

Village of Croton-on-Hudson
1 Van Wyck Street,
Croton-on-Hudson, N.Y. 10520

ATTN: Bryan T. Healy, Village Manager

December 18, 2025

VIA EMAIL (bhealy@crotononhudson-ny.gov)

RE: Half Moon Bay Bridge (BIN 2270050) Rehabilitation
Village of Croton-on-Hudson, Westchester County, NY
Proposal for Professional Services - Additional Scope 2

Dear Mr. Healy:

In accordance with our recent coordination, Tectonic Engineering Consultants, Geologists & Land Surveyors, D.P.C. is pleased to submit our proposal to provide professional services for the additional scope of the Half Moon Bay Bridge (BIN 2270050) Rehabilitation project, Village of Croton-on-Hudson, NY.

These services shall be performed for the Village of Croton-on-Hudson, herein referred to as Client.

1.0 SCOPE OF SERVICES

In accordance with the recent coordination with NYSDOT and MNR regarding the pier cap beam repair and the recent direction from NYSDOT regarding the coastal assessment, additional scope will be needed.

Pier Cap Beam Repair

Design the structural repair for the existing pier cap beams at both piers. Per the last inspection, section losses due to corrosion are noted at the pier cap beams. Per the recent coordination with Metro North Railroad, complete replacement of the cap beams is not feasible due to close proximity to the railroad tracks. In the current design concept, the cap beams will be repaired by adding reinforced concrete inside the opening of the existing cap beams. This task consists of preparation of the structural repair design, drafting repair details, modification of the contract drawings, and coordination with NYSDOT and MNR. It will require additional efforts under section 3 preliminary design stage and section 6 detailed design stage.

Coastal Assessment

The proposed project is located in the NYS Coastal Zone and Local Waterfront Revitalization Program (LWRP) area. In accordance with NYSDOT environmental review procedures, a Federal Aid Notification package will need to be submitted to the NYS Department of State and a Coastal Assessment Form will need to be completed. The project will be reviewed in accordance with NY State Coastal Policies and documentation of the project's consistency with State Coastal Policies will be provided. Since the project is located in a LWRP, notifications will be prepared for submittal

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to the municipality (Village of Croton-on-Hudson) including a discussion of the project’s consistency with all applicable policies of the LWRP. No federal permits are anticipated to be required for the project; therefore preparation of a Federal Coastal Assessment Form would not be required and is not included as part of this scope.

2.0 FEES AND PAYMENTS

Tectonic will perform the scope and quantity of work outlined in Section 1.0 above, based on the following fees.

Task Description	Estimated Additional Fee
Section 3 Prelim Design	\$19,360.00
Section 4 Environmental	\$2,900.00
Section 6 Detailed Design	\$19,280.00
Estimated Total	\$41,540.00

Please have an authorized representative complete and sign the attached Authorization Form to indicate acceptance of this agreement. Please return to Tectonic one signed copy of the completed Authorization Form.

If you have any questions or comment relative to this proposal, please do not hesitate to contact the undersigned directly at (860) 563.2341.

Sincerely,

TECTONIC ENGINEERING CONSULTANTS, GEOLOGISTS & LAND SURVEYORS, D.P.C.

Prepared by: *Man Hou Sit*
 Man Hou (Albert) Sit
 Project Manager
 Tectonic Engineering

CC: Frank Balbi, P.E., Superintendent of Public Works, Village of Croton-on-Hudson
Jeff Scala, P.E., Senior Vice President, Tectonic Engineering



WORK AUTHORIZATION AND PROPOSAL ACCEPTANCE FORM

Proposal No: 23-1226 Date: 12/18/2025 Retainer Amount Required: \$0.00

Project Name & Location: Half Moon Bay Bridge (BIN 2270050) Rehabilitation, Village of Croton-on-Hudson, Westchester County, NY

Proposed Services: Bridge Design – Additional Scope

Proposal Acceptance

Acceptance (Signature): _____ Date: _____

Printed Name: _____ Title: _____

Company or Organization Name: _____

Client Contact Information (All of the following information about the person responsible for the identified tasks must be provided prior to starting work)

Scheduling Work and Receipt of Deliverables	Name:	Phone:	Email:
	Address:		
Receipt of Invoices (Original)	Name:	Phone:	Email:
	Address:		
Receipt of Invoices (Copies)	Name:	Phone:	Email:
	Address:		
Issuing Payments of Invoices	Name:	Phone:	Email:
	Address:		