



TOWN OF SHELTER ISLAND
38 North Ferry Road
P.O. Box 1549
Shelter Island, New York 11964

AMBER WILSON
 TOWN CLERK
 REGISTRAR OF VITAL STATISTICS
 FREEDOM OF INFORMATION OFFICER
 RECORDS ACCESS OFFICER
 NOTARY PUBLIC

OFFICE (631) 749-1166
 FAX NUMBER (631) 749-3436
townclerk@shelterislandtown.gov
www.shelterislandtown.us

APPLICATION FOR PERMIT

Docks, Dredging, Bulkheads, Groins, Repairs, & Water Control Structures (excluding moorings)

Fees: Repairs - \$500.00, New Construction - \$1,000.00, Per Piling - \$100.00

Name James Royer Telephone Number(s) [REDACTED]

Mailing Address 240 Paris Rd Franklin Lakes NJ 07417

Email [REDACTED]

Description of work to be done Replace 96 +/- LFT of bulkheads

Total Number of Pilings ~~18~~ 18

Property Location/Street Address 36 Peconic Ave Shelter Island 11964

Tax Map Number 700 - 21 - 1 - 26

Name, Address, Telephone # of Contractor Tim Henney 22 Bowditch Road Shelter Island
631 506 9618

Applicant agrees that when said permit is issued, it is on the express condition that the work to be performed pursuant thereto will not obstruct the right of the public to pass along the foreshore between the high and low water mark. In the event that such work shall interfere with or obstruct such right of the public, the permittee hereby expressly agrees that (s)he will provide and allow suitable passageway around or over the same so that the public will be given free and unobstructed passage along said foreshore.

It is expressly understood and agreed that the applicant hereby agrees to hold the Town of Shelter Island and its authorized representatives completely blameless for any liability in connection with property or bodily damages arising out of or incidental to the performance of the work involved in said permit.

5/9/21
 Date

[Signature]
 Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/09/2025

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

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

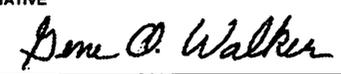
PRODUCER McMann Price Agency, Inc. 828 Front Street Greenport NY 11944-1542	CONTACT NAME: Diane Tyrer PHONE (A/C, No, Ext): (631) 477-1680 FAX (A/C, No): (631) 477-8930 E-MAIL ADDRESS: diane@mcmannprice.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Casualty Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL255904519 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1310000059-0	05/08/2025	05/08/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Town of Shelter Island 38 North Ferry Road PO Box 1549 Shelter Island NY 11964	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

In the Matter of the Violation(s) of the New York State Environmental Conservation Law ("ECL") Articles 15 and/or 24 and/or 25 and Parts 608 and/or 663 and/or 661 and/or 666 of Title 6 of the Official Compilation of Codes, Rules, and Regulations of the State of New York ("6NYCRR"),

ORDER ON CONSENT
FILE NO. R1-20240308-023

by

James Royer

Suffolk County Respondent

WHEREAS, Article 25 Title 4 of the New York State Environmental Conservation Law (ECL), (Tidal Wetlands Act) and Part 661 of the Official Compilation of Codes, Rules and Regulations of the State of New York ("6 NYCRR") prohibit conducting any regulated activities on or adjacent to any tidal wetland without the requisite permit, or in noncompliance with the requisite permit; and

WHEREAS, Article 15 Title 5 of the ECL (Protection of Waters) and Part 608 of 6 NYCRR prohibit excavation and/or placement of fill in navigable waters or wetlands without the requisite permit, or in noncompliance with the requisite permit; and

WHEREAS, Article 15 Title 27 of the ECL (Wild, Scenic and Recreational Rivers) and Part 666 of 6 NYCRR prohibit conducting any regulated activities within the corridor of rivers so designated, without the requisite permit, or in noncompliance with the requisite permit; and

WHEREAS, Article 24 of the ECL (Freshwater Wetlands Act) and Part 663 of NYCRR prohibit conducting any regulated activities on or adjacent to regulated freshwater wetlands without the requisite permit, or in noncompliance with the requisite permit; and

WHEREAS, the Department of Environmental Conservation (DEC) has documented a violation of said statutes, specifically ECL Section 25.401.1, and Part 661 of 6 NYCRR in that Respondent(s) caused and/or permitted to be caused,

Reconstruction of an existing bulkhead in a regulated NYS tidal wetland, without the benefit of a permit to do so at 36 Peconic Ave in Shelter Island, on or before 2/14/2024;

WHEREAS, Respondent(s) has/have affirmatively waived its/their right to a public hearing in this matter in the manner provided by law and having consented to the entering and issuing of this Order, agree(s) to be bound by the terms and conditions contained herein.

