



VILLAGE OF DOBBS FERRY

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

Ed Manley

Building Inspector

RECEIVED

JAN 18 2022

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Permit Application

Application Number AT2022-0001

Date 01/06/2022

Job Location 52 SHADY LN Lot # 3.100-72-6

Owner: Stephen Seeler
52 Shady Lane
Dobbs Ferry, NY 10522
(585) 734-3485

Applicant: Jason Sokich
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: Remove the declining 39" DBH Maple located at the rear of the house. Leave stump as close to grade as practical and remove all resulting debris.

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	abseeler@gmail.com
Parcel Owner Phone	(516) 343-9343

Job Location: 52 SHADY LN

Parcel Id: 3.100-72-6

AFFIDAVIT OF APPLICANT

I JASON SONICH being duly sworn, depose and says: That s/he does business as: ARBORIST with offices at: 2040 SAWMILL RIVER RD., ELMSFORD, NY 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 6th day of Jan of 2022


Notary Public / Commission of Deeds

CHARLES W. KING
Notary Public, State of New York
Registration #01K14966231
Qualified in Westchester County
Commission Expires July 24, 2022

Applicant's Signature



PROPERTY OWNER'S AUTHORIZATION

I Alexandra Seeler 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 (516)343-9343. Owner email address abseeler@gmail.com

Alexandra Seeler 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 12 day of January of 2022


Notary Public / Commission of Deeds


PROPERTY OWNER'S SIGNATURE

LIM KIM A.
Notary Public, State of New York
No. 01L16144154
Qualified in Westchester County
Commission Expires Apr. 24, 2022



BARTLETT TREE EXPERTS

SCIENTIFIC TREE CARE SINCE 1907

Village of Dobbs Ferry
112 Main Street
Dobbs Ferry, NY 10522

Bartlett Tree Experts
2240 Saw Mill River Road
Elmsford, NY 10523

Dear Tree Committee,

As a result of old pruning, the maple located at the rear of the house had a co-dominant leader removed on the east side of the tree. Consequently, dieback of a large stub occurred and the decline has progressed into the corresponding portion of the main stem. The remaining leader was "Lion's tailed". This is when limbs that have had their interior branches (those closest to the trunk) removed, leaving a tuft of foliage only at the end, are more likely to fail. The limb looks like a lion or poodle tail, hence the name. This creates a situation where the wind force impacts the limb only at the end furthest from its attachment to the tree. As leverage amplifies force it makes it easier to break the limb or in this case the entire leader at the main crotch due to its compromised attachment.

In assessing and utilizing the TRAQ risk assessment model which uses the key steps in determining the "likelihood of failure, "likelihood of impact" to target and "consequence of failure", I'm able to determine if a tree presents a High, Medium or Low level of risk. I concluded that the maple is "Likely" to have a failure given the current structural conditions, that failure is "Very Likely" to impact the house and that the consequences of that failure will be 'Severe' and therefore the tree is High risk. Removal is recommended.

Thank you for your consideration.

Best Regards,

Jason Sokich
Bartlett Tree Experts
ISA Certified Arborist NY-6345A
ISA Tree Risk Assessment Qualified

George Latimer
Westchester County Executive



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

09/07/2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2021

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 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.):	
INSURED The F.A. Bartlett Tree Expert Company 1290 East Main Street Stamford CT 06902	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Travelers Property & Casualty Co of America	25674
	INSURER B : Travelers Indemnity Company	25658
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 469432105**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-21	12/1/2021	12/1/2022	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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TC2J-CAP-1005A130-TIL-21	12/1/2021	12/1/2022	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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		UB-7N673715-21-51-R UB-7N781488-21-51-K	12/1/2021 12/1/2021	12/1/2022 12/1/2022	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)
Village of Dobbs Ferry is included as additional insured as respect, Commercial General Liability and Automobile Liability for work performed by The F.A. Bartlett Tree Expert Company.

CERTIFICATE HOLDER**CANCELLATION**

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



Workers'
Compensation
Board

CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by 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 FA BARTLETT TREE EXPERT COMPANY

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

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

060254490

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

ShelterPoint Life Insurance Company

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

DBL573018

3c. Policy effective period

01/01/2021

to

12/31/2022

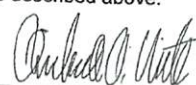
4. Policy provides the following benefits:

- ☒ 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 **10/12/2021** 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 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 4C or 5B of Part 1 has 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 with respect to all of his/her 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.

DB-120.1 (10-17)



