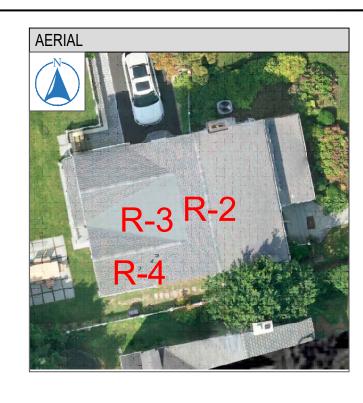




Chestnut Ave Brown Ave Willow Ave S6 Kane Ave, Larchmont, NY 10538



OVERALL VIEW

FRONT OF HOUSE, PANELS ARE ON REAR ROOF, NOT VISIBLE FROM FRONT

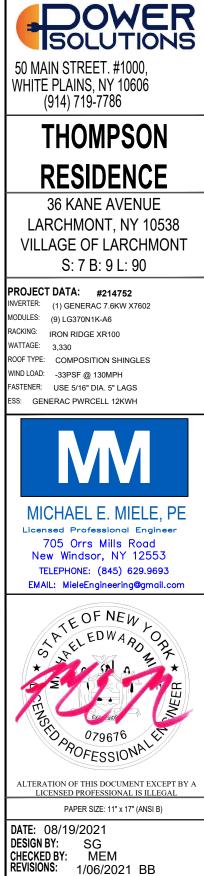


LOOKING NORTH ON KANE AVENUE, PANEL ARE ON REAR ROOF AND NOT VISIBLE FROM STREET



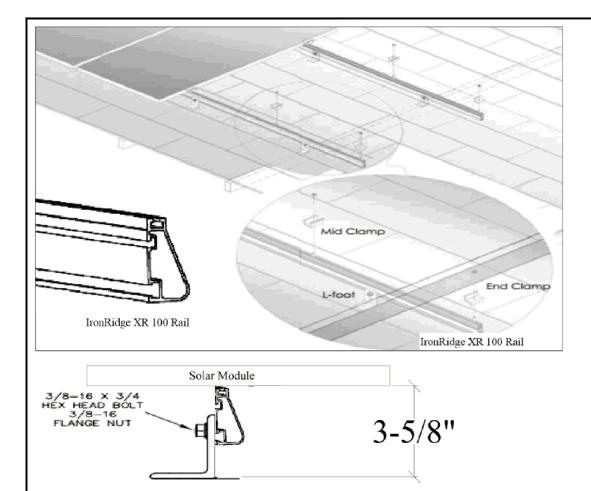
LOOKING EAST ON WILLOW, PANELS ARE NOT VISIBLE FROM ROAD DUE TO EXISTING VEGETATION

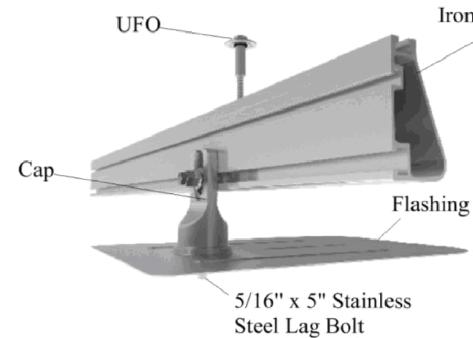
2020 RESIDENTIAL CODE OF NEW YORK STATE, 2020 ENERGY CONSERVATION CODE OF NEW YORK STATE, VILLAGE OF LARCHMONT CODE, 2017 NATIONAL ELECTRIC CODE. ASCE7-16.



