SUPERVISOR

\_\_\_\_\_  
DATE

## Summary of Benefits Dental Insurance - Dental Option 7

Employer Sponsored Dental				
Class Description	All Active Full Time Police (30 hours)		All Other Active Full Time Town Employees (30 hours)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Reimbursement</b>	Negotiated Fee Schedule	R&C 90th Percentile	Negotiated Fee Schedule	R&C 90th Percentile
<b>Type A – Preventive</b>	100%	100%	100%	100%
<b>Type B – Basic</b>	100%	100%	100%	100%
<b>Type C – Major</b>	50%	50%	50%	50%
<b>Calendar Year Deductible applies to:</b>	B & C	B & C	B & C	B & C
▪ Individual	\$0	\$0	\$0	\$0
▪ Family	\$0	\$0	\$0	\$0
	Aggregate	Aggregate	Aggregate	Aggregate
<b>Calendar Year Maximum</b>	\$2,250 <i>(applies to A,B,C services)</i>	\$2,250 <i>(applies to A,B,C services)</i>	\$5,000 <i>(applies to A,B,C services)</i>	\$5,000 <i>(applies to A,B,C services)</i>
<b>Orthodontia</b>	50%	50%	50%	50%
<b>Orthodontia Lifetime Maximum</b>	\$2,000	\$2,000	\$2,500	\$2,500
<p>* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.</p>				

Employer Sponsored Dental	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
All Active Full Time Police (30 hours)				
▪ Employee Only	\$101.15	10	\$15,995	\$191,939
▪ Employee + Family	\$277.47	54		
▪ Total		64		
All Other Active Full Time Town Employees (30 hours)				
▪ Employee Only	\$67.02	25	\$12,417	\$149,000
▪ Employee + Family	\$179.02	60		
▪ Total		85		
Rates are guaranteed from April 1, 2026 - March 31, 2028 (24 months)				



▪ Prefabricated Crowns	▪ 1 per tooth in 5 calendar years
▪ Crown Buildups / Post Core	▪ 1 per tooth in 5 calendar years
▪ Dentures	▪ 1 in 5 calendar years
▪ Immediate Temporary Dentures – Complete / Partial	▪ 1 replacement in 12 months
▪ Fixed Bridges	▪ 1 in 5 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Supported Prosthetic (Type B Service)	▪ 1 per tooth in 5 calendar years
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ General Anesthesia	
<b>Orthodontics</b>	
<b><i>Benefits are payable immediately from the start date of an individual's benefits</i></b>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

<b>Exclusions</b>
<b>All Active Full Time Police (30 hours)</b>
<ul style="list-style-type: none"> <li>▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.</li> <li>▪ Services for which a covered person would not be required to pay in the absence of dental insurance.</li> <li>▪ Services or supplies received by a covered person before the insurance starts for that person.</li> <li>▪ Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child).</li> <li>▪ Services or appliances which restore or alter occlusion or vertical dimension.</li> <li>▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.</li> <li>▪ Restorations or appliances used for the purpose of periodontal splinting.</li> <li>▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.</li> <li>▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.</li> <li>▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work.</li> <li>▪ Missed appointments.</li> <li>▪ Services covered under any workers' compensation or occupational disease law.</li> <li>▪ Services covered under any employer liability law.</li> <li>▪ Services for which the employer of the person receiving such services is not required to pay.</li> <li>▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.</li> <li>▪ Services covered under other coverage provided by the Policyholder.</li> <li>▪ Temporary or provisional restorations.</li> <li>▪ Temporary or provisional appliances.</li> <li>▪ Prescription drugs.</li> <li>▪ Services for which the submitted documentation indicates a poor prognosis.</li> <li>▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.</li> <li>▪ The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.</li> <li>▪ Caries susceptibility tests.</li> </ul>

- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

## Frequency & Allocations / Exclusions

(Custom Primary (Flex) - Custom Lower Cost (Flex))

Class Description: All Other Active Full Time Town Employees (30 hours)	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 12 months
▪ Examinations – Problem Focused	▪ 1 time in 12 months
▪ Prophylaxis: Cleanings	▪ 2 times in 12 months
▪ Fluoride	▪ 1 time in 12 months for a dependent child under age 18
▪ Bitewing X-Rays	▪ For a child under 14: 1 time in 12 months ▪ Adult: 1 time in 12 months
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Sealants	▪ 1 per molar in 24 months for a child under age 14
▪ Space Maintainers	▪ 1 per lifetime for a child under age 18
▪ Full Mouth X-Rays	▪ Once in 36 months
▪ Amalgam Fillings	▪ No Limit
▪ Root Canal	▪ 1 per tooth per lifetime
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Labs & Other Tests	
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	

▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
▪ General Services ▪ Implant Repairs	▪ Implant Repairs: 1 per tooth in 5 calendar years
<b>TYPE C</b>	
<b><i>Benefits are payable immediately from the start date of an individual's benefits</i></b>	
▪ Consultations	▪ 1 in 12 months
▪ Prefabricated Crowns	▪ 1 per tooth in 5 calendar years
▪ Crown Buildups / Post Core	▪ 1 per tooth in 5 calendar years
▪ Dentures	▪ 1 in 5 calendar years
▪ Immediate Temporary Dentures – Complete / Partial	▪ 1 replacement in 12 months
▪ Fixed Bridges	▪ 1 in 5 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Repairs	▪ 1 per tooth in 5 calendar years
▪ Implant Supported Prosthetic	▪ 1 per tooth in 5 calendar years
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ General Anesthesia	
<b>Orthodontics</b>	
<b><i>Benefits are payable immediately from the start date of an individual's benefits</i></b>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

<b>Exclusions</b>
<b>All Other Active Full Time Town Employees (30 hours)</b>
<ul style="list-style-type: none"> <li>▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.</li> <li>▪ Services for which a covered person would not be required to pay in the absence of dental insurance.</li> <li>▪ Services or supplies received by a covered person before the insurance starts for that person.</li> <li>▪ Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child).</li> <li>▪ Services or appliances which restore or alter occlusion or vertical dimension.</li> <li>▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.</li> <li>▪ Restorations or appliances used for the purpose of periodontal splinting.</li> <li>▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.</li> <li>▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.</li> <li>▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work.</li> <li>▪ Missed appointments.</li> <li>▪ Services covered under any workers' compensation or occupational disease law.</li> <li>▪ Services covered under any employer liability law.</li> <li>▪ Services for which the employer of the person receiving such services is not required to pay.</li> <li>▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.</li> <li>▪ Services covered under other coverage provided by the Policyholder.</li> <li>▪ Temporary or provisional restorations.</li> <li>▪ Temporary or provisional appliances.</li> </ul>

- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

<b>Highlights</b>
Broker Commissions are included in the rate.
Expected Participation: % and at least 10 covered lives.
Employee Contributions Employer Sponsored Dental All Active Full Time and Retired Police: 1% All Active Full Time and Retired Town Employees: 10%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is NEW YORK
Only those residing in the United States are eligible for benefits
Dependent Child Definition: A Child is covered up to age 26, A student is covered up to age 26.
Ortho coverage applies to: Child Only. Children are covered to age 19.
This quote assumes the plan is a Section 125 plan.
An Open Enrollment period occurring annually is included.
<p><b>TakeAlong Dental:</b></p> <p>Whether they're just starting out or ready to retire, employees value dental benefits throughout their life stages. MetLife TakeAlong Dental can be there through all of them. Now, your employees can access an individual, lifelong dental plan, with no additional cost or work for you.</p> <p>Individuals and their dependents who are ineligible for your group dental plan can enroll directly through the MetLife TakeAlong Dental website or dedicated call center – and there's no cost to you. Enrollment is easy — and offers the same high-quality network and service experience that your employees deserve.</p> <p>Contact your Account Representative to learn more about the TakeAlong Dental individual program.</p>

<b>Underwriting Assumptions</b>
<p>Digital Estate Planning: Available to anyone regardless of affiliation with MetLife at no additional cost. This service allows individuals to create key estate planning documents by answering a few simple questions in as little as 15 minutes. The estate planning documents available include wills, living wills and power of attorney. Individuals enrolled for Supplemental Life also have access to online notary, where applicable.</p> <p>Digital Estate Planning with online notary is not available for customers situated in GU, PR and VI. Domestic partnerships are not currently supported; however, if individuals in a domestic partnership have supplemental term life, they may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not included with basic or dependent term life insurance and is not available to individuals residing in GU, PR or VI. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Digital Estate Planning without online notary is available to all individuals regardless of any MetLife relationship or product, except those residing in GU, PR and VI.</p>
<p>If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.</p>
<p>If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.</p>
<p>The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.</p>
<p>The attached MetLife pricing is based on realized synergies if the full package of benefits quoted is awarded to MetLife and remains with MetLife through the rate guarantee period. Should any coverage leave during the rate guarantee period, MetLife reserves the right to re-rate the coverage(s) that remain with MetLife.</p>
<p>Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.</p>
<p><b>NOTICE REGARDING NON-US COVERAGE</b></p> <p>When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.</p>
<p>Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.</p>
<p>SIC Code: 9111</p>

