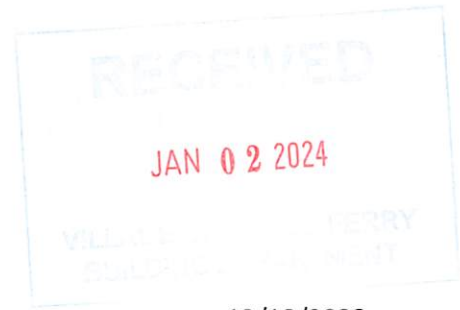




VILLAGE OF DOBBS FERRY

Daniel Roemer
Building Inspector

Building Department
112 Main Street, Dobbs Ferry, NY 10522
Phone: (914) 231-8509 | Fax: (914) 693-3470



Permit Application

Application Number AT2023-0141

Date 12/18/2023

Job Location 58 ROUND HILL RD

Lot # 3.140-127-4

Owner: LEJMI MEHDI
58 ROUND HILL RD
DOBBS FERRY, NY 10522

Applicant: Esma Hamandi
58, round hill road, Dobbs Ferry, NY
10522
Dobbs Ferry, NY 10522
(917)774-9319

Application Type: Tree Removal Estimated Cost of Construction: \$

Description of Work: tree died, needs removal

Diameter: 24"

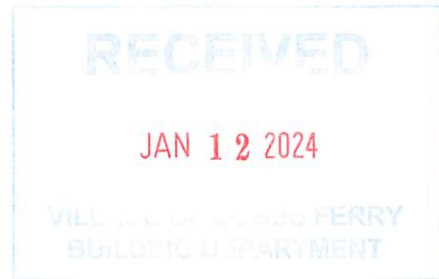
Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	esma.hamandi@gmail.com
Parcel Owner Phone	9177749319

1-8-24 - get certified arborist + letter & tree was not marked

Date: 1/1/24



Botanical Solutions

To whom it may concern,

I am writing regarding the Oak tree located at 58 Roundhill Rd Dobbs Ferry, NY 10522.

After inspection, it is my professional opinion that the tree to be removed because of its severe decline and the targets within the striking distance of the tree.

If you have any questions or concerns please let me know.

Couri Leuschner -

President

-ISA Board Certified Master Certified Arborist #NY-6047B

-NY Certified Pesticide Applicator #C3899775

-CT Arborist #S-6547

-ISA Tree Risk Assessment Qualification

Job Location: 58 ROUND HILL RD

Parcel Id: 3.140-127-4

AFFIDAVIT OF APPLICANT

I _____ being duly sworn, depose and says: That s/he does business as: _____ with offices at: _____ and that s/he is:

___ The owner of the property described herein.

___ The _____ of the New York Corporation _____ with offices at: _____ duly authorized by resolution of the Board of Directors, and that

said corporation is duly authorized by the owner to make this application.

___ A general partner of _____ with offices _____ and that said Partnership is duly authorized by the Owner to make this application.

___ The Lessee of the premises, duly authorized by the owner to make this application.

___ The Architect of Engineer duly authorized by the owner to make this application.

___ The contractor authorized by the owner to make this application.

That the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. The undersigned hereby agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Dobbs Ferry Building Code, Zoning Ordinance and all other laws pertaining to same, in the construction applied for, whether or not shown on plans or specify in this application.

Sworn to before me this _____ day of _____ of _____

Notary Public / Commission of Deeds

Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

I MEHDI LEJHI as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number 9177749319 .Owner email address esma.hamandi@gmail.com

I hereby acknowledge that it is my responsibility as the property owner to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for which this permit is being requested.

Sworn to before me this 2nd day of January of 2024
Margaret Parr
MEHDI LEJHI

Notary Public / Commission of Deeds

PROPERTY OWNER's SIGNATURE

MARGARET PARR
Notary Public, State of New York
Reg. No. 01PA6342470
Qualified in Putnam County
Commission Expires 8/18/2024

The Ferrara Management Group, Inc., AMO[®]
50 Plainfield Avenue, Bedford Hills, NY 10507
914-888-2099 | www.Ferraramgmtgroup.com



November 10, 2023

Mehdi Lejmi & Esma Hamandi
58 Round Hill Rd.
Dobbs Ferry, NY 10522

Re: Dead Tree Removal

Dear Mehdi Lejmi & Esma Hamandi,

I am writing on behalf of the Board of Directors for Walden Woods HOA to advise that during a recent tree inspection by Davey Tree, the arborist used by the association, it was determined that an oak tree on your property is dying and in need of removal. There is a chance that a small portion of the trunk extends onto the property of the resident of 60 Round Hill Rd.

