

Agenda
June 3, 2024
at Piseco Common School
Town of Arietta

- Call to Order
- Roll Call
- Motion to approve minutes for the May 20, 2024 meeting

- Resolutions

- **Snowmobile Trails – Grier**
- **Town Buildings / Grounds - Stobo**
- **Recreation / Website / Campsite - Wilt**
- **Lake / Dam / Cemetery - Rajca**
- **Finance / Airport / Internal Management / Insurance - Rhodes**
- **Superintendent / Report – Small** Expenditure of Highway Money Form - Motion
- **Codes and Zoning – Lascola** Letter to include with permits- Motion

- **Old Business**
 - Hangar Lease
 - Vector One IT Services
 - ALS Fly Car

- **New Business**
 - Update Town Forms

- Motion to accept the bills
- Motion to accept the financial statements
- Public Comment
- Designation of next Meeting Monday, June 17, 2024
- **Motion to adjourn**



TOWN OF ARIETTA
in
HAMILTON COUNTY, NY
toa@townofarietta.com

1722 State Route 8
PO Box 37
Piseco, NY 12139
TEL: (518) 548-3415 FAX: (518) 548-6203

APPLICATION FOR EMPLOYMENT

PERSONAL:

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Cell Phone
Email Address			Are you legally eligible for employment in the United States? ____ Yes ____ No
Military Service – Did you serve in the U.S. Armed Forces? ____ Yes ____ No If yes, what Branch? _____			Applying for Position of
We may contact the employers listed below unless you indicate those you do not want us to contact. Do Not Contact: _____ Reason: _____ Do Not Contact: _____ Reason: _____			Will you work overtime if asked? ____ Yes ____ No
Other special training or skills (languages, machine operations, etc.)			

I affirm that the statements made on this application (including any attached pages) are true under penalties of perjury.

Signature

Date

Indicate any other last name by which you are or have been known

The Town of Arietta is an Equal Opportunity/Affirmative Action Employer

It is the policy of the Town of Arietta to provide for and promote equal employment opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.

EDUCATION: Read the position announcement or job description for educational requirements. If specialized coursework is required, attach transcripts showing the required courses and credit hours you completed.

Do you have a High School of Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name and Location of High School or Issuing Governmental Authority:					
College, University, Professional or Technical Schools		Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Expected MO. YR.
Name							
Address (City, State)							
Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR.
Address (City, State)							
Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR.
Address (City, State)							

LICENSE OR CERTIFICATION: Complete the following if a license, certificate, or other authorization to practice a trade or profession is required on the announcement(s) and submit a copy of the license with this application.

Trade of Profession	License Number	Date of License First Issued	Registration FROM	MO. YR.	TO	MO. YR.	If you are not currently licensed, check this box: <input type="checkbox"/>
Specialty	Granted by (licensing agency)						

If required on the announcement: Do you have a valid license to operate a motor vehicle in New York State? YES NO

DESCRIPTION OF EXPERIENCE: Beginning with your most recent employer, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the position. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Describe the work that you personally performed. If you supervised, state how many people and the nature of such supervision.

Dates Employed MO YR MO YR / /	Employer	Address			City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business	
Describe specific work performed and job responsibilities:					

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REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional pages.)



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PERMISSION SLIP

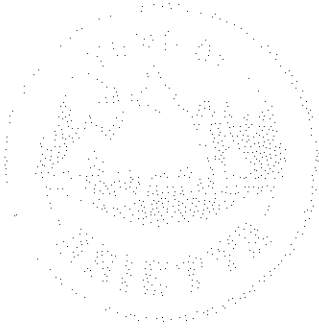
Check One:

- Swim Lesson Program (takes place at The Inn on Piseco Lake, Piseco, NY)
- Golf Lesson Program (takes place at the Lake Pleasant Golf Course, Lake Pleasant, NY)
- Ski Lesson Program (takes place at Oak Mountain Ski Resort, Speculator, NY)
- Field Trip: (Specify Place and Date: _____)
- Other: (Specify: _____)

I, _____ give my permission for _____ to participate in the above program. I acknowledge that participation in this program involves the risk of injury, and I assume the risk. In consideration of this possibility, I hereby consent to emergency transportation and treatment necessary in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment. This program or event involves physical activity, and I further acknowledge that I (or my child) am/is fully capable of performing the activities required. There are potential risks involved in participating in this program or event, and I agree to indemnify and hold harmless the Town of Arietta, its supervisors, board members, elected and appointed officials, employees, agents and assigns from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to persons (including loss of life) or property which may arise or be claimed to have arisen as a result of or in connection with or in any way related to the activity, to the extent provided by law. This obligation to indemnify shall include reasonable legal and investigation costs and all other reasonable costs, expenses, and liabilities from the first notice that any claim or demand is to be made or may be made. This indemnification shall survive the duration of the activity.