ELEVATION

EV-1



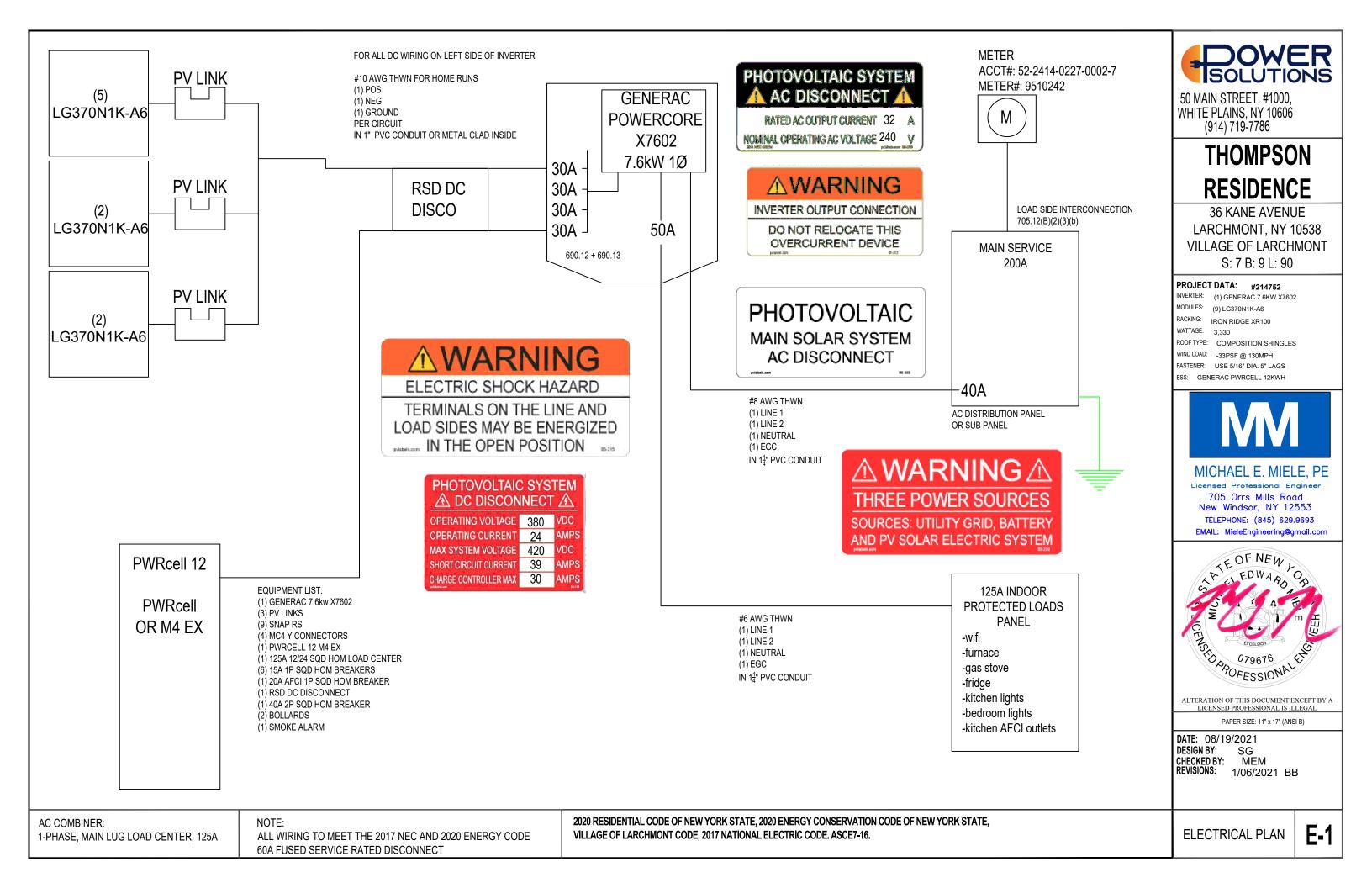


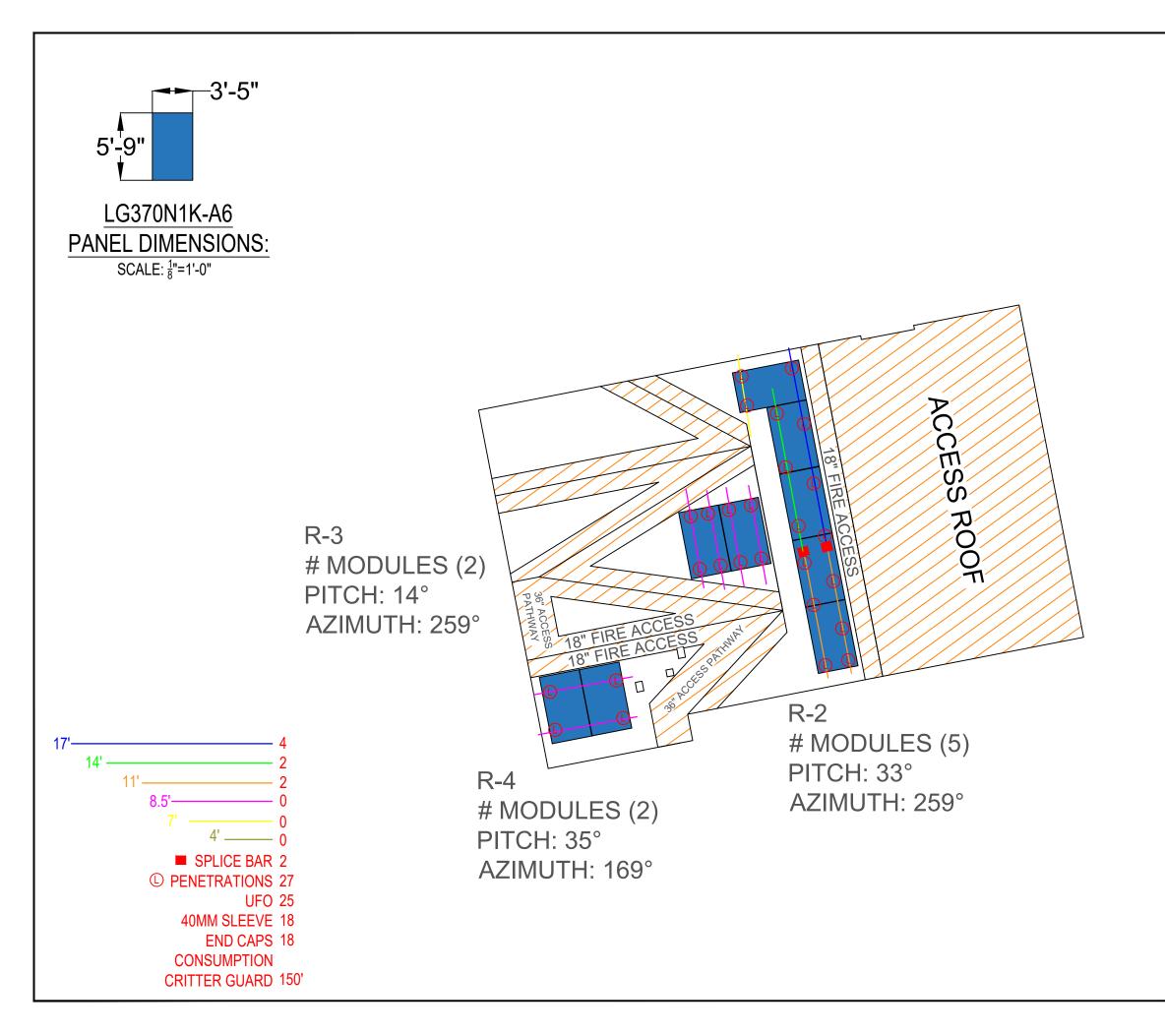
GENERAL NOTES:

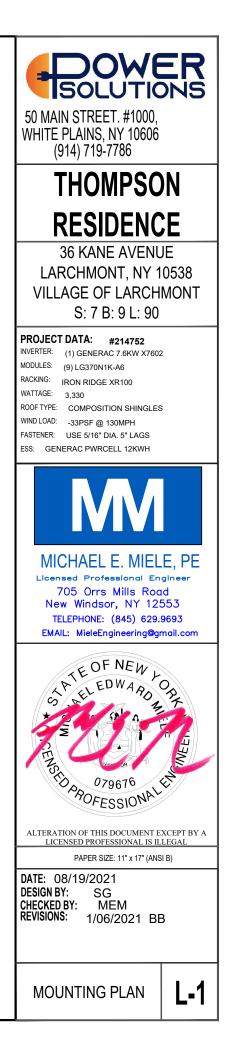
-L FEET ARE SECURED TO ROOF RAFTERS @ 80" O.C. USING 5/16" x 5" STAINLESS STEEL LAG BOLTS. -SUBJECT ROOF HAS 1 LAYER. -ALL PENETRATIONS ARE SEALED AND FLASHED.

ROOF	PITCH	RIDGE	RAFTERS	LENGT	H OVERHANG	NOTES
R2	33°	2"x8"	2"x6"@16"O.C.	13'-4"	6"	TRUE DIMENSIONAL L
R3	35°	2"x8"	2"x6"@16"O.C.	10'-6"	6"	TRUE DIMENSIONAL L
R4	14°	2"x8"	2"x6"@16"O.C.	9'-8"	6"	TRUE DIMENSIONAL L
DESIGNED AS PER ASCE 7-10						(STATE, 2020 ENERGY CONSERVATION CODE OF NEW YORK STATE,
MODULES MOUNTED FLUSH TO ROOF NO HIGHER THAN 6" ABOVE ROOF SURFACE					VILLAGE OF LARCHMONT CODE, 2017 N	ATIONAL ELECTRIC CODE. ASCE/-16.

