

Brian McKay
Zoning Enforcement Officer
March 5, 2014

ZEO REPORT

NAME	ADDRESS	PERMIT
P. Bell	10 South Union Street	Sign-Approved

VILLAGE HISTORIAN REPORT – FEBRUARY 2014

Records Center Operation:

- (1) Received one box of General Ledgers in the Records Center transferred by the Treasurer. It was processed and placed on the Village shelves.
- (2) Currently working on numerous boxes that contain collections of post cards and photos to organize them to be retrievable upon request by researchers.
- (3) Routine work – updated labels on 10+ boxes; made transfers from boxes to file cabinets to make retrieving easier; filing, etc.
- (4) Spent considerable time doing research on emails received.
- (5) We have received our long-awaited display case which is in the hallway outside the records center. Exhibits will be put in and rotated on a schedule to be determined.

Records Management Policies and Procedures

The Records Management Policy and Procedures Manual (as recommended by the NYS Archives) is available for anyone wishing to view it.

In addition, the Access Binder is also available. This is the binder that lists all our holdings in the Records Center for research by the public.

Public Access:

Email re houses in Cambridge
Email re genealogy
Email re history of Content Farm
Email re cemetery search – Civil War
Email re research Welles/Hoyt

Mary Anne McAvoy
Village Historian

Dated March 3, 2014

Village of Cambridge
56 North Park Street
Cambridge, New York 12816
(518) 677-2622

February 26, 2014

LEGAL NOTICE

Notice is hereby given, pursuant to Section 4-122.1 and 4-120.2 of the Election Law, that a Village Election will be held in the following Village within Washington County Tuesday, March 18th, 2014 between the hours of 12 noon and 9 PM at which time the following candidates will be on the ballot:

Village of Cambridge:

TRUSTEE (2 Year) (Vote for Two)

Dean Mullen	Peoples Party	10 Washington Street Cambridge, NY 12816
James Sweeney	Public Accountability Party	6 Myrtle Avenue Cambridge, NY 12816

The Polling site is: Village of Cambridge, 56 N. Park Street, Cambridge, NY 12816

Valerie Reagan, Mayor

Mayor
Valerie Reagan
(518) 677-2622
mayorreagan@cambridgeny.gov

Village Board
Rick Lederer-Barnes, Deputy Mayor
Sara Kelly
Scott Lucey
James Sweeney

Village Clerk
Lance Allen Wang
(518) 677-2622
clerk@cambridgeny.gov
Treasurer
Lester Losaw
518-677-2622
treasurer@cambridgeny.gov

Department of Public Works
Mike Telford, Supervisor
(518) 677-3252
mtelford@cambridgeny.gov

Assessor
William McCarty
(518) 677-2622
assessor@cambridgeny.gov

Village Court
Philip Sica, Justice
Lisa Cuddihy, Clerk
(518) 677-8297
courtclerk@cambridgeny.gov

Cambridge-Greenwich Police
George Bell, Chief
(518) 677-3044
chiefbell@cambridgeny.gov

Fire Department
Harold Spiezio, III, Chief
(518) 677-3048
firechief@cambridgeny.gov

Zoning Officer
Brian McKay
(518) 677-2622
zeo@cambridgeny.gov

VILLAGE OF CAMBRIDGE

56 North Park Street
Cambridge, NY 12816
(518) 677-2622
Fax: (518) 677-3916
www.cambridgeny.gov

March 4, 2013

PRESS RELEASE

There will be a Village election held in the Village of Cambridge on Tuesday, March 18, 2014. The polls will be open from 12 noon to 9 PM in the Village office located at 56 North Park Street, Cambridge, New York. Positions to be voted on are two (2) Trustee seats. All are for 2 year terms. Candidates are Dean Mullen and James Sweeney, both of Cambridge. Absentee ballots are available at the Village office and can be obtained through March 17.