I. Civil Penalty *

That with respect to the cited violations, there is hereby imposed upon the Respondent(s) a total penalty in the amount of FIVE HUNDRED DOLLARS (\$500), of which the sum shall be payable by electronic payment at <http://www.dec.ny.gov/about/61016.html#On-Line> or by CERTIFIED CHECK, BANK DRAFT or MONEY ORDER made payable to the "NYS Department of Environmental Conservation" with the enclosed invoice and the R1 Case Number of this Order on Consent written in the memo section of the check, and sent to:

The Department of Environmental Conservation,
Division of Management and Budget Services
625 Broadway, 10th Floor
Albany, NY 12233-4900

II. Order on Consent *

This Order on Consent, once signed and notarized by the Respondent(s), shall be returned to:

NYS Department of Environmental Conservation
Bureau of Marine Habitat Protection
Att: ~~Darlene DeFabio~~
Region One -- Stony Brook
50 Circle Road
Stony Brook, New York 11790

* NOTE: The signed/notarized Order on Consent is mailed to the region and the penalty is simultaneously mailed to DEC Albany at the above address, unless paid electronically.

- III. For the purpose of insuring compliance with this Order, Respondent(s) shall allow duly-authorized representatives of the DEC access to the Facility and subject property without prior notice at such times as may be necessary in order for DEC to inspect and determine the status of Respondents' compliance with this Order.
- IV. Respondent(s) shall indemnify and hold harmless the Department, the State of New York, and their representatives and employees for all claims, suits, actions, damages and costs of every name and description arising out of or resulting from the fulfillment of attempted fulfillment of this Order by Respondent and its successors (including successors in title) and assigns.
- V. Upon completion of all obligations created in this Order, this Order settles only all claims for civil and administrative penalties concerning the above violations against Respondent(s) and its successors (including successors in title) and assigns.
- VI. Nothing contained in this Order shall be construed as barring, diminishing, adjudicating, or in any way affecting any of the civil, administrative, or criminal rights of the Department or of the Commissioner or his/her designee (including, but not limited to, nor exemplified by, the rights to recover natural resources damages and to exercise any summary abatement powers) or authorities with respect to any party, including Respondent(s).
- VII. Nothing herein shall be construed as preventing the Department from collecting regulatory fees where applicable.
- VIII. This Order shall not become effective until it is executed by the Regional Director on behalf of the Commissioner, and the date of execution by the Regional Director shall be the date of execution of this Order.
- IX. In those instances in which the Respondent(s) desire(s) that any of the provisions, terms or conditions of this Order be changed, it/they shall make written application, setting forth the grounds for the relief sought, to the Commissioner, c/o Regional Attorney, New York State Department of Environmental Conservation, 50 Circle Rd., SUNY Stony Brook, Stony Brook, New York 11790-2356.
- X. Respondent(s) shall strictly adhere to the terms and conditions outlined in this Order and in Parts I, II, and/or III of Schedule A, the compliance schedule attached hereto and made a part hereof.
- XI. Any change in this Order shall not be made or become effective, except as specifically set forth by written order of the Commissioner, such written order being made either upon written application of the Respondent(s) or upon the Commissioner's own findings.
- XII. This Order shall be deemed binding on the Respondent(s), its/their successors and assigns and all persons, firms and corporations acting under or for it/them, including, but not limited to those who may carry on any or all of the operations now being conducted by Respondent(s), whether at the present location or at any other in this State.
- XIII. The failure to pay any penalty amounts due under the terms and conditions of this Order may result in a 22% surcharge in recovery costs and a potential tax refund offset by the Department of Taxation and Finance.
- XIV. A dishonored check fee of Twenty Dollars (\$20.00) will be charged for all checks which are returned for insufficient funds.

XV. Default of Payment. The penalty assessed in the Order constitutes a debt owed to the State of New York. Failure to pay the assessed penalty, or any part thereof, in accordance with the schedule contained in the Order, may result in referral to the New York State Attorney General for collection of the entire amount owed (including the assessment of interest, and a charge to cover the cost of collecting the debt), or referral to the New York State Department of Taxation and Finance, which may offset any tax refund or other monies that may be owed to you by the State of New York by the penalty amount. Any suspended and/or stipulated penalty provided for in this Order will constitute a debt owed to the State of New York when and if such penalty become due.

