Permit Actions
Town of Harrison

Permit Number: 24-42761
Block/Lot: **0521.-26**

Applied: **2/21/2024** Approved:

Issued: Finaled:

Status: **PENDING**

Parent Permit:

Parent Project:

Description: **ANNUAL 5K MAY 11, 2024**

E-1

Owner: **ST JOSEPH'S HOSPITAL**

Site Address: **275 NORTH ST**

City, State Zip Code: **HARRISON, NY 10528**

Contractor: **<NONE>**

Details:

LIST OF ACTIONS			
DATE OPENED	**DATE COMPLETED**	**TYPE**	**STAFF**
2/21/2024		REFERRED TO TOWN BOARD FOR APPROVAL	SUZANNE FULLER
Notes: PLEASE SEE THE ATTACHED REQUEST FOR APPROVAL OF A SPECIAL EVENT PERMIT ON THE GROUNDS OF SAINT JOSEPH, MAY 11, 2024. FURTHER REQUEST THAT THE $500 PERMIT FEE IS WAIVED.			
2/21/2024		POLICE DEPARTMENT REVIEW	SUZANNE FULLER
Notes:			

St. Vincent's Hospital Westchester

A Division of Saint Joseph's Medical Center

February 20, 2024

Mr. Rocco Germani
Town/Village of Harrison
Alfred F. Sulla, Jr. Municipal Building
1 Heineman Place
Harrison, NY 10528

Dear Mr. Germani,

St. Vincent's Hospital Westchester 15th Annual 5k Run/Walk event is planned for Saturday, May 11, 2024. We are requesting to be placed on the Town/Village Board agenda for event approval and enable us to proceed with the advertising and marketing of the event. The details of the event are as follows:

DESCRIPTION: 5K Run / Walk - St. Vincent's Hospital Spring Sprint
DATE: Saturday, May 11, 2024
RAINDATE: (none)
TIME: Check-in 8:00 a.m. Start 9:00 a.m. Finish 11:30 a.m.
LOCATION: St. Vincent's Hospital, 275 North Street, Harrison - Start and Finish
Race Course: North Street, right Park Drive S, right
Manhattan Avenue, left Park Drive S, return to hospital.
CONTACT: Susan Pizzutello, Director of Development, St. Vincent's Hospital,
914 925-5401 spizzutello@svwsjmc.org

The hospital's COI (listing the Town/Village of Harrison), and the notarized special events application are enclosed. The certificate of Worker's Compensation insurance and NYS Disability form will be sent shortly. We are asking if the special event fee can be waived. We will be using the services of the Harrison police for safety. Please contact me at the number listed below if there are any questions or further information needed to proceed with our request. I look forward to hearing from you.

Sincerely,

Susan M. Pizzutello
Director of Development
914 925-5401

TOWN/VILLAGE OF HARRISON
Building Department
SPECIAL EVENT PERMIT APPLICATION

FOR OFFICIAL USE ONLY	
Permit #	24-47761
Date:	2/21/24
Amount	
Receipt #	N/A

PURSUANT TO CHAPTER 106, BUILDING PERMIT FEE; OUTDOOR ASSEMBLIES, OF THE CODE OF THE TOWN/VILLAGE OF HARRISON, NY

The installation of all temporary structures shall be secured and clearances for exiting shall comply with Section 765.3C of the Uniform Code of the State of New York.

PROPERTY LOCATION 275 North Street, Harrison, NY 10528

BLOCK 521 LOT 24

OWNER: Saint Joseph's Medical Center PHONE (914) 378-7506

ADDRESS: 127 South Broadway, Yonkers, NY 10701

EVENT HOLDER _____ PHONE ( ) _____

ADDRESS: _____

DATE(S) OF EVENT: Saturday, May 11, 2024

DESCRIPTION OF EVENT: St. Vincent's Hospital 5K Spring Sprint Run/Walk

PLEASE SUBMIT THE FOLLOWING:

[ ] A SITE PLAN SHOWING THE LOCATION OF ALL TENTS, GRANDSTANDS, BLEACHERS, CONCESSION STANDS, STAGES AND PARKING FACILITIES.
[ ] SPECIAL INDEMNIFICATION FORM (ATTACHED)
[ ] LIABILITY INSURANCE
[ ] PERMIT FEE OF $500.00

PLEASE NOTE: THAT AN ELECTRICIAN MUST FILE FOR AN ELECTRICAL PERMIT FOR TEMPORARY LIGHTING, GENERATORS, ETC. THE INSTALLATION OF ANY TENTS MUST BE FILED WITH THE BUREAU OF FIRE PREVENTION.
ALL APPLICANTS MUST CONTACT THE HARRISON POLICE DEPARTMENT FOR A PRE-PLANNING CONFERENCE.

AFFIDAVIT

Bernadette Kingham-Bez being duly sworn,
(Owner, Lessee, or Agent)
deposes and says that: Saint Joseph's Medical Center is the owner in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application; and that the statements contained herein are true to the best of his/her knowledge and belief.

Sworn to before me this 15
day of February 2024.

Bernadette Kingham
(Signature of Applicant)

(Notary Public)

FOR OFFICE USE ONLY:

[ ] TOWN BOARD APPROVAL
[ ] HARRISON POLICE DEPARTMENT APPROVAL

CRYSTAL KATE BATEMAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01BA6445689
Qualified in Westchester County
Commission Expires December 27, 2026

TOWN OF HARRISON
VILLAGE OF HARRISON

ALFRED F. SULLA, JR. MUNICIPAL BUILDING
1 HEINEMAN PLACE
HARRISON, NEW YORK 10528

Telephone: (914) 835-2000

Special Event Indemnification, Release and Discharge Agreement

St. Vincent's Hospital, (hereinafter "Indemnitor") agrees to protect, defend, indemnify and hold the Town of Harrison and the Village of Harrison, their officers, agents and employees free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind of character in connection with or arising, directly or indirectly, out of the Indemnitor or any participant at any event held or sponsored by the Indemnitor's use of the Town of Harrison's right-of-ways, roads, sidewalks, property, or facilities of any kind. Without limiting the generality of the foregoing, all such claims, etc., relating to personal injury, death, damage to property, defects in material, workmanship, actual or alleged infringement on any other tangible of intangible personal property or property right, or any alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court shall be included in the indemnity hereunder.