Signature _____
____ Participant ____ Parent ____ Guardian

Date _____



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HIGGINS BAY CEMETERY

Blessed are they that mourn: for they shall be comforted. Matthew 5:4

APPLICATION FOR BURIAL

DECEDENT

FULL NAME: _____
ADDRESS: _____
AGE: _____ GENDER: _____ DATE OF DEATH: _____

CONTACT

NAME: _____
PHONE: _____ EMAIL: _____ RELATIONSHIP: _____

FUNERAL DIRECTOR (if different from Contact)

NAME: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____

BURIAL DETAILS

DATE: _____ TIME: _____

PLOT DETAILS

____ FULL BURIAL Measurements: _____
____ URN BURIAL Measurements: _____
SECTION (if known, see attached map): _____ PLOT (if known, see attached map): _____
LOCATION DETAILS: _____

FEES (due with application)

<u>YEAR-ROUND RESIDENCE</u>	<u>SEASONAL RESIDENCE</u>	<u>NON-RESIDENCE AT DEATH</u>
FULL BURIAL \$0.00	\$500.00	\$1,500.00
CREMATION \$0.00	\$100.00	\$ 250.00
PLOT MARKERS \$0.00	\$100.00	NOT APPLICABLE

See Cemetery Regulations on Back

For Office Use Only

Name: _____ Address: _____
Phone: _____ Email: _____ Section: _____ Plot: _____
Notes: _____

CEMETERY REGULATIONS

1. Public access to the cemetery shall be limited to daylight hours only.
2. One headstone per group plot, all other stones and markers to be flush with the ground.
3. Stone size limited to 36" above the ground, 42" wide, and 12" deep. Location to be approved by the Town.
4. All flowers, wreaths or other decorations on plots are to be removed as soon as they become unsightly and shall be picked up during garbage pickup.
5. The planting of shrubs (no trees) that grow over 4-feet tall is prohibited without the approval of the Cemetery Committee.
6. The use of glass receptacles for flowers or other decorations on plots is prohibited.
7. Monuments placed on either standard or crematory plots may not be of such size or placement as to interfere with cemetery maintenance or obstruct the reasonable movement of cemetery visitors.
8. Nothing is to be thrown over the fence.
9. The rules and regulations may be amended by the Arietta Town Board, with recommendation from the Arietta Cemetery Committee Advisory Board.
10. A permanent flat ground level marker must be placed over a cremation/urn burial to mark the location.

Agreement for the Expenditure of Highway Moneys

AGREEMENT between the Town Superintendent of the Town of Arietta ,
 Hamilton County, New York, and the undersigned members of the Town Board.

Pursuant to the provisions of Section 284 of the Highway Law, we agree that moneys levied and collected in the Town for the repair and improvement of highways, and received from the State for State Aid for the repair and improvement of highways, shall be expended as follows:

- 1. GENERAL REPAIRS. The sum of \$167,100.00_____ shall be set aside to be expended for primary work and general repairs upon 17.48 miles of town highways, including sluices, culverts and bridges having a span of less than five feet and boardwalks or renewals thereof.

- 2. PERMANENT IMPROVEMENTS. The following sums shall be set aside to be expended for the permanent improvement of Town highways:

(a) On the road commencing at _____ and leading to _____, a distance of _____ miles, there shall be expended not over the sum of \$_____.

Type _____
Width of traveled surface _____
Thickness _____
Subbase _____

(b) On the road commencing at _____ and leading to _____, a distance of _____ miles, there shall be expended not over the sum of \$_____.

Type _____
Width of traveled surface _____
Thickness _____
Subbase _____

Executed in duplicate this 3rd day of June , 2024_____

Supervisor

Councilman

Councilman

Councilman

Councilman

Councilman

County Superintendent of Highways

Town Superintends of Highways

Note: This agreement should be signed in duplicate by a majority of the members of the Town Board and by the Town Superintendent. Both copies must be approved by the County Superintendent. One copy must be filed in the Town Clerk's office and one in the County Superintendent's office. COPIES DO NOT HAVE TO BE FILED IN ALBANY.



Chris D. Rhodes, Supervisor
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ASSIGNMENT OF ADDRESS PROPERTY NUMBER

The purpose of your address property number is to clearly identify your driveway/structure. Your address sign should be clearly visible and readable from the road, traveling in either direction. It should be clear which driveway/structure your sign is marking. The implementing of the numbering system will help in dispatching fire, ambulance, police and shipping companies to your property.

It is the property owner's responsibility to notify all parties concerned of your new address and to provide a change of address form with your next bill, as applicable. For your convenience, notifying information is provided for the following local utility companies:

Frontier: Residential service 1-800-921-8101
Business service 1-800-921-8102

National Grid: 1-800-642-4272

The objectives for placement of your address property number are as follows:

- Number shall be placed high enough so that it will not be obscured by tree branches, brush, snow, etc.
- Number shall be reflective and 3 to 4 inches in size.
- Number shall be placed in order of preference:
 - Place on roadside of your structure if the address number would be visible from and readable from the road.
 - Place on mailbox if it is on the same side of the road as the structure/driveway. Must be visible/readable from both sides of the mailbox.
 - Place on a sign or post which may display the number vertically (from the top down) or horizontally. Must be visible/readable from both sides.

***This address number is your new service address or physical address.**
Your mailing address may be different if you have a PO Box at the post office.

<u>ASSIGNMENT OF ADDRESS PROPERTY NUMBER</u>	
Property Owner	_____
Property ID#	_____
Physical Address*	_____ _____