DOWER ISOLUTIONS IronRidge XR 100 Rail 50 MAIN STREET. #1000, WHITE PLAINS, NY 10606 (914) 719-7786 THOMPSON RESIDENCE 36 KANE AVENUE LARCHMONT, NY 10538 VILLAGE OF LARCHMONT S: 7 B: 9 L: 90 PROJECT DATA: #214752 INVERTER: (1) GENERAC 7.6KW X7602 MODULES: (9) LG370N1K-A6 RACKING: IRON RIDGE XR100 WATTAGE: 3,330 ROOF TYPE: COMPOSITION SHINGLES WIND LOAD: -33PSF @ 130MPH FASTENER: USE 5/16" DIA. 5" LAGS ESS: GENERAC PWRCELL 12KWH MICHAEL E. MIELE, PE Licensed Professional Engineer 705 Orrs Mills Road New Windsor, NY 12553 TELEPHONE: (845) 629.9693 EMAIL: MieleEngineering@gmail.com ATE OF NEW POFESSIONAL LUMBER LUMBER ALTERATION OF THIS DOCUMENT EXCEPT BY A LICENSED PROFESSIONAL IS ILLEGAI LUMBER PAPER SIZE: 11" x 17" (ANSI B) DATE: 08/19/2021 DESIGN BY: SG CHECKED BY: MEM DESIGN BY: **REVISIONS:** 1/06/2021 BB **S-2** DETAILS









ADDITIONAL CONSTRUCTION ITEMS:

• (1) BOLLARDS TO PROTECT (1) 10YR SEALED BATTERY SMOKE DÉTECTOR/ALARM WITH FUTURE INTERCONNECT CAPABILITIES TYPE X GWB ON WALLS AND CLG

OTHER ELECTRICAL GENERAL

40A BACKFED BREAKER AT **OPPOSITE END OF BUSBAR** FROM MAIN BREAKER BACKFED AND MAIN **DISCONNECT MUST BE LESS** THAN 120% OF BUSBAR RATING SUM OF BREAKERS EXCLUDING MAIN BREAKER MUST NOT EXCEED 100% OF BUSBAR

BATTERY CABINET GENERAL

30" CLEAR SPACE SIDE TO

36" FRONT CLEARANCE 6'-6" MAX MOUNTING HEIGHT ⁵/₂" TYPE-X GWB ON MOUNTING

BRICK, CONCRETE, CMU ALL

PLYWOOD IS A NO GO IF IN GARAGE, BOLLARDS REQUIRED MUST NOT BE IN A REGULARLY OCCUPIED AREA. INSTALL IN GARAGE, BASEMENT, OR UTILITY CLOSET 30A 600V DC DISCONNECT LOCKABLE OPEN TO BE **INSTALLED BETWEEN** BATTERY AND INVERTER IF **GREATER THAN 5-FT APART** INDIVIDUAL ESS UNITS MUST **BE 3-FT APART**



RESIDENCE

36 KANE AVENUE LARCHMONT, NY 10538 VILLAGE OF LARCHMONT S: 7 B: 9 L: 90

PROJECT	F DATA:	#214752	
INVERTER:	(1) GENE	RAC 7.6KW X7602	2
MODULES:	(9) LG370	N1K-A6	
RACKING:	IRON RIDO	GE XR100	
WATTAGE:	3,330		
ROOF TYPE:	COMPOS	SITION SHINGLES	5
WIND LOAD:	-33PSF @	@ 130MPH	
FASTENER:	USE 5/16	" DIA. 5" LAGS	
ESS: GEN	IERAC PWI	RCELL 12KWH	





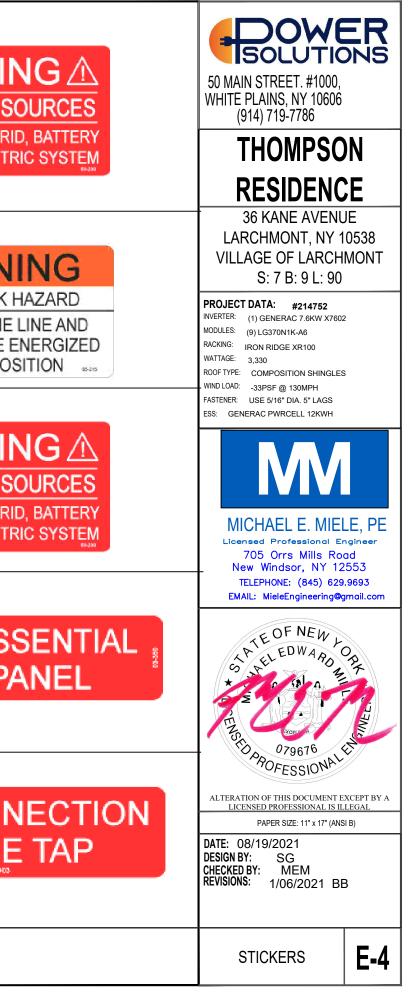
PAPER SIZE: 11" x 17" (ANSI B)

E-2

DATE: 08/19/2021 DESIGN BY: SG CHECKED BY: MEM DESIGN BY: REVISIONS: 1/06/2021 BB

BATTERY DETAILS

CONDUIT LABEL 1 EVERY 10-FT	AC COMBINER	UTILITY METER LABEL
WARNING: PHOTOVOLTAIC POWER SOURCE	PHOTOVOLTAIC SYSTEM COMBINER PANEL DO NOT ADD LOADS	MARNIN THREE POWER SO SOURCES: UTILITY GRI AND PV SOLAR ELECTR
RAPID SHUTDOWN	AC COMBINER	MSP LABEL
RAPID SHUTDOWN PV ARRAY 0.50	WARNING ELECTRIC SHOCK HAZARD TERMINALS ON THE LINE AND LOAD SIDES MAY BE ENERGIZED publicer IN THE OPEN POSITION 9215	ELECTRIC SHOCK F ELECTRIC SHOCK F TERMINALS ON THE LOAD SIDES MAY BE E publican IN THE OPEN POS
DC DISCONNECT LABEL	AC COMBINER	MSP LABEL
PHOTOVOLTAIC SYSTEM A DC DISCONNECT OPERATING VOLTAGE VDC OPERATING CURRENT AMPS MAX SYSTEM VOLTAGE VDC SHORT CIRCUIT CURRENT AMPS CHARGE CONTROLLER MAX AMPS VUMU AMPS	Inverter output connection Do not relocate this overcurrent device Data AC DISCONNECT Image: Action of the provided and the provided a	CRITICAL LOAD PANEL BATTERY ESS LOADS PA
BATTERY CONDUIT LABEL	AC DISCONNECT	INTERCONNECT LABEL
1 EVERY 10 FEET CAUTION: BATTERY CIRCUIT	WARNING ELECTRIC SHOCK HAZARD TERMINALS ON THE LINE AND LOAD SIDES MAY BE ENERGIZED IN THE OPEN POSITION 9215	SOLAR CONN LINE SIDE
	2020 RESIDENTIAL CODE OF NEW YORK STATE, 2020 VILLAGE OF LARCHMONT CODE, 2017 NATIONAL ELE	ENERGY CONSERVATION CODE OF NEW YORK STATE, ECTRIC CODE. ASCE7-16.



Michael E. Miele, PE

Licensed Professional Engineer Licensed In New York, New Jersey, Connecticut & California New York License # 079676 New Jersey License # 44042 Connecticut License # 23158 California License # 31508

January 12, 2022

Village of Larchmont Building Department The Office of the Building Inspector 120 Larchmont Ave # 1 Larchmont, NY 10538

Re: <u>Rachel Thompson - 36 Kane Avenue, Larchmont, NY 10538</u> <u>Single Family Residence, Solar Panel Loading Certification</u> Village of Larchmont, County of Westchester, State of New York

Dear Building Department

I am the engineer of record for the above referenced project. I have prepared the attached plans dated August 19, 2021 that consists of the installation of (9) LG370W solar panels at the above referenced location.