The Indemnitor, further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent. In any case in which such indemnification would violate Section 5-322.1 of the New York General Obligations Law, or any other applicable legal prohibition, the foregoing provisions concerning indemnification shall not be construed to indemnify the owner for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the owner or its employees.

In consideration of the Town permitting the Special Event, I, for myself, my organization, my executors, administrators, and our respective successors and assignees, do hereby release and discharge the Town & Village of Harrison, and its representatives, officers, employees, agents and successors and assigns from all claims, damages, demands, action and causes of actions whatsoever, in any manner arising growing out of or concerning the special event.

By: Bernadette Kingham-Hy
Authorized Signature

Title: EXECUTIVE DIRECTOR

Organization: St. Vincent's Hospital
A Division of Saint Joseph's Medical Center

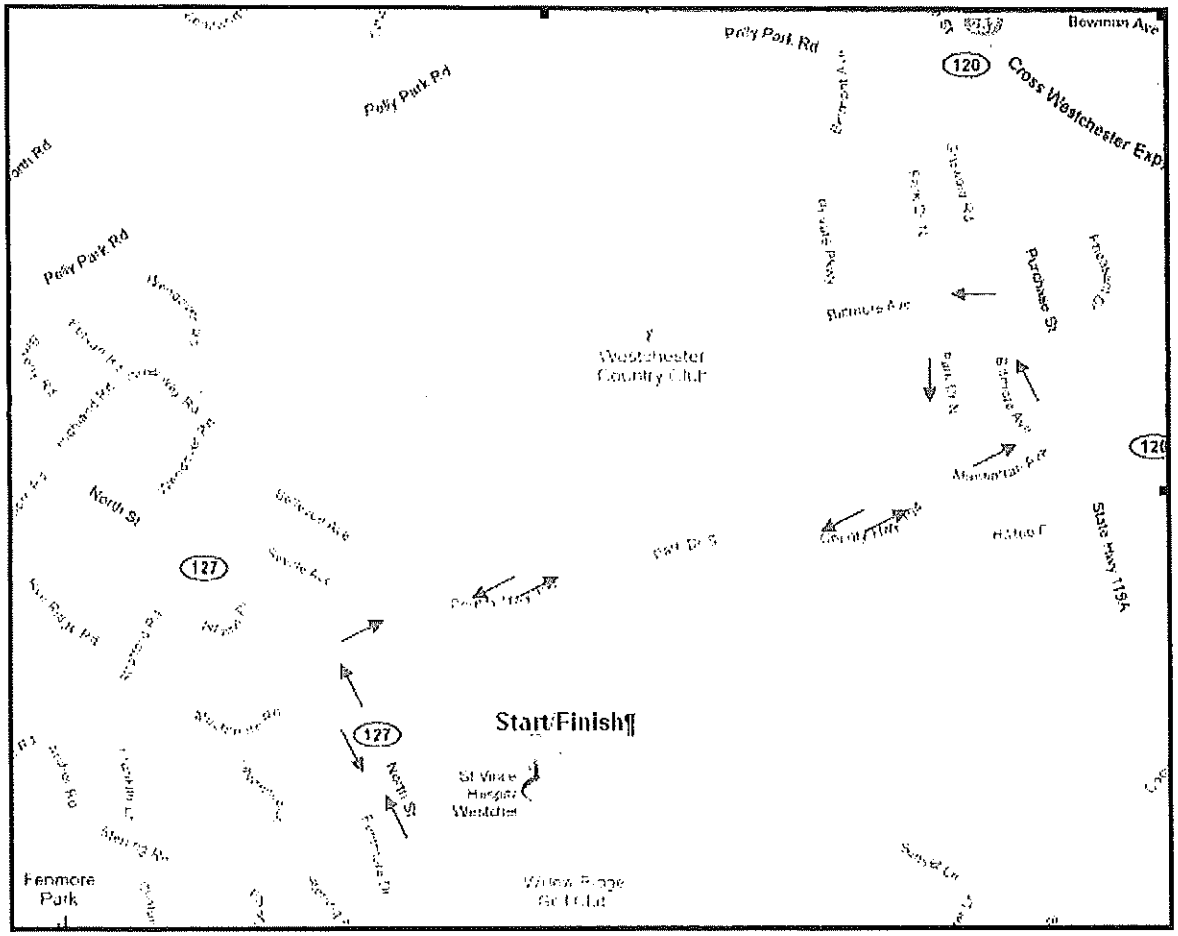
STATE OF NEW YORK)
COUNTY OF WESTCHESTER) ss:

On the 15 day of February in the year 2024 before me, the undersigned, personally appeared Bernadette Kingham-Hy personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his /her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

CRYSTAL KATE BATEMAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01BA6445689
Qualified in Westchester County
Commission Expires December 27, 2026

St. Vincent's Spring Sprint 5K Route
May 11, 2024



- **Start at St. Vincent's Hospital**
- **Right on North Street**
- **Right on Park Drive South**
- **Bear right on Manhattan Avenue**
- **Left on Biltmore Avenue**
- **Left on Park Drive North**
- **Continue to Park Drive South**
- **Left on North Street**
- **Left at St. Vincent's entrance**
- **Continue to finish line**