Submitted:
LANCE ALLEN WANG
677-2622

Office	Trustee 2 Year VOTE FOR TWO			
Peoples Party → A	 PEOPLES PARTY DEAN MULLEN 1A			
Public Accountability → B	PUBLIC ACCOUNTABILITY  JAMES SWEENEY 1B WRITE-IN	WRITE-IN		

OFFICIAL BALLOT FOR THE VILLAGE OF CAMBRIDGE - MARCH 18, 2011 WASHINGTON COUNTY, STATE OF NEW YORK

INSTRUCTIONS:

- 1) Mark only with an approved fast-drying black ink pen.
 - 2) To vote for a candidate whose name is printed on this ballot fill in the oval  to the right of the candidate's name
 - 3) To vote for a person whose name is not printed on this ballot write or stamp his or her name in the blank "Write-In" area under the names of the candidates for that office.
 - 4) Any other mark or writing, or any erasure made on this ballot outside the voting ovals or blank spaces provided will void this ballot.
 - 5) Do not over vote, if you select a greater number of candidates than there are vacancies to be filled, your ballot will be void for that public office or party position.
 - 6) If you tear or deface or wrongly mark this ballot, return it and obtain another. Do not attempt to correct mistakes on the ballot by making erasure marks or cross outs. Erasures or cross outs may invalidate all or part of your ballot.
- Prior to submitting your ballot, if you make a mistake in completing the ballot or wish to change your ballot choices, you may obtain and complete a new ballot. You have the right to a replacement ballot upon return of the original ballot.

PROPOSAL

**Cottrell
Associates
CONSULTANT ENGINEERING**

William L. Cottrell
Professional Engineer

36 Cottrell Lane
Hoosick Falls, NY 12090
(518) 686-5026

To: Village of Cambridge, NY
56 North Park St.
Cambridge, NY 12816

Re: Ackley Building
51 West Main St.
Cambridge, NY

Attn: Rick Lederer-Barnes

Phone: 518-677-2622

Project Number: 13E25A

We propose to furnish engineering services for the following project:
Ackley Building – 51 West Main St. Cambridge, NY

according to the following details:
**Review of Bids for Demolition of the Ackley Building
Demolition Oversight**

Specifically excluded -- Oversight of demolition activities for compliance with asbestos treatment and removal operations and regulations.

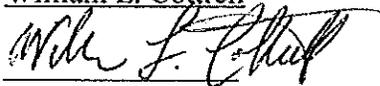
We will perform the above services for the hourly rate of \$100.00

Payment Procedures are to be as follows:

Invoices will be billed monthly for the amount of time worked for the previous month.
Invoices will be submitted one week before each monthly board meeting.
Payment is due immediately following each board meeting

Acceptance of this Proposal: Sign, date, and return one copy of this proposal to this office.

CA Name William L. Cottrell Owner Name _____

CA Signature  Owner Signature _____

Date 3 March 2014 Date _____

HRP Associates, Inc.

Creating the Right Solutions Together

February 12, 2014

Mr. Rick Lederer-Barnes
Deputy Mayor
Village of Cambridge
56 North Park Street
Cambridge, NY 12816

RE: PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES TO PROVIDE ENGINEERING SERVICES AT 51 WEST MAIN STREET, AKA ACKLEY BUILDING, CAMBRIDGE, NEW YORK (HRP #CE60.03)

Dear Deputy Mayor Lederer-Barnes:

Pursuant to your request, HRP Associates, Inc. (HRP) is pleased to submit our proposal to provide engineering services at the property referenced above.

BACKGROUND

We understand from Village representatives that the building at 51 West Main Street (Site) is structurally unsound, and the Village is soliciting bids to demolish the building. The demolition will be considered an asbestos project subject to NYS ICR 56 asbestos procedures due to the presence of regulated asbestos containing material (RACM) in the structure. The Site is adjacent to two structures. In order to protect the adjacent structures during demolition, the Village requested assistance with demolition specifications, monitoring, and potential repairs to the neighboring structure(s) if needed. Based on information provided during our two walkthroughs in 2013 and discussions with Village representatives, we propose the following Scope of Services.