I can herby certify that the existing roof structure combined with the additional weight of the solar panels meets the requirements of The 2020 Residential Code of New York State, Publication Date, November 2019. The design loads were as follows, Roof Design Snow Load: 30psf Wind Design Load: 120mph Seismic Design Category: B No additional structural members were required.

The roof is currently framed with 2x6 true dimensional wood framing @ 16" O.C. The roof structural members are in compliance with ASCE 7-16 for deflection and acceptable bending stress.

If you have any questions, please feel free to call me at any time. Thanks in advance.

Sincerely Yours,

Michael E. Miele, PE





Solar + storage is simple with the Generac PWRcell[™] Inverter. This bi-directional, REbus[™]-powered inverter offers a simple, efficient design for integrating smart batteries with solar. Ideal for self-supply, backup power, zero-export and energy cost management, the PWRcell Inverter is the industry's most feature-rich line of inverters, available in single-phase and three-phase models.

FEATURES & BENEFITS

- · Single inverter for grid-tied solar with smart battery integration
- · Simplified system design: No autotransformer or battery inverter needed
- · User-selectable modes for backup power, self-supply, time-of-use, zero-import and export limiting
- Free system monitoring included via PWRview[™] Web Portal and Mobile App

AC OUTPUT/GRID-TIE	MODEL X7602	MODEL X11402
CONT. GRID-TIED AC POWER @ 50°C (122°F):	7600 W	11400 W
AC OUTPUT VOLTAGE:	120/240, 1Ø VAC	120/208, 3Ø VAC
AC FREQUENCY:	60 Hz	
MAXIMUM CONTINUOUS OUTPUT CURRENT:	32 A, RMS	
GROUND-FAULT ISOLATION DETECTION:	Included	
CHARGE BATTERY FROM AC:	Yes	
THD (CURRENT):	< 2%	
TYPICAL NIGHTTIME POWER CONSUMPTION:	< 7 W	

AC OUTPUT/ISLANDED	MODEL X7602	MODEL X11402
MAX. CONT. AC POWER W/ SINGLE 6 MODULE BATTERY CABINET':	9,000 V	V ²
MAX. CONT. AC POWER WITH 2 BATTERY CABINETS (8 MODULES MINIMUM)':	11,000 W ²	9,600-11,000 W ²
PEAK MOTOR STARTING CURRENT (2 SEC):	50 A, RM	٨S
AC BACKUP OUTPUT VOLTAGE:	120/240, 1Ø VAC	120/208, 1Ø VAC
AC FREQUENCY:	60 Hz	
THD (VOLTAGE):	< 2%	
ALLOWABLE SPLIT PHASE IMBALANCE:	Up to 30	1%

DC INPUT	MODEL X7602	MODEL X11402
DC INPUT VOLTAGE RANGE:	360-420 VDC	
NOMINAL DC BUS VOLTAGE:	380 VDC	
DC DISTRIBUTION INPUT BREAKERS:	4 x 2P30 A	
MAX INPUT CURRENT PER DC INPUT:	30 A	
REVERSE-POLARITY PROTECTION:	Yes	
TRANSFORMERLESS, UNGROUNDED:	Yes	
TYPICAL NIGHTTIME POWER CONSUMPTION:	< 7 W	
DC BUS EXPORT FUSES (+/-):	40 A	
2-POLE DISCONNECTION:	Ye	25

EFFICIENCY	MODEL X7602	MODEL X11402
PEAK EFFICIENCY:	97.3%	97.7%
CEC WEIGHTED EFFICIENCY:	96.5%	97.5%

¹Peak Performance, values provided for 40*C (104*F)

²When islanded, continuous power output is restricted to 7.68kW unless backup power is routed through an external transfer switch.

³In Island mode X11402 protected loads only supply 2 phases 120 VAC L-N, 208 L-L which results in lower power than in grid tied 3 phase mode. The low value of the range is for full L-L loading while high value of the range is full L-N loading

Specifications

FEATURES AND MODES			
ISLANDING ⁴ :	Yes		
GRID SELL:	Yes		
SELF CONSUMPTION:	Yes		
PRIORITIZED CHARGING FROM RENEWABLES:	Yes		
GRID SUPPORT - ZERO EXPORT:	Yes		
ESS PCS OPERATION MODES (IMPORT ONLY, EXPORT ONLY):	Yes		

ADDITIONAL FEATURES	
SUPPORTED COMMUNICATION INTERFACES:	REbus [™] , CANbus, Ethernet
SYSTEM MONITORING:	PWRview [™] Web Portal and Mobile App
BACKUP LOADS DISCONNECT ⁴ :	Yes, 50 A Circuit Breaker
INVERTER BYPASS SWITCH:	Automatic
WARRANTY:	10 Years

STANDARDS COMPLIANCE	
SAFETY:	UL 1741 SA, CSA 22.2, UL 1998
GRID CONNECTION STANDARDS:	IEEE 1547, Rule 21, Rule 14H, CSIP, UL 1741 PCS CRD (Import Only, Export Only)
EMISSIONS:	FCC Part 15 Class B

DIMENSIONS AND INSTALLATION SPECIFICATIONS		
ENCLOSURE KNOCKOUTS - QTY, SIZE - IN (MM):	6 x Combo 3/4" x 1" (19 x 25.4) 7 x Combo 1/2" x 3/4" (12.7 x 19)	
DIMENSIONS L x W x H - IN (MM):	24.5" x 19.25" x 8" (622.3 x 488.9 x 203.2)	
WEIGHT - LB (KG):	62.7 (28.4)	
COOLING:	Forced convection	
AUDIBLE NOISE:	< 40 dBA	
OPERATING TEMPERATURE - FAHRENHEIT (CELSIUS):	-4 to 122 °F (-20 to 50 °C) ⁵	
ENCLOSURE TYPE:	Type 3R	

INSTALLATION GUIDELINES				
BATTERY TYPES SUPPORTED:	PWRcell [™] Battery			
MODULE STRING SIZE PER PV LINK OPTIMIZER:	Varies, refer to PV Link Installation Manual			
MAXIMUM RECOMMENDED DC POWER FROM PV ⁶ :	10 kW (1Ø), 15 kW (3Ø)			

⁴3Ø inverters offer islanding for 1Ø loads.

⁵Includes ambient temperature rising from inverter operation. Reduced power at extreme temperatures.

Specifications listed in this document are achieved with firmware version 13310 or greater. Confirm inverter has latest firmware to ensure full performance. ⁶Values provided for PV-only or small storage systems. Additional PV power is permissible if sufficient battery storage capacity is installed.

Generac Power Systems, Inc. S45 W29290 Hwy. 59, Waukesha, WI 53189

www.Generac.com | 888-GENERAC (436-3722)

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PWRcell Battery Cabinet (Ordering SKU: APKE00007) 2.85kWh PWRcell Battery Module Model #: BJ-DCB05ZKAX (Ordering SKU: A0000391219) PWRcell Battery Configuration Model #s: PWRcell 9, PWRcell 12, PWRcell 15, PWRcell 17 PWRcell Spacer Kit (Ordering SKU: APKE00008) PWRcell Upgrade Kit (Ordering SKU: APKE00009)

The PWRcell[™] Battery Cabinet is a modular smart battery platform that allows for a range of configurations to suit any need, small or large. No other smart battery offers the power and flexibility of PWRcell. Whether for backup power or smart energy management, PWRcell has power and capacity options for every need, without sacrificing flexibility or function.

