

BUILDING PERMIT DENIAL

(PLEASE PRINT)

DATE: June 23, 2026

NAME OF RESIDENT: George Nicaj

ADDRESS OF RESIDENT: 154 Hambleton Road

SECTION 17 BLOCK 1 LOT 5.1

REFERRAL TO:

PLANNING BOARD ☐

ZONING BOARD OF APPEALS ☒

TYPE OF VARIANCE:

AREA ☒

USE ☐

INTERPRETATION ☐

SITE PLAN APPROVAL ☐

ARCHITECTURAL REVIEW ☐

DESCRIPTION AND SIZE OF VARIANCE/S NEEDED:

Building height is greater than 24 feet

SECTION OF CODE:

98-11 A (1)

Joe Lomb

BUILDING INSPECTOR

TOWN OF CHESTER

BUILDING PERMIT APPLICATION

Payments due at the time of review. Please provide a Check or Money Order made payable to 'The Town of Chester'

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the Code of the Town of Chester and the New York State Uniform Fire Prevention and Building Code for the construction of Buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

PLEASE READ THROUGH THE APPLICATION, ANSWER QUESTIONS THOROUGHLY, COMPLETE THE FULL APPLICATION
(A fee will be charge for an incomplete application at the discretion of the Building Department)

CHECKLIST: All must be checked prior to submitting permit application to the Building Department

Please be advised if you require a hard copy of a Certificate of Compliance/Occupancy there is an additional fee of \$75.00-Res, \$100-Comm

ALLOW A MINIMUM OF 2-3 WEEKS FOR PERMIT TO BE ISSUED PRIOR TO STARING WORK

Date of Application: 6/1/20

☒ PLAN/SKETCH IF NECESSARY ☐ SURVEY SHOWING SETBACKS ☒ INSURANCE (WAIVER/CERTIFICATE)

PROJECT DESCRIPTION IN FULL DETAIL Construct indoor riding arena on site of existing outdoor riding arena

SITE DATA:

Section/Block/Lot: 17 - 1 - 5.1 Zone: AR-3

Address (include city, state, zip): 154 Hambleton Rd Chester NY

Property Size/Acreage: 23.9

PROJECT: \$280,000
Estimated Cost of Project:

☒ New ☐ Existing

Renewal of Permit # _____ 1st Renewal / 2nd Renewal (please circle)

Outdoor Lighting Future

☒ Accessory Building: electric Yes or No - Dimensions _____ X _____

No Swimming Pool/Hot Tub (see pool packet): Above Ground _____ In Ground _____ Size of Pool _____ X _____

No Solar Panels (Roof Mount or Ground Mount): # of panels _____ Sq. Ft. _____

No Deck / Porch: Dimensions _____ X _____

N/A Fence: Height _____ Length _____

No Roof Replacement (re-roof)

No Woodstove / Pellet Stove / Fireplace

No Finished Basement - (provide sketch) Dimensions _____ X _____

No Additions - Dimensions _____ X _____

No Renovations - Dimensions _____ X _____

No Electrical - Upgrade / Extending / Altering wiring system

No Oil Tank: Removal _____ Installation _____ Both _____

No Court (basketball, pickleball, tennis etc.)

No Driveway Entrance / Modification of Size / Location

No Patios / Sidewalk : Dimensions _____ X _____

No Tree Clearing _____

No Well

Other: Existing pad being used

FOR OFFICE USE ONLY:

Total Fee Due: _____ Balance: _____

Check or Money Order #: _____

DATE REVIEWED: _____

DATE APPROVED / DISAPPROVED: _____

REASON: _____

REFERRED TO: _____

APPLICANT INFORMATION:

Owner / Contractor (Please Circle)

Name: George Nicaj

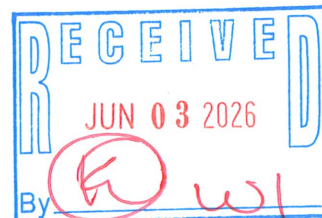
Mailing Address: 154 Hambleton Rd

City/State/Zip Code: Chester NY 10918

Phone: 845-598-0249

Alt. Phone: _____

Email: royalranchllc@gmail.com



OWNER INFORMATION: (leave blank if same as applicant)

Name: George Nica
Mailing Address: 154 Hambletonian rd
City/State/Zip Code: Chester NY 10918
Phone: 845-598-0249
Alt. Phone: 845-494-9060
Email: NicaGeorge@gmail.com

ENGINEER OR ARCHITECT INFORMATION:

Name: Andrew Scano
Address: 3 Nica Gates Rd Chester PA
Phone: 929 264 6032
Email: chadfordwardworking@gmail.com

CONTRACTOR INFORMATION: (leave blank if same as applicant)

Company Name: Pacific Buildings/ITK
Contact Name: John Ross
Address: PO Box 303 Bird in Hand PA 17505
Phone: 717 968 6964
Email: gross2@comcast.net

***Contractor must supply a copy of their Liability Insurance Certificate, Workman's Compensation Certificate and Disability Certificate naming The Town of Chester as Certificate Holder. No permit will be reviewed or issued unless this is provided.**

REQUIREMENTS FOR BUILDING PERMIT

1. Completed Application
2. 2 Sets of Stamped Plans by NYS certified Engineer or Architect and Engineered Septic Design, 1 digital copy (if applicable)
3. Fee (please refer to www.Chester-NY.gov for current fee schedule)
4. Insurance Certificate (Liability, Disability and Workman's Compensation)
5. Driveway Permit (Town, County or State Road) If necessary

REQUIREMENTS FOR CERTIFICATE OF OCCUPANCY/COMPLIANCE

1. Completed Affidavit of Final Cost of Construction (has to be notarized)
2. Water test results and Well Log (for wells)
3. As Built Survey including As Built on Septic
4. Final Electrical Inspection
5. Final Building Inspection
6. Septic Certificate or certified affidavit
7. Driveway Certificate from Highway Department
8. 911 Address – Need to go to the Highway Department
9. Water Meter Certificate (if property is not on a well)
10. Blower Door Test Report (with new builds or extensions)

INSPECTION SCHEDULE

WHEN REQUESTING INSPECTIONS REFER TO BUILDING PERMIT NUMBER AND JOB LOCATION (ie. PROPERTY ADDRESS) ALLOW 2 WORKING DAYS FOR INSPECTION. POST PLACARD IN VISIBLE AREA FACING THE ROADWAY.

1. PRE-CONSTRUCTION SITE VISIT IF NECESSARY

2. Excavation inspection or trenching inspection with TEMPORARY FENCE INSTALLED.
3. Footing inspection, with rebar hung, pier forms in place, or footing key way or vertical rebar.
4. Wall forms in place prior to concrete, block wall with duo-wall, anchor bolts
5. Slab inspection – wire rebar as required
6. Waterproofing – footing drains extended to daylight
7. Framing – joist hangers, ledger strips, sheathing (stairs in place for inspection)
8. Rough Plumbing – waste line testing – water or smoke test
9. Rough electric – Underwriters inspection prior to insulation
10. Insulation inspection prior to drywall
11. Garages ¾ hour fire separation (5/8 gypsum)
12. Final inspection, Final Electrical inspection, bathroom fixtures, kitchen cabinets and appliances, handrails where needed, porch rails, all outside steps, concrete footings for decks (if not done at an earlier inspection, deck will need a separate final inspection)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/2026

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

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

PRODUCER Robertson Insurance & Risk Management 3399 Jetstar Drive Lititz PA 17543	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): (717) 625-3770 FAX (A/C, No): (717) 625-3777 E-MAIL ADDRESS: certs@robertson.insure														
INSURED PRECISE BUILDINGS, LLC PO BOX 303 BIRD IN HAND PA 17505-0303	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Selective Insurance of SC</td><td>19259</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Selective Insurance of SC	19259	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:** 2025-2026**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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:			S 2659692	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			S 2659692	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0			S 2659692	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐	N/A		WC 9147988	07/01/2025	07/01/2026	☒ PER STATUTE ☐ OTHER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased and Rented Equipment			S 2659692	07/01/2025	07/01/2026	Limit \$110,000 Deductible \$ 1,000

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

CERTIFICATE HOLDER**CANCELLATION**Town of Chester NY Building Department
1786 Kings Highway

Chester

NY 10918

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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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Precise Buildings, LLC 552 Beechdale Rd. PO Box 303 Bird in Hand PA 17505 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 717-768-3200 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 20-8076812
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Building Department Town of Chester NY 1786 Kings Highway Chester NY 10918	3a. Name of Insurance Carrier Selective Insurance Company of America 3b. Policy Number of entity listed in box "1a" WC 9147988 3c. Policy effective period 07/01/2025 to 07/01/2026 3d. The Proprietor, Partners or Executive Officers are ☐ included. (Only check box if all partners/officers included) ☒ all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

