

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a Public Hearing will be held by the Board of Trustees of the Village of Piermont on the 20th day of April, 2021, at 6:30 p.m., at the Village Hall, 478 Piermont Avenue, Piermont, New York, to consider the following Special Permit request:

A request from Younes Berrada on behalf of Mazagan Restaurant, 506 Piermont Avenue, Piermont, NY 10968 for a Special Permit pursuant to Chapter 149 of the Code of the Village of Piermont to allow sidewalk and outdoor dining on its premises.

PLEASE TAKE FURTHER NOTICE, on March 7, 2020, in Executive Order No. 202.1, et. seq., Governor Cuomo suspended certain provisions of the Open Meeting Law to permit a Village Board to meet and take actions authorized by law without permitting in public in-person access and authorizing such meeting to be held remotely by conference call or similar service, provided that the public has the ability to view or listen to such proceeding and that such meetings are recorded and later transcribed. The Village will be activating a remote meeting platform for the Tuesday, April 20, 2021 Village Board meeting, which will enable residents to watch a livestream of the meeting on the “Village of Piermont” Zoom Webinar - in compliance with the Executive Order. The login information for the webinar will be posted on the “Village of Piermont” Facebook Page at 1:00 PM the day of the meeting, April 20, 2021.

A copy of the request for the Special Permit for Younes Berrada on behalf of Mazagan Restaurant may be reviewed at the office of the Clerk of the Village of Piermont, 478 Piermont Avenue, Piermont, New York, during regular business hours (or on the Village website).

All persons interested shall have an opportunity to be heard at the Public Hearing at the time and place aforesaid. Persons may appear in person or by agent.

PLEASE TAKE FURTHER NOTICE that the Village Board of the Village of Piermont intends to establish said Village Board of Trustees as Lead Agency for the purpose of review of the proposed action under the provisions of Article 8 of the Environmental Conservation Law. The address of the Piermont Village Board is 478 Piermont Avenue. The proposed Special Permit is a “Type II” action under the Environmental Conservation Law 617.5. The Piermont Village Clerk may provide additional information on the action, and may be reached by telephone at 845-359-1258.

Dated: Piermont, New York
April 7, 2021

Jennifer DeYorgi Maher, Village Clerk
478 Piermont Avenue
Piermont, New York 10968

PLANNING BOARD
ZONING BOARD
VILLAGE BOARD

VILLAGE OF
PIERMONT ON THE HUDSON
LETTER OF APPEAL

NAME: Younes Berrada (Mazagan Restaurant) DATE: 3/16/21
SECTION: 75.54 BLOCK 2 LOT 26
ADDRESS: 506 Piermont Avenue Piermont NY 10968
PHONE: HOME _____ CELL 646-639-8858 WORK 845-580-3600
CURRENT ADDRESS: SAME

DEAR MR. / MRS. Berrada

Please be advised that the Building Permit Application, which you submitted on (date) 3/15/21, has been denied. I have enclosed a copy of your application where you will find noted below the reason for your denial.

As per the Code of the Village of Piermont, Article 19, §210- ZONE §

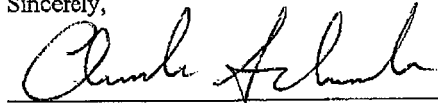
BULK TABLE:	Required	Existing	Proposed	Variance	Existing Non-Conforming
Min Lot Area					
Min Lot Width					
Req Front Yard		DOES	NOT	APPLY	
Req Side Yard		SPECIAL	PERMIT		
Total Side Yard					
Req Rear Yard					
Max Bldg Ht					
Floor Area Ratio					
Max Lot Coverage					

§210-77A: Site plan development Approval required by Planning Board-	Y	N
§210-77D: Minor Construction regulations apply-	Y	N
§210-116A: Requires 25' Conservation Basement (on site plan)	Y	N
§112-5, 112-6, 112-10, 112-11 Flood Damage Prevention (contact Village Engineer)	Y	N
§185-9A Article 11, Tree Preservation Protection and Landscaping	Y	N

THE RESTAURANT IS LOCATED IN THE BUS-B DISTRICT AND IS A LEGAL USE IN THE ZONE. THEY ARE LOOKING TO ADD 40 OUTDOOR SEATS DUE TO COVID. THIS WOULD REQUIRE 13 PARKING SPACES UNDER OUR CODE WHICH COULD BE OBTAINED FROM THE FILOP PARKING INVENTORY. THREE SPACES ARE GRANTED BY RIGHT AND IF THE VILLAGE BOARD GRANTS MORE THAN 9 SPACES IT SHALL BE RENEWED ANNUALLY.

*The Clerk Secretary to the Boards will assist you in the preparation necessary to appear before the planning/zoning board(s). *The Clerk Treasurer will assist you in the preparation necessary to appear before the village board.