PWRcell BATTERY CABINET DESIGN

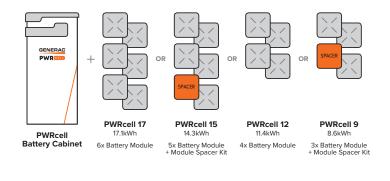
The PWRcell Battery Cabinet allows system owners the flexibility to scale from the economical 8.6kWh PWRcell 9 to the massive 17.1kWh PWRcell 17 by installing additional battery modules to the PWRcell Battery Cabinet. When needs change, an existing PWRcell Battery Cabinet can be upgraded with additional modules. Use the graphic below and the chart on the back of this sheet to understand what components you need for your chosen PWRcell configuration.



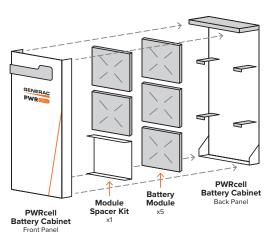
FEATURES & BENEFITS

- Connect 2 PWRcell Battery Cabinets to a single PWRcell Inverter for 34.2kWh of storage
- Best-in-class battery backup power
- Plug-and-play with PWRcell Inverter and PV Link[™]
- Time-of-use (TOU) and zero-export ready
- · Residential and commercial application ready

BATTERY CONFIGURATION GUIDE



BATTERY CABINET ASSEMBLY



Specifications

PWRcell [™] BATTERY CONFIGURATIONS	9	12	15	17					
BATTERY MODULES:	3	4	5	6					
USABLE ENERGY:	8.6kWh	11.4kWh	14.3kWh	17.1kWh					
POWER - RATED CONTINUOUS:	3.4kW	4.5kW	5.6kW	6.7kW					
POWER - 60 MINUTES:	4.2kW	5.6kW	7.0kW	8.4kW					
POWER - 2 MINUTES:	5.0kW	6.7kW	8.4kW	10.0kW					
REbus™ VOLTAGE - INPUT/OUTPUT:	360-420 VDC								
MODULE VOLTAGE:		46.8	S VDC						
ROUND-TRIP EFFICIENCY:		96.	50%						
OPERATING TEMPERATURE - FAHRENHEIT (CELSIUS):	41 to 113 °F (5 to 45 °C)								
RECOMMENDED AMBIENT TEMPERATURE - FAHRENHEIT (CELSIUS):	55 to 86 °F (13 to 30 °C)								
MAXIMUM INSTALLATION ALTITUDE - FT (M):			334 000)						
DIMENSIONS, L x W x H - IN (MM):			0" x 68" 54 x 1727)						
WEIGHT, ENCLOSURE - LB (KG):		115	(52)						
WEIGHT, INSTALLED - LB (KG):	280 (127)	335 (152)	390 (178)	445 (202)					
WARRANTY - LI-ION MODULES:		10 Years,	(7.56MWh)						
WARRANTY - ELECTRONICS AND ENCLOSURE:		10 Y	/ears						
COMMUNICATION PROTOCOL:		REbus™ DC	CNanogrid™						
COMPLIANCE:	UL 9540, UL 1973, UL 1642, CSA 22.2								

UPGRADING PWRcell

Inside of the PWRcell Battery Cabinet, battery modules are stacked two deep on three levels, allowing for up to six modules to be connected in series. You can upgrade an existing PWRcell Battery Cabinet by adding Battery Modules and a Module Spacer (APKE00008) if required. PWRcell 9 and PWRcell 15 require a module spacer.

Generac offers a convenient PWRcell Battery Upgrade Kit (APKE00009) to help replace lost or misplaced hardware. A PWRcell Battery Upgrade Kit may be purchased from your Generac distributor.

Refer to the table to the right for material requirements related to upgrading the PWRcell Battery Cabinet.

UPGRADE MATERIAL REQUIREMENTS

ATION		PWRcell 17	PWRcell 15	PWRcell 12		
STARTING CONFIGURATION	PWRcell 9	+ 3 x PWRCell Mod + 2 x APKE00009*	+ 2 x PWRCell Mod + 1 x APKE00009*	+ 1 x PWRCell Mod + 1 x APKE00009*		
	PWRcell 12	+ 2 x PWRCell Mod + 1 x APKE00009*	+ 1 x PWRCell Mod + 1 x APKE00008			
	PWRcell 15	+ 1 x PWRCell Mod + 1 x APKE00009*				

ENDING CONFIGURATION

*APKE00009 (Upgrade kit) only required if original hardware is unavailable

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LG NeON®2 Black

LG370N1K-A6

370W

The LG NeON® 2 is LG's best selling solar module and one of the most powerful and versatile modules on the market today. The cells are designed to appear all-black at a distance, and the performance warranty guarantees 90.6% of labeled power output at 25 years.







Features

1	
ll	
Ц	25yr

Enhanced Performance Warranty

LG NeON[®] 2 Black has an enhanced performance warranty. After 25 years, LG NeON[®] 2 Black is guaranteed at least 90.6% of initial performance.



25-Year Limited Product Warranty

The NeON[®] 2 Black is covered by a 25-year limited product warranty. In addition, up to \$450 of labor costs will be covered in the rare case that a module needs to be repaired or replaced.



Solid Performance on Hot Days

LG NeON[®] 2 Black performs well on hot days due to its low temperature coefficient.



Roof Aesthetics

LG NeON[®] 2 Black has been designed with aesthetics in mind using thinner wires that appear all black at a distance.

When you go solar, ask for the brand you can trust: LG Solar

About LG Electronics USA, Inc.

LG Electronics is a global leader in electronic products in the clean energy markets by offering solar PV panels and energy storage systems. The company first embarked on a solar energy source research program in 1985, supported by LG Group's vast experience in the semi-conductor, LCD, chemistry and materials industries. In 2010, LG Solar successfully released its first MonoX[®] series to the market, which is now available in 32 countries. The NeON[®] (previous MonoX[®] NeON), NeON[®]2, NeON[®]2 BiFacial won the "Intersolar AWARD" in 2013, 2015 and 2016, which demonstrates LG's leadership and innovation in the solar industry.