SCOPE OF SERVICES

Task 1: Site Visit, Evaluation, Specification Preparation

An HRP principal engineer will visit the site to assess the condition of the adjacent building(s) related to the building to be demolished. We will require access to roof of the adjacent building(s) to complete our evaluation.

From this assessment, HRP will prepare specifications detailing the requirements and planning needed to be prepared by the demolition contractor in order to perform the demolition properly and without damage to the adjacent properties (these specifications will require that the demolition contractor provide detailed working drawings indicating method and procedure for the demolition and any temporary support measures need to perform the work).

CONNECTICUT

Corporate Headquarters
197 Scott Swamp Road
Farmington, CT 06032
800-246-9021
860-674-9570
FAX 860-674-9624

999 Oronoque Lane
Second Floor
Stratford, CT 06614
203-380-1395
FAX 203-380-1438

FLORIDA

1817 Cypress Brook Drive
Suite 103
New Port Richey, FL 34655
888-341-7244
727-375-2323
FAX 727-375-2311

MASSACHUSETTS

7 Midstate Drive
Suite 201
Auburn, MA 01501
855-866-3934
508-407-0009
FAX 508-407-0012

NEW YORK

1 Fairchild Square
Suite 110
Clifton Park, NY 12065
888-823-6427
518-877-7101
FAX 518-877-8561

PENNSYLVANIA

2101 North Front Street
Building 4, Suite 201
Harrisburg, PA 17110
888-960-4018
717-836-7641
FAX 717-836-7924

SOUTH CAROLINA

1327 Miller Road
Suite D
Greenville, SC 29607
800-752-3922
864-289-0311
FAX 864-281-9846

TEXAS

P.O. Box 191329
Dallas, TX 75219
800-752-3922
FAX 864-281-9846

Task 2: Engineering Oversight

HRP will provide construction oversight during critical work operations to ensure that the work is being properly performed and the adjacent structures are adequately protected.

Field notes will be provided at the conclusion of our work.

PROJECT BUDGET AND SCHEDULE

HRP will complete the project described above for the following fees:

Task 1	Site Visit and Evaluation	\$3,600
Task 2	Monitoring	
	Project Engineer	\$120 per hour
	Principal Engineer	\$175 per hour

Please note that HRP is not responsible for any health and safety aspects of this project except as related to HRP's own personnel.

AUTHORIZATION TO PROCEED

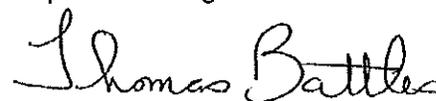
To authorize HRP to proceed with this work, please sign and return the attached terms and conditions. HRP can provide the air and project monitoring in three days of notice from the Village. If you have any questions please do not hesitate to contact HRP at (518) 877-7101.

Sincerely,

HRP ASSOCIATES, INC.



Jesse Zahn, CHMM
Sr. Project Manager
Inspector/Management Planner #94-09429



Thomas Battles, PE
Principal Engineer

TABNER, RYAN AND KENIRY, LLP

COUNSELORS AT LAW

18 CORPORATE WOODS BOULEVARD, STE. 8
ALBANY, NEW YORK 12211

JOHN W. TABNER
WILLIAM F. RYAN, JR.
WILLIAM J. KENIRY*
ERIC N. DRATLER**
TRACY L. BULLETT
THOMAS R. FALLATI
DANA L. SALAZAR
BRIAN M. QUINN***
PATRICIA A. URSPRUNG
DEREK D. SELLMAN
LYNN K. BLAKE

(Electronic Service Not Accepted)

518-465-9500

Telecopier 518-465-5112

800-713-7583

WILLIAM H. KENIRY
Retired Justice of the Supreme
Court of the State of New York
of Counsel

LEGAL ASSISTANTS
LORI L. LUGG
APRIL L. SCHMICK

*ALSO ADMITTED IN THE STATE OF MASSACHUSETTS
**ALSO ADMITTED IN THE STATE OF FLORIDA
***ALSO ADMITTED IN THE STATES OF CONNECTICUT & CALIFORNIA

February 24, 2014

Valerie Reagan, Mayor
Village of Cambridge
56 North Park Street
Cambridge, NY 12816

**RE: O'Hearn's Pharmacy
Our File No: 71243**

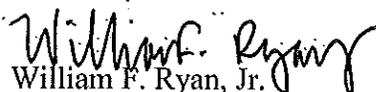
Dear Mayor Reagan:

I write as attorney for Bridget Rowan who as you know operates and owns O'Hearn's Pharmacy located on Main Street in the Village of Cambridge. Located next door to her establishment is a dilapidated crumbling building which presents a public hazard to those citizens walking on Main Street and also to those patrons entering and exiting Ms. Rowan's establishment.