Sincerely,



Building Inspector, Village of Piermont

PLEASE KEEP FOR YOUR RECORDS



506 Piermont Avenue
Piermont, NY 10968
(845) 580-3600

March 11, 2021

To Whom This May Concern,

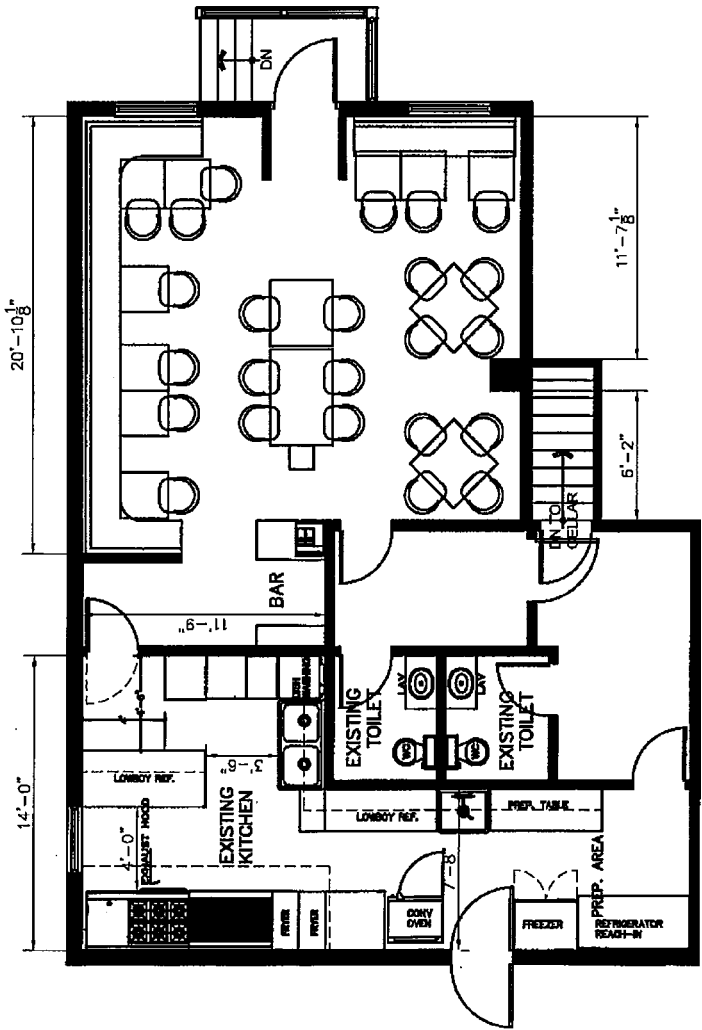
I am writing to you in regards to the new business and restaurant, Mazagan Cafe Corp, located at 506 Piermont Avenue, Piermont, NY that I have recently opened. I was informed to provide a proposed layout and plan for an outdoor seating arrangement in hopes to get permission. Due to Covid-19 and the limitation it has created for indoor dining, I have planned to set seating for Mazagan Restaurant partially on the sidewalk at Piermont Avenue and on the driveway of the Café property. To meet requirements, the seating will not compromise or obstruct the public sidewalk and will leave five feet of walking traffic space, as shown in the provided plan. With warmer weather approaching, outdoor dining and seating will be an attraction for the community all while taking the appropriate precautions for Covid-19 while the mandatory guidelines for public health and safety are in place. I hope these plans are acceptable given the circumstances we are all experiencing and it is open for adjustments if need be.

For any questions or concerns, you can contact me at my cell: (646) 639-8858.