60

LG NeON[®]2 Black



LG370N1K-A6

General Data

Cell Properties (Material/Type)	Monocrystalline/N-type
Cell Maker	LG
Cell Configuration	60 Cells (6 × 10)
Number of Busbars	12EA
Module Dimensions (L x W x H)	1,740mm x 1,042mm x 40 mm
Weight	18.6 kg
Glass (Material)	Tempered Glass with AR coating
Backsheet (Color)	Black
Frame (Material)	Anodized Aluminium
Junction Box (Protection Degree)	IP 68 with 3 Bypass Diodes
Cables (Length)	1,100mm x 2EA
Connector (Type/Maker)	MC 4/MC

Certifications and Warranty

	IEC 61215-1/-1-1/2 : 2016, IEC 61730-1/2 : 2016 UL 61730-1 : 2017, UL 61730-2 : 2017				
Certifications*	ISO 9001, ISO 14001, ISO 50001				
	OHSAS 18001				
Salt Mist Corrosion Test	IEC 61701:2012 Severity 6				
Ammonia Corrosion Test	IEC 62716:2013				
Module Fire Performance	Type 2 (UL 61730)				
Fire Rating	Class C (UL 790, ULC/ORD C 1703)				
Solar Module Product Warranty	25 Year Limited				
Solar Module Output Warranty	Linear Warranty*				
** 1.4/* 00.5% (0.04/1 0.05					

*Improved: 1st year 98.5%, from 2-24th year: -0.33%/year down, 90.6% at year 25 $\,$

Temperature Characteristics

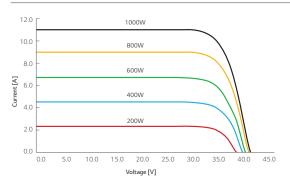
NMOT*	[°C]	42 ± 3
Pmax	[%/°C]	-0.35
Voc	[%/°C]	-0.26
lsc	[%/°C]	0.03

*NMOT (Nominal Module Operating Temperature): Irradiance 800 W/m², Ambient temperature 20°C, Wind speed 1 m/s, Spectrum AM 1.5

Electrical Properties (NMOT)

Model		LG370N1K-A6
Maximum Power (Pmax)	[W]	277
MPP Voltage (Vmpp)	[V]	33.3
MPP Current (Impp)	[A]	8.32
Open Circuit Voltage (Voc)	[V]	39.4
Short Circuit Current (Isc)	[A]	8.81

I-V Curves



Electrical Properties (STC*)

Model	LG370N1K-A6	
Maximum Power (Pmax)	[W]	370
MPP Voltage (Vmpp)	[V]	35.5
MPP Current (Impp)	[A]	10.43
Open Circuit Voltage (Voc ± 5%)	[V]	41.9
Short Circuit Current (Isc ± 5%)	[A]	10.96
Module Efficiency	[%]	20.4
Power Tolerance	[%]	0~+3

*STC (Standard Test Condition): Irradiance 1000 W/m², cell temperature 25°C, AM 1.5 Measurement Tolerence of Pmax: \pm 3%

Operating Conditions

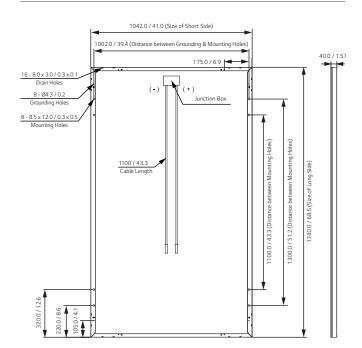
Operating Temperature	[°C]	-40 ~+85
Maximum System Voltage	[V]	1,000 (UL/IEC)
Maximum Series Fuse Rating	[A]	20
Mechanical Test Load* (Front)	[Pa/psf]	5,400
Mechanical Test Load* (Rear)	[Pa/psf]	4,000

*Based on IEC 61215-2 : 2016 (Test Load = Design Load x Safety Factor (1.5)) Mechanical Test Loads 6,000Pa/5,400Pa based on IEC 61215:2005

Packaging Configuration

Number of Modules per Pallet	[EA]	25							
Number of Modules per 40' Container	[EA]	650							
Number of Modules per 53' Container	[EA]	850							
Packaging Box Dimensions (L x W x H)	[mm]	1,790 x 1,120 x 1,213							
Packaging Box Dimensions (L x W x H)	[in]	70.5 x 44.1 x 47.8							
Packaging Box Gross Weight	[kg]	500							
Packaging Box Gross Weight	[lb]	1,102							

Dimensions (mm/inch)





LG Electronics USA, Inc. Solar Business Division 2000 Millbrook Drive Lincolnshire, IL 60069 www.lg-solar.com Product specifications are subject to change without notice. LG370N1K-A6_AUS.pdf 020221

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Roof Mount System



Built for solar's toughest roofs.

IronRidge builds the strongest roof mounting system in solar. Every component has been tested to the limit and proven in extreme environments.

Our rigorous approach has led to unique structural features, such as curved rails and reinforced flashings, and is also why our products are fully certified, code compliant and backed by a 20-year warranty.



Strength Tested

All components evaluated for superior structural performance.



Class A Fire Rating Certified to maintain the fire resistance

rating of the existing roof.



Integrated Grounding

UL 2703 system eliminates separate module grounding components.



PE Certified

Pre-stamped engineering letters available in most states.



Design Software

Online tool generates a complete bill of materials in minutes.



20 Year Warranty

Twice the protection offered by competitors.

XR Rails

XR10 Rail



A low-profile mounting rail for regions with light snow.

- 6' spanning capability
- Moderate load capability
- Clear & black anod. finish

Attachments

FlashFoot



Anchor, flash, and mount with all-in-one attachments.

- · Ships with all hardware
- IBC & IRC compliant
- Certified with XR Rails

Clamps & Grounding

End Clamps



Slide in clamps and secure modules at ends of rails.

- Mill finish & black anod.
- Sizes from 1.22" to 2.3"
- Optional Under Clamps

Free Resources

Design Assistant Go from rough layout to fully engineered system. For free. Go to IronRidge.com/rm

XR100 Rail



The ultimate residential solar mounting rail.

- 8' spanning capability
- Heavy load capability
- · Clear & black anod. finish

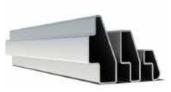
XR1000 Rail



A heavyweight mounting rail for commercial projects.

- 12' spanning capability
- · Extreme load capability
- · Clear anodized finish

Internal Splices 😑



All rails use internal splices for seamless connections.

- Self-tapping screws
- · Varying versions for rails
- Grounding Straps offered

Slotted L-Feet



Drop-in design for rapid rail attachment.

- · High-friction serrated face
- Heavy-duty profile shape
- · Clear & black anod. finish

Grounding Mid Clamps 😑



Attach and ground modules in the middle of the rail.

- Parallel bonding T-bolt
- · Reusable up to 10 times
- Mill & black stainless



Ground system using the rail's top slot.

- Easy top-slot mounting
- · Eliminates pre-drilling
- · Swivels in any direction

Tilt Legs



Tilt assembly to desired angle, up to 45 degrees.

- · Attaches directly to rail
- · Ships with all hardware
- · Fixed and adjustable

Accessories



Provide a finished and organized look for rails.

- Snap-in Wire Clips
- Perfected End Caps
- UV-protected polymer



NABCEP Certified Training

Earn free continuing education credits, while learning more about our systems. Go to IronRidge.com/training



T-Bolt Grounding Lugs 😑



Raise flush or tilted

· Ships pre-assembled

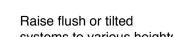
• 4" and 7" Lengths

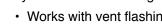
Standoffs



systems to various heights.