In addition, when this building collapses it may very well fall onto the pharmacy causing considerable damage to that structure. I write to place you on notice again about this situation and I encourage you to use your good offices to demolish this building before any untoward consequences occur. It is a public nuisance.

If you would like to discuss this matter further you can contact me at my office. Thank you for your consideration.

Very truly yours,
TABNER, RYAN AND KENIRY, LLP


William F. Ryan, Jr.
Direct Dial: (518) 512-5303
wfr@trklaw.com

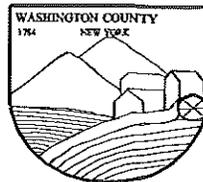
WFR:mcm
cc: Bridget Rowan

WASHINGTON COUNTY
DEPARTMENT OF SOCIAL SERVICES

383 Broadway, Fort Edward, New York 12828

Telephone (518) 746-2300

Fax (518) 746-2355



Tammy L. DeLorme, Commissioner

February 25, 2014

Village of Cambridge
56 North Park Street
Cambridge, NY 12816

Dear Sirs:

Enclosed is a copy of the Agreement with Worksite Sponsor Agency Contract and a Work Site Participant Incident / Injury Reporting form.

Please review the contract and consider participating in this program. If you would like to participate in the Work Experience Program, simply return the signed contract to this agency. Our agency will sign the contract and a copy will be returned to you. At that time, this agency will contact you whenever there is an individual to assign to your worksite.

You may call me at 746-2300 x3423 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Mary Cozey".

Mary Cozey

Welfare Employment Representative

Enc. Washington County Agreement with Worksite Sponsor Agency contract

Enc. Work Site Participant Incident / Injury Reporting Form

Agreement with Worksite Sponsor Agency

THIS AGREEMENT, made the _____ day of _____, 20____, by and Between Washington County Department of Social Services in THE COUNTY OF Washington, having its offices at 383 Broadway, Fort Edward, NY 12828, hereinafter designated the "social services district", and

Village of Cambridge
56 North Park Street
Cambridge, NY 12816
677-2622 (FAX 677-3916)

hereinafter designated the "sponsor."

WHEREAS, the social services district is charged with receiving and administering federal Temporary Assistance for Needy Families (TANF) funds, state Safety Net funds and Food Stamp Employment and Training (FSET) funds to be used for work activities in accordance with State Social Services Law and its implementing regulations. TANF activities must be in accordance with the state plan filed with the U.S. Department of Health and Human Services under Title IV-A of the Social Security Act. The social services district may use federal and state funds for work activities as authorized under the TANF Program, the state-administered Safety Net Program, and FSET program to provide for the establishment of work experience projects, including any work experience that is part of a community service program, for persons in receipt of TANF, Safety Net and/or food stamp benefits. Such projects may include the performance of work experience activities in the public sector or non-profit sector, including activities associated with refurbishing publicly assisted housing. Work experience projects also may include the operation of an activity of a governmental unit, a non-profit agency, or an institution pursuant to an agreement with the social services district in accordance with state regulations; and

WHEREAS, the sponsor is a state or federal government institution, a municipality, a public agency, or a public or private nonprofit entity desiring to provide work experience activities for recipients of TANF, Safety Net, and/or food stamps under an agreement complying with such provision of law and regulations.

NOW, THEREFORE, it is agreed as follows:

1. The social services district shall assign to the sponsor recipients of TANF, Safety Net, and/or food stamps (hereinafter called "participants") to whom the sponsor shall assign work experience activities in accordance with the provisions of this Agreement and the applicable law and regulations.