## U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, MetLife Consumer Services, Inc. and Metropolitan General Insurance Company (collectively herein called "MetLife"), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related insurance and non-insurance products ("Products") with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 9% of premium or fees. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of eligible new or renewal premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) eligible new or renewal premium or fees growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium or fees for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 9% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium or fees from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at [www.metlife.com/business-and-brokers/broker-resources/broker-compensation](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation). Questions regarding Intermediary compensation can be directed to [ask4met@metlifeservice.com](mailto:ask4met@metlifeservice.com), or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

## Non-U.S. Coverage

When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

L4736257[exp1026][All States and][All Territories]

Metropolitan Life Insurance Company, New York, NY 10166  
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L0624041368[exp0826][All States][DC, GU, MP, PR, VI]

#3

# ***Stony Point Recreation***

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***19 Clubhouse Lane Stony Point NY 10980***

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***(845) 947-5261***

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March 30, 2026

Members of the Town Board,

I am writing to propose an adjustment to the Day Camp fee structure. The updated pricing would be as follows:

- First child: \$350 (no change)
- Second child: \$325
- Third and each additional child: \$300

This revised structure continues to support families with multiple children while helping us better align with program costs.

Thank you for your time and consideration.

Respectfully Submitted,

Karenanne Nigro  
Recreation Director  
[knigro@townofstonypoint.org](mailto:knigro@townofstonypoint.org)



# 4



## Ron Gerhold Jr., PGA

19 Clubhouse Ln, Stony Point, NY 10980

PHONE: (845) 947-7085

E-mail: rgerhold@patriohillsgolfclub.com

Mrs. Supervisor and Members of the Town Board,

I am requesting for approval that the following people be employed at the Patriot Hills Golf Club.

These individuals will work in operations, not maintenance.

Carts / Range	2026
Stanley Grom	\$16.00
Greg Becker	\$16.00
James Moore	\$16.00

Bag Drop/Pro Shop	2026
Kiara Tirado	\$16.00

Sincerely,

Ron Gerhold Jr.

  
 Director of Golf

#5

Dennis W. Stoll

[Redacted]  
[Redacted]  
StollD@optimum.net  
[Redacted]

03/22/2026

Supervisor Amy Stamm  
74 East Main Street  
Stony Point, NY 10980

Dear Supervisor Stamm,

I am writing to express my interest in serving on the Town of Stony Point Zoning Board. As a lifelong resident of Stony Point, I take great pride in my community and am committed to contributing to its continued growth and well-being.

I have worked in the construction industry in Rockland County on and off since 1986, gaining extensive hands-on experience and a strong understanding of building practices, land use, and development considerations. This background has provided me with practical insight into how zoning decisions impact both the community and local development.

In addition, I proudly served with the Rockland County Sheriff's Office, retiring in July 2021 as a Detective Lieutenant. My law enforcement career strengthened my skills in leadership, problem-solving, and fair decision-making—qualities that I believe are essential for serving on a zoning board. Since my retirement, I have returned to working full-time in the construction field as of August 2021, allowing me to remain actively engaged in the industry.

I believe that my combined experience in construction and law enforcement would allow me to offer a balanced, informed perspective when reviewing zoning applications and making decisions that affect our town. I am dedicated to ensuring that development is carried out responsibly while preserving the character and integrity of Stony Point.

Thank you for considering me. I would welcome the opportunity to serve the community in this capacity and am available at your convenience to discuss my qualifications further.

Sincerely,  
Dennis W. Stoll

#6

**CLAIMS SERVICE AGREEMENT**

This Claims Service Agreement ("Claims Agreement") is entered into by and between **BROWN & BROWN INSURANCE SERVICES INC.** (hereinafter referred to as "Claims Manager") and **Town of Stony Point hereinafter** referred to as ("Town of Stony Point").

WHEREAS, Town desires that Claims Manager provide certain claims management services as set forth in this Service Agreement; and

WHEREAS, Claims Manager agrees to perform the services for 3<sup>rd</sup> party guardrail property damage claim reporting and recovery on behalf of Town of Stony Point under certain terms and conditions;

NOW THEREFORE, in consideration of the foregoing, the mutual promises set forth in this Service Agreement, and for other good and valuable consideration, the receipt and adequacy of which is acknowledged, the parties agree as follows:

**I. TERM OF AGREEMENT.**

This Claims Agreement shall become effective September 1, 2025 and shall remain in force until modified or replaced by a subsequent addendum or agreement mutually agreed upon by both parties or until terminated as provided herein.