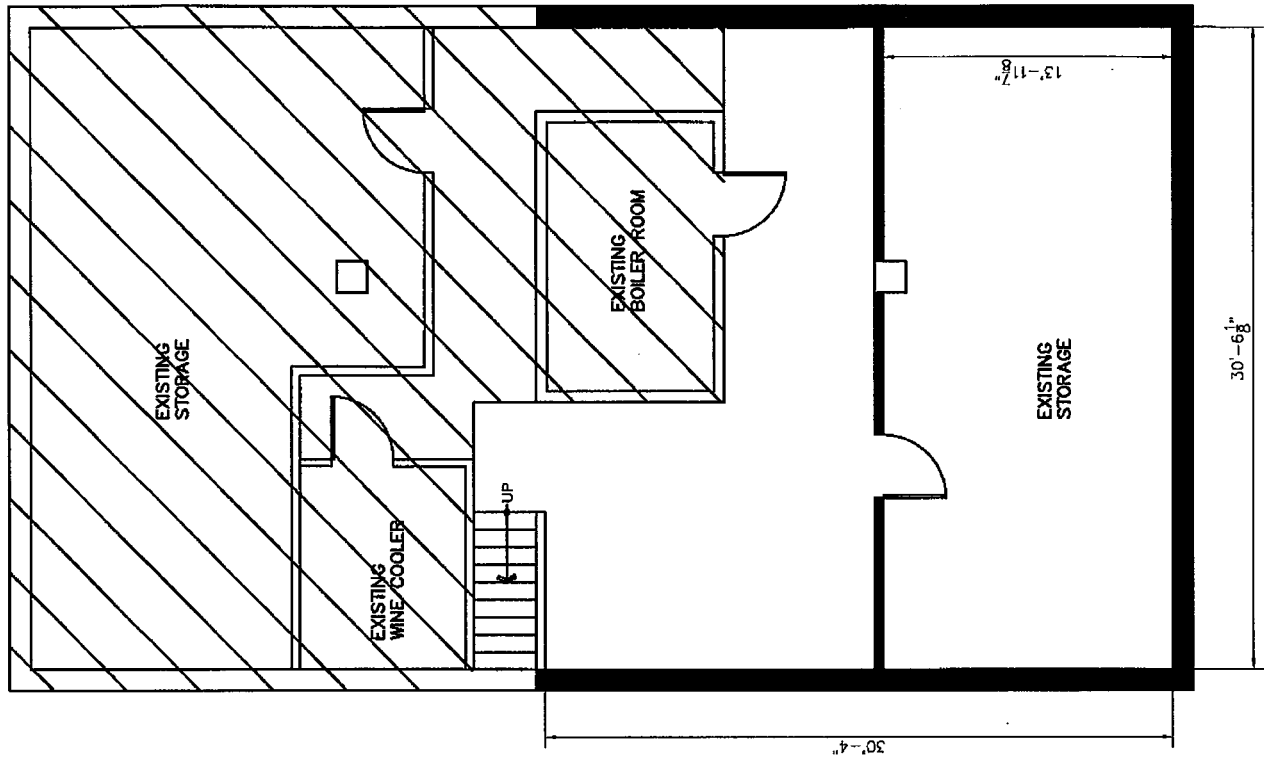
Thank you for your time,

Younes Berrada

Owner of Mazagan Cafe Corp



FIRST FLOOR PLAN



CELLAR FLOOR PLAN

ROCKLAND COUNTY DEPARTMENT OF HEALTH APPLICATION FOR A PERMIT TO OPERATE (PAGE 2)

Section C: Temporary Food Service Establishments

Name and location of event _____

Name of Food	Supplier of ingredients	Where and how foods will be prepared and served

Section D: Mobile Food Service Establishments or Pushcarts

Type of Vehicle: Motorized _____ Pushcart _____ Trailer _____ Other (specify) _____

License plate no. (trailers and motorized vehicles) _____ State _____

Commissary name _____

Address _____

City _____ State _____ Zip Code _____

List all foods and beverages served: _____

Section E: Food and Beverage Vending Machines. List the location of each machine and the food dispensed

Section F: Partners, Corporate Officers, Directors, Board Members, etc., as applicable

List all officials, their titles and their contact information.

Name	Title	Home Address	Telephone No.
			()
			()
			()

Section G: Workers' Compensation and Disability Insurance (All applicants must complete item a or b)

Check the appropriate lines and attach copies of the documents to show compliance with Workers' Compensation Law:

(a) **Workers' Compensation and Disability Insurance Coverage is provided:**

- Form C-105.2- Certificate of Workers' Compensation Insurance **OR**
- Form U-26.3- Certificate of Workers' Compensation Insurance **OR**
- Form SI-12 Certificate of Workers' Compensation Self-Insurance **OR**
- GSI-105.2- Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Insurance:

- DB-120.1- Certificate of Disability Benefits **OR**
- Form DB-155- Certificate of Disability Benefits Self-Insurance

OR


(b) **Workers' Compensation and Disability Insurance Coverage is not provided:**

- Workers' Compensation Board Form CE-200 "Certificate of Attestation of Exemption" is attached.

Section H: Signature

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to completely fill out and sign this form will delay issuance of your permit to operate. Operation without a valid permit is a violation of the New York State and Rockland County Sanitary Codes and is punishable by a penalty of up to \$2,000.00 a day.

Signature of operator or authorized official  Title Owner
 Printed name of person signing Younes Berrada Date 03/04/2021



**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>Mazagan Cafe Corp 506 Piermont Avenue Piermont, NY 10968</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>845-580-3600</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number or Social Security Number</p> <p>86-1725602</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Rockland County Department of Environmental Health 5 Sanatorium Road-Bldg. D Pomona, NY 10970</p>	<p>3a. Name of Insurance Carrier</p> <p>Hartford Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>13WECAK4PYS</p> <p>3c. Policy effective period</p> <p><u>02/11/2021</u> to <u>02/11/2022</u></p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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 must notify the above certificate holder and the Workers' Compensation Board 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.**

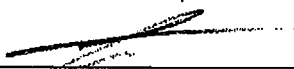
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon 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: Rafael Cereijo
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  3/09/21
(Signature) (Date)

Title: President

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.

C-105.2 (9-17)

www.wcb.ny.gov
W31F3117



Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>Mazagan Cafe Corp 506 Piermont Avenue Piermont, NY 10968</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>845-580-3600</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>86-1725602</p>
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The insurance carrier must notify the above certificate holder and the Workers' Compensation Board 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.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

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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: Rafael Cereijo
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 3/09/21
(Signature) (Date)

Title: President

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

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