- · Works with vent flashing





NEW YORK General Application Requirements (GAR)

1)	Property Owner:										
	Name:	Rachel Thompson									
	Address:	36 Kane Ave Larchmont, NY 10538									
	Phone:	(929) 442-3									
	Email:	rachelthom	oson036@gmial.c	<u>com</u>							
2)	Cost of Constr	uction:			Grant Break	<u>down</u>					
	Solar Panels L	/M	\$10,073.25		NYSERDA:	\$666.00					
	Electrical L/M		\$8,241.75		Federal:	\$9,069.06					
	Total L/M		\$18,315.00		State:	\$5,000.00					
3)	System Size	3330	_ĸw	Panel Qty:	9	_					
	Panel Type:	lg	_	Panel Size:	370	-					
	Generator:	No	_	Battery :	YES	-					
	Туре:			Туре:	Generac PWR	Cell 12kWh					
	Notes:			Notes:	: <u>Cost \$ 17,232</u>						
	Other:										
4)	Solar Panel Int	alled on Ro	of or Grade								
	if on grade, wi	here would	they be located	:							
		Front :		Rear :		Side :					
	UTILITY	Acc't #:	52-2414-0227	-0002-7							
		Meter #:	9510242								
5)	Email PDF Plar	ns & Engine	er Letter								
6)	Email Manufa	cturer Specs	5								
7)	Email Color Ph	otos									
8)	Email Insurance	e Certificat	es (COI, Work C	omp, Disabil	ity)						
9)	Bill To:	I	NYPS								

	Client#: 83176 CATIELE											
	4 <i>C(</i>	-				н тт		-	Γ	DATE (M	M/DD/YYYY)	
											2021	
C B R	ERTIF ELOW EPRES	ERTIFICATE IS ISSUED AS A MA ICATE DOES NOT AFFIRMATIV . THIS CERTIFICATE OF INSUR SENTATIVE OR PRODUCER, AI	ELY ANC	OR N E DO HE C	EGATIVELY AMEND, EX ES NOT CONSTITUTE A ERTIFICATE HOLDER.		OR ALTER TI RACT BETWI	HE COVERA EEN THE ISS	GE AFFORDED BY THI UING INSURER(S), AU	E POLIC THORIZ	EIES ED	
lf	SUBR	ANT: If the certificate holder is OGATION IS WAIVED, subject tificate does not confer any rigi	to the	e tern	ns and conditions of the	policy, of such	certain polic endorsemer	ies may requ				
	DUCER	od Partners Ins. Center				CONTA NAME:		rcial Suppo				
	-	us Drive				PHONE (A/C, No, Ext): 631-390-9700 FAX (A/C, No): 631-390-9790 E-MAIL ADDRESS: certificates@cookmaran.com 631-390-9790						
-	Floo					ADDRE	SS: Certifica		FORDING COVERAGE		NAIC #	
Me	lville,	NY 11747-2647				INSURE	RA: Utica Mu				25976	
INSU	IRED	Catizone Electrical Inc.				INSURE	RB:					
		2060 Ocean Avenue				INSURE	RC:					
		Ronkonkoma, NY 11779				INSURE						
						INSURE						
CO	VERAC	GES CER	TIFIC	ATE	NUMBER:	INSUNE	-n r :		REVISION NUMBER:			
IN Cl	IDICATE ERTIFIC XCLUSI	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY F ONS AND CONDITIONS OF SUCH TYPE OF INSURANCE OMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	QUIR ERTA POL	EMEN AIN, 7	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	FANY DBYT	CONTRACT OF HE POLICIES N REDUCED F POLICY EFF (MM/DD/YYYY)	R OTHER DOO DESCRIBED I BY PAID CLAI POLICY EXP (MM/DD/YYYY)	CUMENT WITH RESPECT TEREIN IS SUBJECT TO	TO WH ALL THI	IICH THIS E TERMS, 0,000	
									MED EXP (Any one person)	\$ 10,0		
									PERSONAL & ADV INJURY		0,000	
	V	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		0,000	
		olicy ject loc Ther:								\$	0,000	
	AUTON	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		NY AUTO							BODILY INJURY (Per person)	\$		
	Ă	UTOS ONLY AUTOS							BODILY INJURY (Per accident PROPERTY DAMAGE)\$ \$		
	A	IRED NON-OWNED AUTOS ONLY							(Per accident)	\$		
	U	MBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	E	XCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	-	ED RETENTION \$								\$		
Α	AND EI	ERS COMPENSATION MPLOYERS' LIABILITY Y / N			4766763		07/01/2021	07/01/2022	X PER OTH ER			
	OFFICE	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$500,		
	Ìf yes, c	atory in NH) describe under RIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT			
	DEGOI									, ,		
DEC		N OF OPERATIONS / LOCATIONS / VEHIC		4000	101 Additional Demostre Cobort	ula mari	he ottocked if		ired)			
		f Larchmont is included as										
cor	ntract.											
						0.4.110						
CE	TIFIC	ATE HOLDER				CANC	ELLATION					
		Village of Larchmont 120 Larchmont Avenue Larchmont, NY 10538-00	000			THE	EXPIRATION	N DATE THE	SCRIBED POLICIES BE C REOF, NOTICE WILL I LICY PROVISIONS.			
						AUTHO	RIZED REPRESE	NTATIVE				
							Le Ann					

Leonard Acipscia
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CERTIFICATE OF Densation NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured
-	631 348-0001
2060 Ocean Avenue	
Ronkonkoma, NY 11779	
	1c. NYS Unemployment Insurance Employer Registration Number of
	Insured
	1d. Federal Employer Identification Number of Insured or Social Security
Work Location of Insured (Only required if coverage is specifically limited to	Number
certain locations in New York State, i.e., a Wrap-Up Policy)	
	455213112
2. Name and Address of Entity Requesting Proof of Coverage	3a. Name of Insurance Carrier
(Entity Being Listed as the Certificate Holder)	Utica Mutual Insurance Company
Village of Larchmont	3b. Policy Number of Entity Listed in Box "1a"
-	4766763
120 Larchmont Avenue	
Larchmont, NY 10538	3c. Policy effective period
	07/01/2021 to 07/01/2022
	3d. The Proprietor, Partners or Executive Officers are
	included. (Only check box if all partners/officers included)
	X 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 <u>Item 3A</u> 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:	Leonard Scioscia				
(Print name of authorized representative or licensed agent of insurance carrier)					
Approved by:	Ser Oem	6/9/21			
, (pprovod by:	(Signature)	(Date)			
Title:	Authorized Representati	ive			