Please be advised that the Walden Wood Homeowner Association attorney has reviewed the bylaws, and as detailed in her letter, it is the responsibility of the homeowner to remove the tree. The attorney's letter about tree responsibility is attached for your reference.

Please contact Joseph Kelly at The Ferrara Management Group, Inc. AMO[®] once you have obtained the necessary permits from the Village of Dobbs Ferry in order to confirm the work will begin.

If you have any questions or concerns, please do not hesitate to contact Joseph Kelly by email: jkelly@ferraramgmt.com or by calling 914-888-2099 ext. 1061.

Sincerely,
The Ferrara Management Group, Inc., AMO[®], A/A/F
Walden Woods Homeowners Association, Inc.;

Greg Stoffer

Greg Stoffer
Asst. Property Manager

Copy:
Walden Woods Homeowners Association Board of Directors

MEMORANDUM

To: All Homeowners at Walden Wood Homeowners' Association
From: Attorney
Re: Tree Safety and Responsibility for Tree Maintenance
Date: March 21, 2023

There are large and beautiful trees on the property of the Walden Wood community. While many of them are located on the common areas of the complex, there are numerous trees located on Lots owned by the individual Homeowners. Each of the Homeowners at Walden Wood owns a portion of the land upon which the Home is located. Some of you may have gotten surveys of your property when you purchased your Home which will show the demising lines of your property. Or, these Lot locations can be determined from your deed, the offering plan for the complex, GIS maps which can be found online, and other sources; or you can check with your attorney. It is important to know what constitutes your property and what is part of the common areas.

Tree safety and proper and vigilant tree maintenance are very important pursuits, which must be undertaken by each and every Homeowner. The HOA performs these tasks at least once each year by engaging an arborist or tree specialist to survey the common areas of the complex and prune and otherwise take care of the trees which are the HOA's responsibility. The HOA is NOT responsible for the trees on the Lots.

Some Homeowners may not realize that that the trees on the Lots are their responsibility to trim, prune and maintain; and possibly, in cases where a tree has died, or is diseased or hollow, to completely remove it. While such tree maintenance can be very expensive to undertake, this work cannot be deferred because in many cases, if a limb from a tree, or a whole tree, which is rooted and situated on a Homeowner's Lot, falls and damages that person's Home, or another person's Home, or other personal property (for example, cars), or causes physical injury or even death, it is possible that the liability for that occurrence could be placed upon the Homeowner where the tree is located. This is of part the basic law of trees.

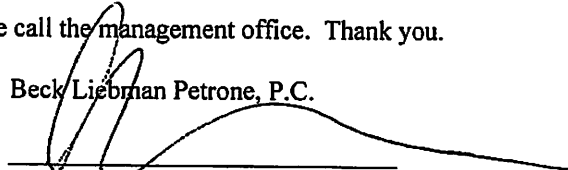
Generally speaking, the law provides that fallen branches or trees are to be cleared from the property upon which they have fallen by the owner of the affected property; and likewise, any damage to that property must be repaired and the cost thereof paid by the affected owner, and NOT by the owner of the tree. However, if the owner of the tree which caused the damage knew or should have known, or has been placed on notice that the tree in question needs to be pruned because it is heavy on top or on one side or the other, or is diseased or dead or otherwise in need of attention, and if that Homeowner fails to maintain the tree (or remove it if necessary), then the Homeowner who owns the tree could be liable for the clean-up, the damage, the injury, or death. Check your homeowner's insurance policy for coverage.

Please note also that Homeowners have the right to trim branches of a tree belonging to a neighbor which are overhanging their property. This task should also be undertaken on a regular basis to prevent damage to your own property.