2. Work experience activities shall be performed at the sponsor's office or at such other worksite locations as shall be mutually agreed upon between the social services district and the sponsor. The work experience assignment, however, must serve a useful public purpose in fields such as health, social services, environmental protection, education, urban and rural development and redevelopment, welfare, recreation, operation of public facilities, public safety, or child day care.
3. The assignment of a participant to work experience activity must not result in:
 - a. the displacement of any currently employed employee or loss of job or position, including partial displacement such as a reduction in the hours of non-overtime work, wages or employment benefits, or result in the impairment of existing contracts for services or collective bargaining agreements;
 - b. the assignment of a participant to work experience activity when an employee is on layoff from the same or any equivalent position, or the employer has terminated the employment of any regular employee or otherwise has reduced its workforce with the effect of filling the resultant functional vacancy with such participant;
 - c. any infringement of the promotional opportunities of the sponsor's employees;
 - d. the performance, by such participant, of a substantial portion of the work ordinarily and actually performed by regular employee; or
 - e. the loss of a bargaining unit position as a result of the work experience participant performing, in part or in whole, the work normally performed by the employee in such position.
4. Work Experience assignments shall not be made at any worksite at which the regular employees are on a legal strike against the employer or are being subjected to a lock out by the employer.
5. No participant shall be assigned to a work experience activity that conflicts with his or her bona fide religious beliefs.
6. The social services district will advise the sponsor as to the number of mandatory hours for which each participant must participate in work experience activities each month. A participant may be assigned to work experience activities for a maximum number of hours calculated by dividing his or her public assistance grant and food stamps, if any, by the state or federal minimum wage, whichever is higher. The limitation of the number of hours of work experience activities to which a participant may be assigned is only a calculation of allowable hours in

work experience activity and does not mean that such participant is receiving a wage for the performance of such activities; the participant is not "working off" the grant, but is engaged in work experience activities as an element of his or her plan to become self-sufficient. In no event may a participant be required to work more than forty hours in any week.

7. The social services district will advise the sponsor as to any limitations a participant may have with regards to the nature of work experience activities in which they may participate; participants will be required to perform only those activities that are within their physical capabilities.
8. The sponsor will maintain and provide to the social services district time records with respect to each participant, and shall ensure that such time records are adequate to meet the needs of the social services district. Such time records will include the sponsor's name and address, the participant's name, the hours during which the participant participated in work experience activities, and the period covered by the report. The sponsor will notify the social services district if a participant refuses and/or fails to perform assigned work experience activities.
9. The sponsor warrants that it will not discriminate on the grounds of age, race, color, religion, sex, national origin, or mental or physical disability.
10. Participants shall not be required to travel an unreasonable distance from their homes (generally a round trip lasting more than two hours) or to remain away from their home overnight for the purpose of participating in work experience activities.
11. Department of Social Services shall provide for each participant worker's compensation or equivalent protection for on-the-job injuries under the Washington County Self-Insurance, although not necessarily at the same benefit level as such protections are provided to the sponsor employees. The Department of Social Services will also provide tort claims protection for actions deemed to be the responsibility of Washington County pursuant to paragraph 20 of this agreement. The sponsor shall promptly notify the social services district of any injury to a participant using the form provided by the Department of Social Services.
12. The sponsor shall promptly notify the social services district of a participant's absence (whether for illness or otherwise), except when such absence is on a pre-planned basis approved by the social services district. Such notification shall include prompt telephone notice to the social services district followed by written confirmation if requested. Additionally, the sponsor shall report to the social services district any injury to or illness of any participant.

