COUNTY OF SUFFOLK



OFFICE OF THE COUNTY EXECUTIVE Steve Levy

SUFFOLK COUNTY EXECUTIVE

EXECUTIVE ORDER NO. 2-2009

TO:

Carrie Meek Gallagher, Commissioner of Environment and Energy

Gilbert Anderson, P.E., Commissioner of Public Works

FROM:

Steve Levy, County Executive of Suffolk County

RE:

Installation of Photovoltaic Panels on all New County Buildings over 10,000 Square

Feet

Pursuant to Sections 3-2, 3-3, 3-4, 4-2 of the Suffolk County Charter, you are hereby authorized, empowered, and directed to include in the scope, budget, and subsequent construction of any new building design and construction project, the installation of photovoltaic panels and associated appurtenances such as conduit, inverters, power monitors, etc., for the purposes of generating no less than 5% of the anticipated peak electrical load of the building. The photovoltaic system may be installed on any surface of the building, integrated into the building components or may be located on the same site in the form of carports, grade installations on frames, or other industry standard means.

This Executive Order applies to all new County owned buildings over 10,000 square feet in size except for those currently under construction or those funded in the Adopted 2010 Capital Budget.

DATED:

April 1,2009

STEVE LEVY

COUNTY EXECUTIVE OF SUFFORK COUNTY

CC:

Jim Morgo, Chief Deputy County Executive

Jeffrey W. Szabo, Deputy County Executive and Chief of Staff

Ben Zwirn, Deputy County Executive

Frederick B. Pollert, Deputy County Executive for Finance and Management

√Tim Laube, Clerk of the Legislature

George Nolan, Office of Legislative Counsel

Christine Malafi, Esq., County Attorney

Lynne Bizzarro, Chief Deputy County Attorney

Dan Aug, Director of Communications

Mark Smith, Deputy Director of Communications Steven Tricarico, County Executive Assistant



GENERAL LIABILITY ACCIDENT NOTICE

(Not to Be Used for Automobile or Workers' Compensation Accidents)

COUNTY OF SUFFOLK

INSTRUCTIONS: This form is to be typed or hand-printed in three copies using carbon paper. Use this form for all occurrences arising out of County operapins, other than motor vanicie accidents, which result in personal injury to non-employees or damage to property which is not County owned. Distribute copies
this form as indicated below.

THE CHIS COMM AS I	County Department		Telaphona	FUND	APPROPRIATION	
Reporting , Department				1.000	AFFROFRIATION	
	Street Address		City	State	Zip Code	
	Address at which Accident Occurred (Number, Street, City, State and Zip Code)					
2 Time and Place of Accident 3 Injured Person	Address at Which Accident Occurred (Number, Street, City, State and Zip Code) Date of Loss					
	Time of i				of Loss	
					A.M. P.M.	
	Owner of Premises at Which Loss Occurred	0	ccupant of Premises at W	hich Loss Occur	ed	
	Name			Age		
	함당된 회학 및 대통령인 선택병			7,40	☐ Male	
	Address				Married	
					☐ Single	
4 Injuries	Occupation Employer's Name, Address and Telephone Number					
	Nature and Extent					
	Attended by	Where Taken After Ac	cident and By Whom			
	Name of Owner			and the second		
5 Damage To Property Of Others	Name of Carles	Address		Phone	Number	
	Description of Damage			Cost	of Repairs	
6 The Accident	Describe Fully How Accident Happened, Using	Additional Sheet If Necessar	y. Illustrate by Rough Sk	etch:		
				<u> </u>		
			September 1999			
	[1] 《全部》:"是数字字》:"这					
7 Condition Of Premises On Nature	Kind of Premises (Residence, Office, Shop, Cor	nstruction Job, etc.)	Nature of Work Bein	g Done		
	Describe Any Hazardous Condition					
	IT IS IMPORTANT THAT ANY BROKEN OR DEFECTIVE PART OR					
Of Work	APPLIANCE CAUSING AN ACCIDENT BE CAREFULLY PRESERVED					
8 Witnesses (Importanti))	Give Full Name and Address of Ail Persons who Witnessed The Loss or Who Have Information On It and Particularly The Individual Directing					
	The Work in Progress at The Time. Use Additional Sheet for Added Witnesses.					
	NAME ADDRESS			TEL	TELEPHONE NUMBER	
	nty Representative					
algirature or Cou	nty Representative	Date	me of Departmental Insu	rance Designee		
Capacity in Which	h Employed	0.0	signee's Telephone Numb	or		
80.						
distribution	Part 1 & 2: Insurance & Risk Mangagement				ant 3;	
Of This Form	H. Lee Dennison Bldg., 7th Floor P.O. Box 6100 Hauppauge, NY 11788-0099				Retained by Initiating	
	1 magazing 111 11700-0000		dini kali datikid ku bawa na s	english saying the	Department	