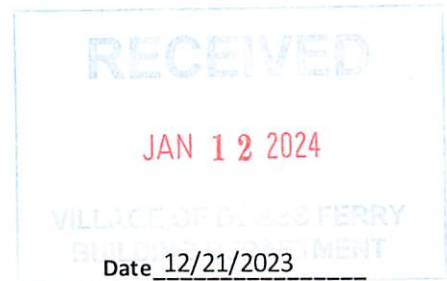




VILLAGE OF DOBBS FERRY

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

Daniel Roemer
Building Inspector



Permit Application

Application Number AT2023-0143

Date 12/21/2023

Job Location OGDEN AVE

Lot # 3.171-153-1..SA

Owner: CHILDRENS VILLAGE
WETMORE BLDG - 2ND FLR ATT: JOSE
RIVERA- ACCT MGR
DOBBS FERRY, NY 10522

Applicant: Rafael Motolinia
2240 Saw Mill River Road
Elmsford, NY 10523
(914)565-7445 jsokich@Bartlett.com

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

Description of Work: Removal of (1) 26" Maple, (1) 10" Cherry, and (1) 24.5" Tree of Heaven

Form Questions:

Application Parcel Owner Contact:

| | |
|--------------------|----------------------------|
| Parcel Owner Email | srobertson@marionscott.com |
| Parcel Owner Phone | 914-564-9579 |

Job Location: OGDEN AVE

Parcel Id: 3.171-153-1..SA

AFFIDAVIT OF APPLICANT

I Rafael Malchuk being duly sworn, depose and says: That s/he does business as: Arboret with offices at: 2240 Saw mill River Rd 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 5th day of January of 2024

Notary Public / Commission of Deeds

CHARLES W. KING
Notary Public, State of New York
Registration #01KI4966231
Qualified in Westchester County
Commission Expires July 24, 2026

Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

☒ Salma R. 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 914-564-9579. Owner email address srobertson@marionscott.com

☒ Salma Robertson 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 4 day of January of 2024

Notary Public / Commission of Deeds

PROPERTY OWNER's SIGNATURE

MARTA VAZQUEZ
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01VA6305053
Qualified in Bronx County
Commission Expires June 02, 2026

2:03



Navigation controls including a car icon, a compass, and a 3D button.

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Search Maps



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George Latimer
Westchester County Executive

Westchester
County

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

THE F. A. BARTLETT TREE EXPERT COMPANY

2240 SAW MILL RIVER ROAD

ELMSFORD, NY-10523

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-05518-H93



Date of Expiration

09/07/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2023

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 York International Agency, LLC Attn: bartlettcert@yorkintl.com 500 Mamaroneck Avenue, Suite 220 Harrison NY 10528 | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext): 914-376-2200 | FAX (A/C, No): | |
| | E-MAIL ADDRESS: info@yorkintl.com | | |
| INSURED The F.A. Bartlett Tree Expert Company 1290 East Main Street Stamford CT 06902 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Travelers Property Casualty Company of America | | 25674 |
| | INSURER B: The Travelers Indemnity Company | | 25658 |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** 1429700012 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | TC2J-GLSA-1005A129-TIL-23 | 12/1/2023 | 12/1/2024 | EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | TC2J-CAP-1005A130-TIL-23 | 12/1/2023 | 12/1/2024 | COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| B A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | UB-7N673715-23-51-R UB-7N781486-23-51-K | 12/1/2023 12/1/2023 | 12/1/2024 12/1/2024 | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Village of Dobbs Ferry is included as additional insured as respect Commercial General Liability and Auto Liability for work performed by The F.A. Bartlett Tree Expert Company.

CERTIFICATE HOLDER**CANCELLATION**

The Village of Dobbs Ferry
112 Main Street
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 REPRESENTATIVE

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Workers'
Compensation
Board

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) The F.A. Bartlett Tree Expert Co. PO Box 3067 Stamford CT 06905 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy) | 1b. Business Telephone Number of Insured +1 (203) 323-1131 1c. Federal Employer Identification Number of Insured or Social Security Number 06-0254490 |
| 2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) The Village of Dobbs Ferry 112 Main Street Dobbs Ferry NY 10522 | 3a. Name of Insurance Carrier Lincoln Life & Annuity Company of New York 3b. Policy Number of Entity Listed in Box 1a GS4810B872C1NY 3c. Policy Effective Period <u>01/01/24</u> to <u>12/31/24</u> |

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 01/08/24 By Alan Baumann
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 800-423-2765 Name and Title Alan Baumann, AVP, Premium and Billing

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.