**II. DUTIES AND RESPONSIBILITIES OF CLAIMS MANAGER.**

- A. Subject to all the terms and conditions of this Claims Agreement, the Town of Stony Point hereby delegates to the Claims Manager the authority and responsibility to provide claims reporting and recovery services associated with the claims provided by Town of Stony Point.
- B. In connection with its authority and responsibilities under this Claims Agreement, the Claims Manager shall:
  - 1. Receive and examine any Claim provided by the Town of Stony Point for processing with the Carrier.
  - 2. Perform all administrative, processing, and clerical work in connection with the Claims.
  - 3. Claims Manager will invoice Town of Stony Point upon completion.
- C. Each party shall:
  - 1. Comply with all Laws applicable to the services provided under this Claims Agreement, including but not limited to obtaining and maintaining all appropriate licenses for all jurisdictions in which it performs services with respect to processing and administering the services under this Agreement.
  - 2. Handle in accordance with any and all regulatory requirements any complaints or inquiries by any regulatory authority.



*This proposal is based upon the exposures made known to the Agency by you and contains only a general description of the coverage(s) and does not constitute a policy/contract. For complete policy information, including exclusions, limitations, and conditions, please refer to your policy. In the event of differences, the policy will prevail.*

III. **FEES AND CHARGES.**

In consideration for the Claims Manager providing the services under this Claims Agreement, the Claims Manager shall invoice Town of Stony Point in the amount of \$400 per Claim submitted to the applicable insurance carrier.

IV. **TOWN OF STONY POINT DUTIES.**

- A. The Town of Stony Point shall pay the compensation set forth in Section III within ten **(10)** business days of the date of the Town of Stony Point receives payment from the Claim from the applicable insurance carrier.
- B. The Town of Stony Point shall cooperate with the Claims Manager and shall provide the Claims Manager with all information reasonably necessary to permit the Claims Manager to complete its duties under this Claims Agreement.

VI. **ACCOUNTING, CLAIM RECORDS, REPORTS & DATA DELIVERY.**

- A. Claim Records. The Claims Manager shall prepare, keep and maintain the Claim Records. The Claim Records shall be compiled and kept in accordance with the Town of Stony Point Data Delivery Method, generally accepted insurance and accounting practices, and applicable Law. Claims Manager shall retain the Claim Records during the term of this Claims Agreement and for such period of time as may be required by law. Before beginning destruction of the Claim Records, Claims Manager will provide notice to the Town of Stony Point and Town of Stony Point may request a copy of the Claims Records at Town's expense.
- B. Ownership. The Claim Records are the joint property of the Town of Stony Point and the Claims Manager. The Claims Manager may retain copies of the Claim Records.
- C. Examination. The Town of Stony Point, its reinsurers, and any regulatory authority shall have access to and the right to copy the Claim Records in the possession of the Claims Manager for the purpose of examining the Claims Manager with respect to all transactions in connection with the Claims. Except upon order of a court or regulatory authority, access shall be upon five (5) business days written notice and during Claims Manager's regular business hours. Any expenses incurred by the Town for audits or examinations conducted by a regulatory authority or by the Town of Stony Point shall be borne by the Town of Stony Point.
- D. Statistical and Regulatory Reporting. The Town of Stony Point shall be responsible for completing any filings or reporting required by statistical agencies, regulatory authorities or Law.

V. **INDEMNIFICATION.**

- A. Claims Manager's Indemnity. The Claims Manager agrees to defend and indemnify the Town of Stony Point against and in respect of any and all claims (not including the Claims), demands, actions, proceedings, liability, losses, damages (except consequential damages), including, without limitation, attorneys' fees and court costs, incurred by the Town of Stony Point to the extent arising from
  - (i) the gross negligence of the Claims Manager in discharging its obligations to the Town of Stony Point or,



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- ( ) failure by the Claims Manager or its employees or representatives to perform their obligations under or relating to this Claims Agreement.
- B. Town of Stony Point Indemnity. The Town of Stony Point agrees to defend and indemnify the Claims Manager, its parent, subsidiaries, affiliates, successors and assigns, and the shareholders, directors, against and in respect of any and all claims (not including the Claims), demands, actions, proceedings, liability, losses, damages (except consequential damages), including, without limitation, attorneys' fees and court costs, made or instituted against or incurred by the Claims Manager Indemnitees, or any of them, and which, directly or indirectly, arise out of or relate to (i) gross negligence of the Town of Stony Point, or its employees or representatives, in discharging its obligations to the Claims Manager; (ii) any failure by the Town of Stony Point, or its employees or representatives, to perform its obligations under or relating to this Claims Agreement; and (iii) any failure by the Town of Stony Point to pay Claims Manager within the date of any such invoice.
- C. Notification. Either party who intends to claim their right of indemnification hereunder shall promptly notify the other party when it receives notice of the commencement of any action or proceeding related to such claim or alleged liability, and such other party shall be entitled to participate in such action with counsel satisfactory to both parties.

#### **VI. TERMINATION OF AGREEMENT.**

Termination. This Claims Agreement may be terminated by either party, without cause, by giving the other party not less than sixty (60) days prior notice of such termination.