Dated _____, 2024:
Stony Brook, New York

BASIL SEGGOS
Commissioner

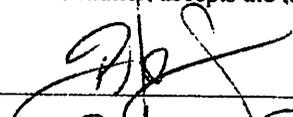
By _____
for CATHY A. HAAS, P.E.
Regional Director

CONSENT BY RESPONDENT(Individual)

R1-20240308-023

24DD11

Respondent acknowledges the authority and jurisdiction of the Commissioner of Environmental Conservation of the State of New York to issue the foregoing Order, waives public hearing or other proceedings in this matter, accepts the terms and conditions set forth in the Order and consents to the issuance thereof.

Signature: 
Print Name: R. James Royer

NOTE TO NOTARY: The correct acknowledgment from below MUST be utilized for signing in New York State versus outside New York State. All blanks MUST be completed.

ACKNOWLEDGMENT (Signing within New York State)

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

On the ____ day of _____, in the year 20 ____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public, State of New York

ACKNOWLEDGMENT (Signing outside New York State)

* _____)
) ss:
** _____)

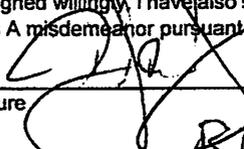
On the ____ day of _____, in the year 20 ____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned in the **

** _____
Notary Public

- * (Insert the State [& County], District of Columbia, Territory, Possession or Foreign Country the acknowledgment was taken.)
- ** (Insert the city or other political subdivision and the state or country or other place the acknowledgment was taken.)
- *** (Signature and office of individual taking acknowledgment)

If you are unable to secure notarization, you must sign the statement below.

In signing this document, I acknowledge under penalty of perjury that I understand the contents and purpose of this document; the signature above is my own and I signed willingly. I have also submitted state-issued identification verifying my identity. I am aware that any false statement made herein is punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Signature: 
Printed name: R. James Royer

COMPLIANCE SCHEDULE A

R1-20240308-023

24DD11

I. GENERAL REQUIREMENTS:

Immediately,

Respondent(s) shall cease and desist from any and all future violations of the New York State Environmental Conservation Law and the rules and regulations enacted pursuant thereto.

Respondent(s) shall submit photographs of the completed work, if any, required under this schedule, to the Department within five (5) days of its completion

All submittals to the Department required under this Order shall be made by Respondent(s) as follows:

One Copy to

Bureau of Marine Habitat Protection, Region
One NYS Department of Environmental
Conservation 50 Circle Rd
Stony Brook, New York 11790-2356

One Copy to

Office of General Counsel, Region One
NYS Department of Environmental
Conservation 50 Circle Rd
Stony Brook, New York 11790-2356.

II. REMOVAL REQUIREMENTS:

No later than :

Respondent(s) shall have removed the structures and/or fill which are the subject of this Order as follows

No Removal Required

Removal Specifications:

The bulkhead can remain as built.

III. RESTORATION REQUIREMENTS:

No later than

Respondent(s) shall submit to the Department, an approvable* restoration plan and time schedule for implementation of said plan.

*Approvable in the context of this Order shall mean approvable by the DEC with minimal revision. Minimal revision shall mean that Respondent(s) incorporate(s) the revisions required by the DEC and resubmits the plan for approval within fifteen (15) business days of receipt of the DEC's comments.

This plan shall include:

Regrading

*Plantings in restoration area**

The permittee shall ensure a minimum of 85% survival of plantings by the end of 5 growing seasons.

**Plants are to be spaced appropriately: 12"-18" on center for grasses, 3'-5' on center for shrubs, tree spacing is species specific*

If this goal is not met, the permit holder shall re-evaluate the restoration project in order to determine how to meet the mitigation goal and submit plans for review with the annual report for that respective calendar year.

Upon written approval by the Department, Respondent(s) shall implement the approved restoration plan in accordance with the approved time schedule.

The report must be submitted by January 15th of each calendar year and sent to:

Region 1 Bureau of Marine Habitat Protection
Attention Compliance
50 Circle Road
Stony Brook, NY 11790

No Restoration Required

None

J Royer

From: Catalis Payments, LLC <confirmation@support.paylocalgov.com>
Sent: Thursday, March 14, 2024 12:50 PM
To: J Royer
Subject: Thank you for using Catalis

CATALIS® 

Dear Customer,

Thank you for using the NY DEC NYSDEC Fees online payment service powered by Catalis Payments, LLC to complete your online payment. This email confirms that your payment of \$500.00 plus a \$11.25 convenience fee has been received for:

Reference Number: 36663
Account Name: ROBERT J ROYER
Address: 240 Park Road Franklin Lks NJ 07417
Payment Date: 03/14/2024 12:49:53 [EST]

Your confirmation number is: 3573899985.