13. The sponsor shall provide adequate supervision to the participant. The sponsor will review the performance and attitude of all participants with a representative of the social services district at regular and mutually convenient intervals.
14. The sponsor will establish and maintain appropriate standards of health, safety, and other work conditions to ensure that participants are adequately protected against hazards or activities that may affect adversely their health or safety. Such standards shall meet or exceed those required by public employee safety and health standards as established in new York State Labor section 27-a.
15. The social services district will provide transportation or will meet the cost of transportation, provide necessary allowance for child care and provide other supportive services as may be required by participants.
16. The sponsor shall provide any special clothing, specific tools or equipment that may be required for the participants to perform work experience activities.
17. Participants may be required to operate a motor vehicle in the course of executing work experience activities. If so, the sponsor shall provide the motor vehicle, and also shall provide adequate liability insurance for such motor vehicle which shall cover the participant who may be operating the vehicle. Only properly licensed participants may be assigned such work experience activities.
18. The sponsor may terminate the work experience activities of any participant, provided that the sponsor shall promptly furnish the social services district with a written evaluation of the participant's performance and the reason for the termination.
19. The sponsor may offer full-time paid employment to any participant, provided the sponsor furnishes to the social services district written notice of such offer and the participant's acceptance or rejection thereof, including details as to the job description, wages and date of employment.
20. The sponsor agrees to indemnify and save harmless the State of New York and the County of Washington, their officers, employees and agents from and against all liability, loss or damage they may suffer as a result of any claims, demands, costs, judgments or damage to state or county property in the care, custody or control of the sponsor arising directly or indirectly out of this Agreement, including losses arising out of the negligent acts or omissions of the sponsor. The sponsor further agrees to provide defense for and defend any claims or causes of action of any kind or character directly or indirectly arising out of this Agreement at its sole expense and agrees to bear all other costs and expenses relating thereto. The foregoing provisions shall not be construed to cause the sponsor to indemnify the State and the County, their officers, agents or employees from its or their sole negligence. The sponsor affirms that it will comply in the performance of the Agreement with all applicable provisions of the Labor Law,

Worker's Compensation Law, State Employment Insurance Law, State General Obligations Law, Federal Social Security Law and any and all rules and regulations promulgated by the U.S. Department of Labor, the U.S. Department of Health and Human Services, the Commissioner of Labor of the State of New York, and any other applicable laws, rules and regulations.

21. This Agreement shall take effect as of _____, 20_____ and may be terminated at any time by either party upon thirty (30) days of written notice by registered or certified mail, return receipt requested.

22. This agreement shall not be modified except by a further written agreement signed by both parties.

In witness thereof, the parties have executed this agreement on the dates noted below.

By: _____,

Tammy DeLorme, Commissioner of Washington County Department of Social Services

Date: _____

By: _____,

Village of Cambridge (Sponsor Organization)

Date: _____

**WASHINGTON COUNTY
DEPARTMENT OF SOCIAL SERVICES**

383 Broadway, Fort Edward, New York 12828

Telephone (518) 746-2300

Fax (518) 746-2355



Tammy L. DeLorme, Commissioner

Work Site Participant Incident / Injury Reporting Form

Name of Work Site Participant: _____

Social Security Number: _____

Home Address: _____

Telephone Number(s): _____

Name of Work Site Location: _____

Address: _____

Work Site Supervisor: _____

Date of Placement w/Worksite: _____

General Description of Daily Work Site Job Duties:

Time Participant Began Work on Day of Incident/Injury: _____

Time Incident/Injury Occurred: _____

Location where the Incident/Injury Occurred: _____

Description of What Took Place:

Description of Injury (if any): _____

Is this a Reoccurrence of a Previous Injury or Illness? Yes No

Did anyone else see the incident/injury happen? Yes No

If yes, please provide name and contact number: _____

Did the Work Site Participant Seek Medical Attention: Yes No

If yes, please provide the name/address of physician: _____

Was the Work Site Participant in a Hospital: Yes No

If yes, please provide the name/address: _____

Has the Work Site Participant missed any work time? Yes No

If yes, how many days or hours? _____

Date Work Site Was Notified of the Incident/Injury: _____

Date DSS Was Notified of the Incident/Injury: _____

Upon completion of this form, please forward to:

Washington County DSS
Attn: Judy Taylor, Employment Programs Supervisor
383 Broadway, Fort Edward, NY 12828
Phone: (518) 746-2361 Fax: (518) 746-2362