All Homeowners should take it upon themselves as the spring is beginning to unfold to examine the trees on their property, call a tree service company to do a general pruning and an analysis of the trees, and to remove those which are not viable or potentially otherwise dangerous. The cost for this is to be borne by each Homeowner, who also must cause the branches, leaves, stumps and other debris to be removed from their own property and removed completely from the Walden Wood complex.

If you have any questions about tree maintenance, please call the management office. Thank you.

Beck Liebman Petrone, P.C.

By: 
Evelyn Petrone, Esq.



George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

**Department of Consumer Protection
Home Improvement License**

MAURICIO'S TREE SERVICE CORP.

P.O. BOX 334

BUCHANAN, NY-10511

This license is issued in accordance with Article XVI of the Westchester County Consumer Protection Code and is valid only upon presence of the official department seal. Proof of citizenship or immigration status is not required for issuance of this license.
NOT FOR FEDERAL PURPOSES

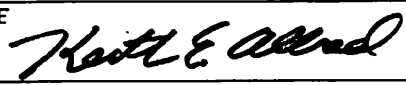
License Number

WC-34847-H22



Date of Expiration

01/20/2024

CERTIFICATE OF INSURANCE					ISSUE DATE		1/4/2024
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 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 Northeast Agencies, Inc Attn: Iwantage PO Box 660610 Dallas, TX 75266			INSURER(S) AFFORDING COVERAGE				
			INSURER A: Evanston Insurance Company				
			INSURER B: N/A				
			INSURER C:				
INSURED Mauricio's Tree Service Corp. PO Box 334 Buchanan, NY 10511			INSURER D:				
			INSURER E: N/A				
COVERAGES							
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	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
A	GENERAL LIABILITY	3FJ3139	10/9/2023	10/9/2024	GENERAL AGGREGATE	2,000,000	
					PRODUCTS-COM/OP AGG.	Included	
					PERSONAL & ADV. INJURY	1,000,000	
					EACH OCCURRENCE	1,000,000	
					DAMAGE PREM RENTED TO YOU	100,000	
					MED EXPENSE (Any one person)	5,000	
B	PERSONAL LIABILITY				COMBINED SINGLE LIMIT		
					MEDICAL PAYMENTS TO OTHERS		
C	EXCESS LIABILITY				EACH OCCURRENCE		
					AGGREGATE		
D							
E	PROPERTY				BUILDING		
					CONTENTS		
					BUSINESS INCOME		
THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO POLICY FORMS.							
DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS Tree Pruning, Dusting, Spraying, Repairing, Trimming or Fumigating, Landscape Gardening							
CERTIFICATE HOLDER Village of Dobbs Ferry 112 Main St Dobbs Ferry, NY 10522				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 SIGNATURE 			



CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only)

MAURICIO'S TREE SERVICE CORP
PO BOX 334
BUCHANAN, NY 10511

1b. Business Telephone Number of Insured

914-930-8437

1c. Federal Employer Identification Number of Insured
or Social Security Number

873361085

Work Location of Insured (Only required if coverage is specifically limited to
certain locations in New York State, i.e., Wrap-Up Policy)

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

VILLAGE OF DOBBS FERRY
112 MAIN ST
DOBBS FERRY, NY 10522

3a. Name of Insurance Carrier

ShelterPoint Life Insurance Company

3b. Policy Number of Entity Listed in Box "1a"

DBL652861

3c. Policy effective period

12/02/2023

to

12/01/2024

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.
☐ B. Disability benefits only.
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 1/3/2024 By _____

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100

Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 873361085
AUSTRO MULTISERVICES CORP
209 S DIVISION ST #A
PEEKSKILL NY 10566

POLICYHOLDER MAURICIO'S TREE SERVICE CORP. P.O. BOX 334 BUCHANAN NY 10511		CERTIFICATE HOLDER VILLAGE OF DOBBS FERRY 112 MAIN ST DOBBS FERRY NY 10522	
POLICY NUMBER W2560 304-4	CERTIFICATE NUMBER 98423	POLICY PERIOD 02/01/2023 TO 02/01/2024	DATE 1/3/2024

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2560 304-4, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT
LUIS M MARQUEZ HERAS
MAURICIO'S TREE SERVICE CORP.
1 OF 1

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 143091220