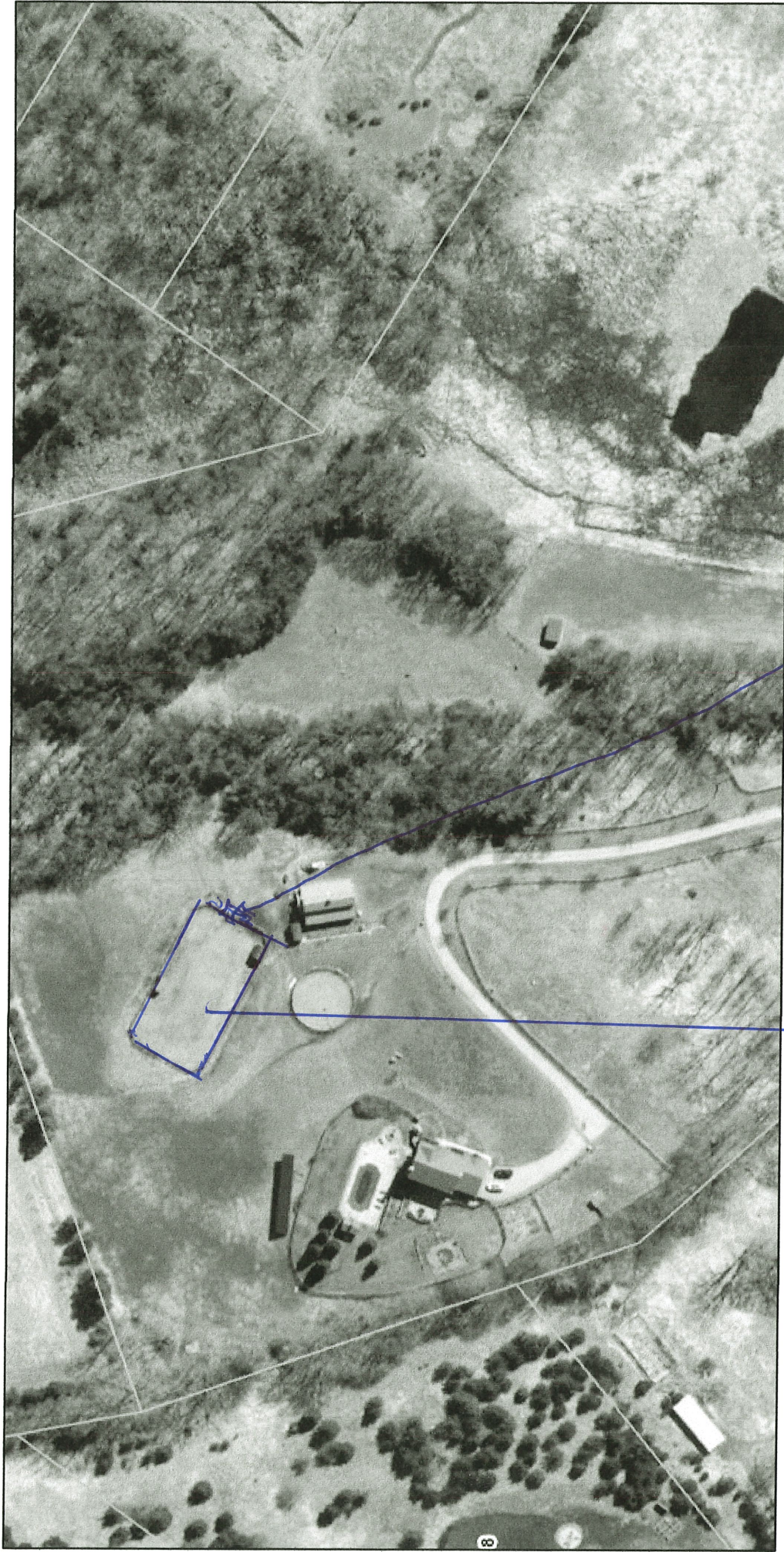
Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Neil Robertson
(Print name of authorized representative or licensed agent of insurance carrier)
Approved by: Neil Robertson 05/28/2026
(Date)
Title: Vice President and General Counsel

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Layout



June 1, 2026

Address Points

☐ Municipal Boundaries

☐ Parcel Boundaries



1:2,257

0 0.010.01 0.03
Miles

CREDITS: Orange County, Sources: Esri, Vantor, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatasystemen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap, and the GIS user community, State of New Jersey, Esri, HERE, Garmin, iPC, OCGIS, New York State, Microsoft, Vantor, Esri Community Maps Contributors, Orange County, NY,

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