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

631-390-9700

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



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be comp	leted by Disability and F	Paid Family Leave	Benefits Carrier or Licensed Insurance Agent of that Carrier	ier				
CATIZONE ELECT	VENUE, 4TH FLOOR	Iress only)	1b. Business Telephone Number of Insured 646-383-3599					
	d (Only required if coverage is sp ork State, i.e., Wrap-Up Policy)	pecifically limited to	1c. Federal Employer Identification Number of Insured or Social Security Number					
			45-5213112					
	f Entity Requesting Proof of C s the Certificate Holder)	Coverage	3a. Name of Insurance Carrier					
Village of Larch	mont		Standard Security Life Insurance Company of New	York				
120 Larchmont			3b. Policy Number of Entity Listed in Box "1a"					
Larchmont, NY	10538		R97483-002					
			3c. Policy effective period 1/1/2020 to 8/10/2022					
A. Both disabilit B. Disability ber C. Paid family le C. Paid family le S. Policy covers: X A. All of the em B. Only the follo Under penalty of perjury insured has NYS Disability Date Signed <u>8/11/.</u> Telephone Number <u>(2</u> IMPORTANT: If Bill Licee If Bill DisaBility	4. Policy provides the following benefits: ▲. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: ▲ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees:							
PART 2. TO be com	pleted by the NYS Wor	-	ion Board (Only if Box 4C or 5B of Part 1 has been checked)					
NYS Disability and Pa	tion maintained by the NYS aid Family Leave Benefits	Vorkers' Comp S Workers' Compen Law with respect to		he				
Date Signed	Ву	,	Signature of Authorized NYS Workers' Compensation Board Employee)					
			d paid family leave benefits insurance policies and NYS licensed ins					

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**



	Client#: 83393 LONGISL15										
	ACORD _{TM} CERTIFICATE OF LIABILITY INSURANCE										
C B	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.										
lf	SUBROGATION IS WA	IVED, subject t	to the	e tern	TONAL INSURED, the pol ns and conditions of the pol certificate holder in lieu c	policy,	certain polic	ies may requ			
	DUCER	0				CONTA NAME:		rcial Suppo			
1	gewood Partners Ins Marcus Drive	. Center				PHONE (A/C, No	o, Ext): 631-39	0-9700		_{o):} 631-3	90-9790
_	Floor					ADDRE	_{ss:} certifica	tes@cookn			
	ville, NY 11747-2647	7				INCLIDE	BA. Southwe	. ,	FORDING COVERAGE		NAIC # 12294
INSU	RED					INSURE					
	Long Island P		ons, I	Inc.		INSURE	RC:				
	2060 Ocean A Ronkonkoma					INSURE	RD:				
	Honkonkonia	, 11 11/13				INSURE	RE:				
	VERAGES	CEP	TIFIC		NUMBER:	INSURE	RF:		REVISION NUMBER:		
					RANCE LISTED BELOW HAV		NISSUED TO			E POLIC	Y PERIOD
CI EX	ERTIFICATE MAY BE ISSU	UED OR MAY F	PERTA	IN, T	T, TERM OR CONDITION O THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	D BY TI	HE POLICIES	DESCRIBED I BY PAID CLAI	HEREIN IS SUBJECT TO		
INSR LTR	TYPE OF INSUR		ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			IITS	
A	X COMMERCIAL GENERA				PK202100020693		02/28/2021	02/28/2022	EACH OCCURRENCE	\$2,00	
	CLAIMS-MADE X PD Ded:5,000	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100, \$5,00	
	X Contractual Lial	0.							MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000		
	GEN'L AGGREGATE LIMIT AP	PLIES PER:							GENERAL AGGREGATE	\$2,00	
	POLICY X PRO- JECT	LOC							PRODUCTS - COMP/OP AGO	a \$ 2,00 \$	0,000
Α	AUTOMOBILE LIABILITY				PK202100020693		02/28/2021	02/28/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1,00	0,000
	OWNED	SCHEDULED AUTOS							BODILY INJURY (Per accider	t) \$	
	V HIRED V	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
L_										\$	
A	X UMBRELLA LIAB				EX202100001789		02/28/2021	02/28/2022	EACH OCCURRENCE	\$5,00	-)
		CLAIMS-MADE	-						AGGREGATE	\$5,00	0,000
	WORKERS COMPENSATION								PER OT STATUTE ER	H-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
1	OFFICER/MEMBER EXCLUDE (Mandatory in NH) If yes, describe under		N/A						E.L. DISEASE - EA EMPLOY	EE \$	
┣—	DESCRIPTION OF OPERATIO	NS below							E.L. DISEASE - POLICY LIMI	Г\$	
Vill	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Village of Larchmont is included as additional insured for general liability coverage as required by written contract.										
CEI	CERTIFICATE HOLDER CANCELLATION										
Village of Larchmont 120 Larchmont Avenue Larchmont, NY 10538				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
								Aciosci			
							© 1	988-2015 AC	CORD CORPORATION	All righ	ts reserved.



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^ ^ ^ ^ ^ 271175107

LOVELL SAFETY MGMT CO., LLC 110 WILLIAM STREET 12TH FLR NEW YORK NY 10038



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER LONG ISLAND POWER 5 2060 OCEAN AVENUE RONKONKOMA NY 1177		CERTIFICATE HOLDER VILLAGE OF LARCHMONT 120 LARCHMONT AVENUE LARCHMONT NY 10538
POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD DATE
Z 2467 078-8	146866	04/01/2021 TO 04/01/2022 03/09/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2467 078-8, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT MICHAEL CATIZONE VICE PRESIDENT JOSEPH MILILLO TWO OF TWO OFFICERS LONG ISLAND POWER SOLUTIONS INC

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 664150432



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Fa	amily Leave Benefits Carrier or Licensed Insurance Agent of that Carrier						
1a. Legal Name & Address of Insured (use street address or LONG ISLAND POWER SOLUTIONS INC DBA NEW YORK POWER SOLUTIONS 2060 OCEAN AVE RONKONKOMA, NY 11779	ly) 1b. Business Telephone Number of Insured 6313480001						
Work Location of Insured (Only required if coverage is specifically certain locations in New York State, i.e., Wrap-Up Policy)	<i>limited to</i> 1c. Federal Employer Identification Number of Insured or Social Security Number						
	27-1175107						
2. Name and Address of Entity Requesting Proof of Coverag (Entity Being Listed as the Certificate Holder)							
Village of Larchmont 120 Larchmont Avenue	Standard Security Life Insurance Company of New York 3b. Policy Number of Entity Listed in Box "1a"						
Larchmont, NY 10538	R97411-000						
	3c. Policy effective period						
	1/1/2015 to 8/11/2022						
A. Policy provides the following benefits: A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. C. Policy covers: A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: 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 NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed 8/12/2021 By (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.							
PART 2. To be completed by the NTS Workers (Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)						
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.							
Date Signed By	(Signature of Authorized NYS Workers' Compensation Board Employee)						
Nallie Please Note: Only insurance corriers licenced to write NV	e and Title						

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**



State of New York County of West chester

OWNER AUTHORIZATION AFFIDAVIT

Premise:	36	Kane	Are,	Larchmont	NY	10538
	ction:		Block:	Lot: _		

I, <u><u><u>Rnchil</u></u>, <u>am the owner of the above stated premise and hereby</u> authorize Michael Miele of Michael E. Miele, PE (Owner.), with its office at 705 Orrs Mills Road. New Windsor, NY 12553, to act as our authorized agent for the purpose of accessing town records, submitting permit applications, meeting and/or discussing the project with municipality representatives, receiving building/electrical permits, and closing out permits on my behalf.</u>

voj

Sworn to before me this _____ Day of January 2022 Notary JEFFREY BRETT POMERANZ NO 01P06388111 Qualified in Westchester County Commission Expires Feb 25 2023