Sincerely,

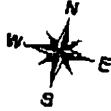
Catalis Payments Customer support

Do not reply to this email. If you have questions about your payment, please contact us at vpssupport@valuepaymentsystems.com. To better assist you please reference your confirmation number and payment entity.

Survey of Property

Prepared for: James Royer
Surveyed: 09-29-06
SCT# 700-21-1-26
Town: Shelter Island
Suffolk County, NY

1" = 60'



Petticoat Lane

N58°48'30"E 143.12'

250' to Peconic Ave.

N52°49'00"W 88.00'

mesh fence

SCT# 100-21-1-31
James & Audrey Royer

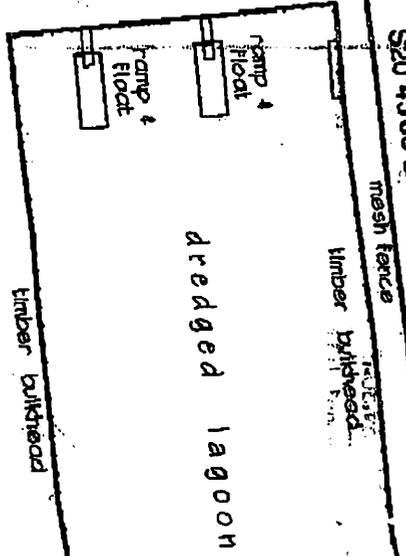
S13°24'20"E 140.00'

SCT# 700-21-1-25
Walter & Elizabeth Fogarty

313.11'

N39°29'00"E

wood fence



SCT# 700-21-1-26
Land of: James Royer

SCT# 100-21-1-30
Helen Mack

S20°45'00"E

mesh fence

282.50'

timber bulkhead

dredged lagoon

concrete wall

N37°41'18"W 255.48'

Shelter Island Sound

LWM

steps

HWM

HWM

timber bulkhead

timber bulkhead

tie line

LWM

S40°28'20"W 167.46'

SCT# 100-21-1-27
Silver Beach S.I. Assoc.

mesh fence

N49°31'40"W 29.72'

S40°28'20"W 108.00'