VII. Governing Law. This Claims Agreement and any disputes arising out of it or relating to it shall be governed in all respects, including its validity, construction and performance, by the Laws of the State of New York applicable to contracts to be performed in the State of New York.

#### **XIII. CONFIDENTIALITY.**

- A. The parties shall hold and cause their respective affiliates, employees, and other representatives and agents, to hold, in strict confidence, Confidential Information of or concerning the other party unless (I) compelled to disclose by judicial or administrative process, or (ii) required to disclose to perform the obligations under this Claims Agreement. In the event either party is compelled to disclose Confidential Information by judicial or administrative process, that party shall provide immediate written notice to the other party and assist that party in seeking an order protecting such Confidential Information from disclosure.
- B. All non-public financial information shall be kept confidential and in accordance with all applicable Laws.

#### **XIV. OTHER TERMS AND CONDITIONS.**



*This proposal is based upon the exposures made known to the Agency by you and contains only a general description of the coverage(s) and does not constitute a policy/contract. For complete policy information, including exclusions, limitations, and conditions, please refer to your policy. In the event of differences, the policy will prevail.*

- A. Assignment. Neither party may assign this Claims Agreement in whole or part without the prior written consent of the other party.
- B. Headings. The headings preceding the text of the articles and paragraphs of the Claims Agreement are intended and inserted solely for the convenience of reference and shall not affect the meaning, construction or effect of the terms of this Claims Agreement.
- C. Notices. Wherever notice is required under this Claims Agreement, it shall be in writing, and shall be delivered (a) by certified mail, postage prepaid, return receipt requested, (b) via email, or (c) or by a commercial overnight courier that guarantees next day delivery and provides a receipt, and such notices shall be addressed as follows:

If to the Town of Stony Point at:

Town of Stony Point  
74 East Main St.  
Stony Point, NY 10980

If to the Claims Manager at:  
Brown & Brown Insurance Services, Inc.  
332 Route 100, Suite 3  
Somers, NY 10589  
Attn: Brian Miles  
Email: [Brian.Miles@bbrown.com](mailto:Brian.Miles@bbrown.com)

With Copy to:  
Brown & Brown, Inc.  
300 N. Beach Street  
Daytona Beach, Florida 32114  
Attn: Legal Department  
Email: [legal.notice@bbins.com](mailto:legal.notice@bbins.com)

or to such other address as either party may from time to time specify in writing to the other party in accordance with the terms of this Notice provision. Any notice shall be effective only upon delivery.

- D. Independent Contractor. This Claims Agreement is not a contract of employment and nothing contained in this Claims Agreement shall be construed to create the relationship of joint venture, partnership, or employer and employee between Town of Stony Point and Claims Manager, it being understood and agreed that Claims Manager is an independent contractor of the Town of Stony Point with all rights, duties and powers as such.
- E. Negotiated Agreement. This Claims Agreement has been negotiated by the parties and the fact that the initial and final draft shall have been prepared by Town of Stony Point shall not be used in any form in the construction or interpretation of this Claims Agreement of any of its provisions.



*This proposal is based upon the exposures made known to the Agency by you and contains only a general description of the coverage(s) and does not constitute a policy/contract. For complete policy information, including exclusions, limitations, and conditions, please refer to your policy. In the event of differences, the policy will prevail.*

- F. Severability. If any term or provision of this Claims Agreement is determined to be illegal, unenforceable, or invalid in whole or in part for any reason, such illegal, unenforceable, or invalid provisions or part thereof shall be stricken from this Claims Agreement, and such provision shall not affect the legality, enforceability, or validity of the remainder of this Claims Agreement and this Claims Agreement shall otherwise continue on and be given full force and effect. If any provision or part thereof of this Claims Agreement is stricken in accordance with the provisions of this section, then this stricken provision shall be replaced, to the extent possible, with a legal, enforceable, and valid provision that is as similar in tenor to the stricken provision,
- G. Entire Agreement. This Claims Agreement and all other exhibits and schedules referred to in this Claims Agreement constitute the final, complete, and exclusive statement of the terms of the Claims Agreement between the parties pertaining to the subject matter of this Claims Agreement and supersedes all prior and contemporaneous understandings or Claims Agreement of the parties. This Claims Agreement may be amended, supplemented, altered or modified only in writing signed by both parties. Manuals, rules, regulations, Underwriting Guidelines, instructions and directions issued in writing by Town to the Claims Manager from time to time as provided in this Claims Agreement, shall bind the parties as though a part of this Claims Agreement.
- H. Third Party Beneficiary. Nothing in this Claims Agreement, except as expressly stated herein, is intended to create any benefit for any third party.
- I. Compliance with Laws. The parties agree and warrant to the other that it is and will remain in compliance with all applicable Laws, including, without limitation, the Violent Crime Control and Law Enforcement Act of 1994, the insurance provisions of 18 U.S.C. § 1033 (which makes it a crime for an insurance Town of Stony Point to do business with a felon or person who has breached fiduciary obligations unless such individual has obtained a waiver from an appropriate Regulatory authority), the Gramm-Leach Bliley Act (concerning nonpublic financial information), and escheat and abandoned property laws,

Counterparts. This Claims Agreement may be executed by facsimile or electronic mail in duplicate counterparts each of which shall be deemed an original but both of which when taken together shall be deemed one and the same document.

[Next page is signature page.]



*This proposal is based upon the exposures made known to the Agency by you and contains only a general description of the coverage(s) and does not constitute a policy/contract. For complete policy information, including exclusions, limitations, and conditions, please refer to your policy. In the event of differences, the policy will prevail.*

The persons signing this Claims Agreement on behalf of the Claims Manager and Town of Stony Point warrant, covenant, and represent that they are duly authorized to execute this Claims Agreement on behalf of the parties for whom they are signing.

**Town of Stony Point**

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**BROWN & BROWN INSURANCE SERVICES, INC**

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_



*This proposal is based upon the exposures made known to the Agency by you and contains only a general description of the coverage(s) and does not constitute a policy/contract. For complete policy information, including exclusions, limitations, and conditions, please refer to your policy. In the event of differences, the policy will prevail.*

#7

**TOWN OF STONY POINT  
NOTICE TO BIDDERS**

**PLEASE TAKE NOTICE** that sealed proposals will be received by the Town Clerk of the Town of Stony Point at 74 East Main Street, Stony Point, New York, up to and including **10:00 AM on Thursday, May 7, 2026**, for:

**STREET LIGHTS**

Bids will be opened and read at 10:00 AM on **Thursday, May 7, 2026** at the Town Offices, 74 East Main Street, Stony Point, NY. Specifications may be obtained at the Office of the Town Clerk between the hours of 8:30 AM and 4:30 PM Monday through Friday commencing **Thursday, April 23, 2026**.

Individuals or entities who obtained bid documents from a source other than directly from the Town Clerk's Office do so at their own risk of not receiving additional documents, updates and notices that may be issued in relation to this bid. No accommodation or waivers shall be granted by the Town for deficiencies in bid documents resulting from the submitting individual or entity failing to obtain the bid documents directly from the Town Clerk's Office.

Bids need to be delivered in sealed form. The Town cannot assure unintended disclosure of any proposal submitted in other than a sealed envelope, directed to the TOWN CLERK, with "**STREETLIGHTS**" clearly marked on the outside of the envelope.

The proposal from each bidder should contain a certification as to non-collusive bidding as set forth in Section 103 of the General Municipal Law.

All bidders must be licensed to do business within the State of New York, out of state bidders must be registered with the Secretary of State.

The above requirements place bidder or contractor available for any legal process that may be required by any resident in the State of New York or any Governmental Agencies.

The Stony Point Town Board reserves the right to reject any and all proposals, and to accept any proposal, which in the opinion of the Stony Point Town Board, will be in the best interest of the residents of the Town of Stony Point.

BY ORDER OF THE TOWN BOARD  
April 14, 2026  
Megan Carey-Town Clerk



March 6, 2026

Hon. Amy Stamm  
Hon. Town Board Members  
Town of Stony Point  
74 East Main Street  
Stony Point, NY 10980

**RE: PROPOSAL FOR PREPARATION OF A COMPREHENSIVE PLAN**

Dear Hon. Supervisor:

On behalf of Nelson Pope Voorhis (NPV), I am pleased to submit this proposal to provide comprehensive planning and code update services to the Town of Stony Point. Our firm and its partners have been providing professional planning services in the Hudson River Valley for more than 30 years, and I have personally provided services to the Town of Stony Point since 1998 and as Lead Planner since 2005.

We see ourselves as facilitators assisting each community with developing its own comprehensive plan and implementing zoning. Each plan process is tailored to the unique characteristics of the municipality and we take a “ground up” approach, engaging the public, organizations and other stakeholders early on to promote plan buy-in. We have crafted a range of diverse zoning regulations aimed at protecting neighborhood character, promoting sustainable building and land use practices, encouraging commercial corridor revitalization, preserving historic and scenic character, and protecting the environment.

We have recently wrapped up successful Comprehensive Plans and Zoning preparation processes in the Towns of Montgomery and Poughkeepsie. Our recent plan for the Village of Haverstraw won the Heissenbuttal Award for Planning Excellence from the NY Planning Federation and led to the Village securing more than \$10M in funding from the Downtown Revitalization Initiative (DRI) and other NY and County grants.