SE
LEVE
MAPPING
631-722-339
PO Box #53
Riverhead, N
ROBERT H. FO
NYS PLS# 5018



Jim Royer

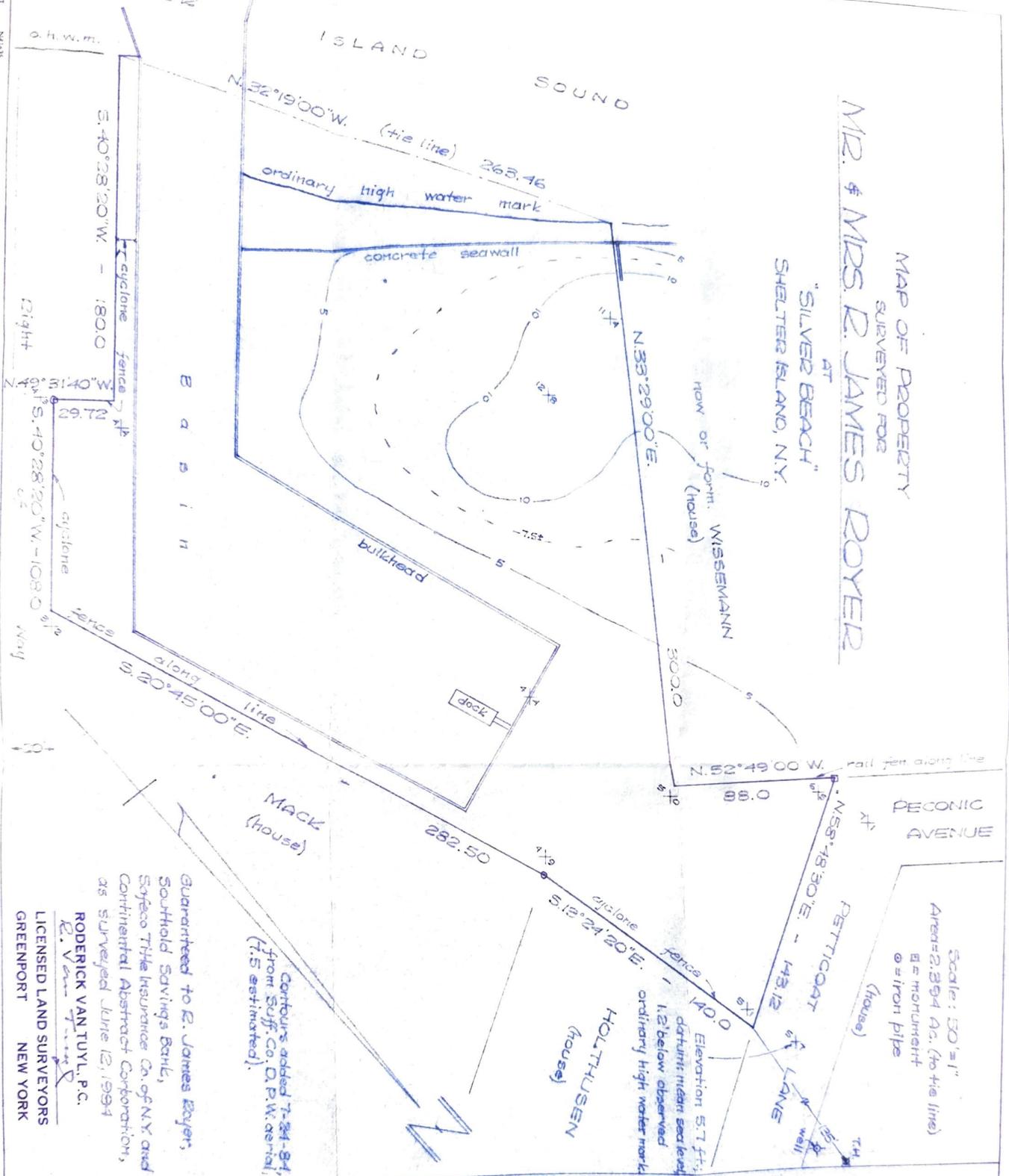
40 Peconic Avenue

Construction material list

- Shore guard 325-16'
- 25 10" CCA piles 6' on center.
- 3 continuous 6x6 walers
- 1" tie rods with 10" lay log
- +/- 9' Deadman pins 6' on center.
- CCA follower
- 2" timber cap

MAP OF PROPERTY
SURVEYED FOR

MR. & MRS. R. JAMES ROYER
AT
"SILVER BEACH"
SHELTER ISLAND, N.Y.



PECONIC AVENUE

Scale: 50' = 1"
Area = 2,394 Sq. (to tie line)
B = monument
O = iron pipe

STATEMENT OF INTENT

THE WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS FOR THIS RESIDENCE WILL CONFORM TO THE STANDARDS OF THE SUFFOLK CO. DEPT. OF HEALTH SERVICES.

(S) APPLICANT

SUFFOLK COUNTY DEPT. OF HEALTH SERVICES - FOR APPROVAL OF CONSTRUCTION ONLY

DATE: _____
H. S. REF. NO.: _____
APPROVED: _____

SUFFOLK CO. TAX MAP DESIGNATION:
DIST. SECT. BLOCK P.C.L.
0700 021 1 26

OWNERS ADDRESS:
240 Park Road
Franklin Lake, N.J. 07417

DEED: L. 4799 P. 502 (leaf)

TEST HOLE STAMP

Uninterrupted alteration or addition to this survey is a violation of Section 7208 of the New York State Education Law.
Copies of this survey map not bearing the land surveyor's seal are to be considered to be a voided true copy.
Guaranteee Indicate: Inasmuch as I am only to the person, the liability to the State is preserved to the governmental agency and the lending institution listed herein and to the assignees of the lending institution. Guarantees are not transferable to additional institutions or subsequent owners.

SEAL

topsoil	3'
loam	1'
sand	1'
water	1'

Guaranteed to R. James Royer,
Southold Savings Bank,
Syfeco Title Insurance Co. of N.Y. and
Continental Abstract Corporation,
as surveyed June 12, 1994
RODERICK VAN TUYL, P.C.
R. Van Tuyl
LICENSED LAND SURVEYORS
GREENPORT NEW YORK

Contours added 7-24-84
from Suff. Co. D.P.W. aerial,
(7.5 estimated).

Elevation 57 ft.
dormit. mean sea level
1.2' below observed
ordinary high water mark