While our long record of service to Stony Point provides familiarity with the many local issues facing Stony Point, we approach Comprehensive Planning with a fresh look, instead relying on the input of appointed Committee members to steer recommendations for land use policy. Our experience working with current Town Codes, and exposure to the Town’s various neighborhoods will better equip us to work with your selected Committee to update the Town’s vision, goals, policies and especially its land use regulations.

We have extensive knowledge of New York State Town Law as it pertains to comprehensive planning and the preparation of zoning regulations and are expert in the regulations implementing the New York

State Environmental Quality Review Act. Our partners and staff regularly guest lecture at the New York Planning Federation, Westchester Municipal Planning Federation, Pace Land Use Law Center and the Rockland County Municipal Planning Federation.

With an office in Suffern, NY and supporting offices in Kingston, NY and Melville, NY, we believe we are uniquely sized and situated to provide value to the Town of Stony Point for this assignment.

We are pleased to submit our qualifications, relevant project experience, references and scope of services for your consideration. We look forward to an opportunity to meet with you to further describe our qualifications for this important assignment. Thank you for the opportunity to submit this proposal.

Should you have any questions, or require additional information, please do not hesitate to contact me.

Very truly yours,

**NELSON, POPE & VOORHIS, LLC**



Maximilian Stach, AICP Partner



NELSON POPE VOORHIS

*environmental • land use • planning*

# PROPOSAL

## COMPREHENSIVE PLAN & ZONING AMENDMENTS

Town of Stony Point, Rockland County, New York

February 2026



#9  
21ST ANNUAL  
NORTH ROCKLAND COMMUNITY  
5K RUN/WALK

"WE CARE"

SUNDAY, JUNE 7, 2026 AT 9:30 A.M.

REGISTRATION BEGINS AT 7:30 A.M.

BOWLINE POINT PARK  
HAVERSTRAW, NEW YORK

\*\*\*PROCEEDS BENEFIT\*\*\*

**Kaylee Flores**

**Aliza Argamonte Melo**

**&**

**David Fabian Serrano**

FREE REFRESHMENTS



ADVERTISEMENT FOR BIDS

#10

Sealed proposals will be received by the Town of Stony Point at the offices of the Town of Stony Point, 74 East Main Street, Stony Point, New York 10980 until 10 am local time on XXXXXXXXXXXXXXXXXXXX 2026 for the "2026 Town Paving Project" and then at said office, publicly opened and read aloud.

**SCOPE OF WORK:** The work consists of **milling and paving various Town Roads throughout the Town during the 2026-2027 fiscal year. The work within this bid shall be unit price with a minimum of 35,000 SY of paving provided. The paving system shall be a base bid cost for 2" milling and paving with top course. An alternative method of spray paver installed bonded wearing course is also proposed as described within these bid document.** The unit costs submitted within this bid may also be used elsewhere in the Town for the 2026-2027 fiscal year. All technical requirements and specifications are described within the Contract Documents and Plans. Bidders on the Contract are encouraged to inspect the existing conditions and proposed improvements prior to submitting the sealed proposal in accordance with this Advertisement for Bids.

Information for Bidders, Specifications, and Contract Documents for the proposed work are on file and publicly exhibited at the TOWN OF STONY POINT 74 East Main Street, Stony Point, New York, Telephone Number (845) 786-2716. **The said specifications MAY ONLY BE REVIEWED at the Town Clerk's Office.**

**Copies of the Contract Documents MAY BE REVIEWED AND OBTAINED at Lanc & Tully Engineering and Surveying, D.P.C., 3132 Route 207, Campbell Hall, NY 10916, Phone (845) 294-3700, between the hours of 9 a.m. and 3 p.m.** Persons shall leave name, correct mailing address and phone and fax number, along with a \$100.00 deposit for each set. The deposit shall be in the form of **check** or **money order ONLY**, for each set, and shall be drawn payable to the **TOWN OF STONY POINT**, to be refunded in accordance with Section 102 of General Municipal Law. Addenda, if any will be issued only to those persons whose name and address are on the record as having obtained the contract documents. Bids will be accepted from only to those persons whose name and address are on the record as having obtained the contract documents. **Documents may be obtained via electronic means at no charge by contacting Lanc & Tully, D.P.C. to receive via email.**

Each bid shall be accompanied by an acceptable form of Bid Guarantee in an amount equal to at least five (5) percent of the amount of the Bid payable to the Town of Stony Point as a guarantee that if the Bid is accepted, the Bidder will execute the Contract and file acceptable Performance and Labor, Material Payment Bonds, and Certificate(s) of Insurance within ten (10) days after the award of the Contract.

**OWNERS RIGHTS RESERVED:**

The Town of Stony Point, hereinafter called the Owner, reserves the right to reject any and all Bids and to waive any formality or technicality in any bid in the interest of the Owner.

**STATEMENT OF NON-COLLUSION:**

Bidders on the Contracts are required to execute a non-collusion bidding certificates pursuant to Section 103d of the General Municipal Law of the State of New York. The Town of Stony Point hereby notifies all Bidders that it will affirmatively insure that in regard to any Contract entered into pursuant to this advertisement, minority business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award. New York State Prevailing Wage requirements shall apply to this project and are included within the contract documents. All inquiries in reference to the technical issues shall be directed to: Lanc & Tully Engineering, D.P.C. (845) 294-3700.

BY ORDER OF

Megan Carey, Town Clerk, Town of Stony Point

# 11

TOWN OF STONY POINT  
BUILDING & ZONING DEPARTMENT  
74 EAST MAIN STREET 10980  
(845) 786-2716 FAX (845) 786-5138

**NOTICE OF VIOLATION AND HEARING DATE**

Date: March 25, 2026  
Section Block Lot # 15.19-3-63

Complaint No: 2026-046  
Violation No: 2026-046V

Inspected Property: **9 Smith St**

**Owner:** Werzberger Simon  
9 Smith St  
Stony Point, NY 10980

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**TAKE NOTICE that there exists a violation(s) of:**

**Town of Stony Point Code Chapter 161 Property Maintenance.**

**§ 161-4 Maintenance of property; disposal of debris and litter.**

A. It shall be an offense for any person to abandon, leave, dump, throw, drop, place, permit to be deposited or scattered, store or keep any nuisance, hazard, litter, debris or matter attractive to vermin upon any public street, public place or upon any privately owned property within the Town of Stony Point....

**§ 161-10 Removal by Town; charges.**

A. Upon the failure of an owner, tenant or occupant to comply with a notice to correct a condition complained of concerning nuisance, hazard or litter, the Town Board may hold a public hearing. The public hearing shall be held upon notice posted conspicuously on the affected property and forwarded to the last known address of the property owner, as it appears on the current tax records of the Town, by certified mail, return receipt requested. Posting and service of such notice shall be not less than 15 days prior to the date of such hearing....

**CONDITIONS OBSERVED (03/05/26) (03/17/26):**

1. Large piles of construction debris and black bags are present in front of the property.

**ACTIONS REQUIRED:**

1. Remove the construction debris and black bags and maintain the property in a clean condition.

**YOU ARE THEREFORE DIRECTED AND ORDERED to comply with the law and to remedy the conditions mentioned IMMEDIATELY.**

**Premises to be re-inspected for compliance in approximately 7 Days.  
Required actions MUST be completed by April 1<sup>st</sup>, 2026.**

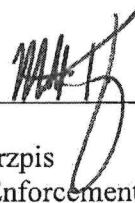
**PLEASE TAKE FURTHER NOTICE** that the Town Board will hold a HEARING on **April 14, 2026 at 7:00 P.M. (or as soon as agenda allows)** at the Patriot Hills Community Center, 19 Clubhouse Lane, Stony Point NY, at which time the Board will determine whether the aforesaid violation has been properly remedied and whether to ORDER that corrective action be undertaken by the Town at your expense. You have the right to appear with or without an attorney and have the right to present evidence and examine witnesses to contest the accuracy and validity of the violations noticed herein.

Please contact the Town of Stony Point Building Department at (845)786-2716 to schedule a re-inspection once the corrective action has been completed.

ADDITIONALLY, note that continued failure to comply may result in direct action taken by the Town (or its contractors) to perform the necessary work at the property owner's expense, plus legal fees.

Issued on: 3-25-2026

Inspector: \_\_\_\_\_



Matt Trzpis  
Code Enforcement Officer



# 12

**Megan Carey**

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**From:** Veronica Granone  
**Sent:** Monday, April 13, 2026 2:55 PM  
**To:** Megan Carey  
**Subject:** FW: Jaydon Estevez

Thanks!

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**From:** Veronica Granone  
**Sent:** Monday, April 13, 2026 2:28 PM  
**To:** Amy Stamm <supervisor@townofstonypoint.org>; Karl Javenes <KJavenes@townofstonypoint.org>  
**Cc:** Holli Finn <HFinn@townofstonypoint.org>  
**Subject:** Jaydon Estevez

Good afternoon Karl,

Jaydon Estevez came to pick up a swipe card today.  
Please add him to the Town Board Agenda for approval.  
His position would be Recreation Facility Attendant (Seasonal) starting \$16.00/hour.

Thanks,

Veronica Granone  
Town of Stony Point  
Tel. 845-786-2716 x128