



## 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 AT2021-0191

Date 12/16/2021

Job Location 79 N MOUNTAIN DR

Lot # 3.10-1-4

Owner: BROOKER BASS  
79 N MOUNTAIN DR  
DOBBS FERRY, NY 10522

Applicant: Bill Davies  
480-A King Street  
Chappaqua, NY 10514  
914-238-0069 westtreelife@aol.com

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

Description of Work: 20" DBH Norway Maple tree with large spot of decay

#### Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	brbass@gmail.com
Parcel Owner Phone	917-697-0126

Job Location: 79 N MOUNTAIN DR

Parcel Id: 3.10-1-4

### AFFIDAVIT OF APPLICANT

I, Remington Arnold being duly sworn, depose and says: That he does business as: Westchester Tree Life, Inc. with offices at: 489A King Street, Chappaqua, NY 10514 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 5<sup>th</sup> day of January of 2022

Notary Public / Commission of Deeds

DAVID GANIS  
Notary Public, State of New York  
County of Westchester  
No. 01GA6103525  
My Commission Expires Dec. 29, 2023

*David Ganis*

*Remington Arnold*  
Applicant's Signature

### PROPERTY OWNER'S AUTHORIZATION

I, Brooke R. Bass 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 917-697-0126. Owner email address brbass@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 \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_

Notary Public / Commission of Deeds

PROPERTY OWNER's SIGNATURE

Job Location: 79 N MOUNTAIN DR

Parcel Id: 3.10-1-4

**AFFIDAVIT OF APPLICANT**

I, William Davies being duly sworn, depose and says: That he does business as: Westchester Tree Life, Inc. with offices at: 489A King Street, Chappaqua, NY 10514 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, Brooke R. Bass 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 917-697-0126. Owner email address brbass@gmail.com

Brooke Bass 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 10 day of January of 2022

Atty

Notary Public / Commission of Deeds

[Signature]

PROPERTY OWNER's SIGNATURE

LIM KIM A.  
Notary Public, State of New York  
No. 01L18144154  
Qualified in Westchester County  
Commission Expires Apr. 24, 2022

**WESTCHESTER TREE LIFE, INC**  
**480-A KING STREET**  
**CHAPPAQUA, NY 10514**  
**T: (914) 238-0069**  
**F: (914) 238-0076**  
**westtreelife@aol.com**

December 15, 2021

Village of Dobbs Ferry  
Building & Engineering Departments  
112 Main Street  
Dobbs Ferry, NY 10522

RE: Ms. Brooke Bass  
79 North Mountain Drive  
Dobbs Ferry, NY 10522

To Whom It May Concern:

I was recently asked to perform a property inspection for Ms. Brooke Bass, 79 North Mountain Drive in Dobbs Ferry and it is my professional recommendation as a certified Arborist that the following tree be removed:

(1) 20" DBH Norway Maple tree – located at the back of the property behind the pool

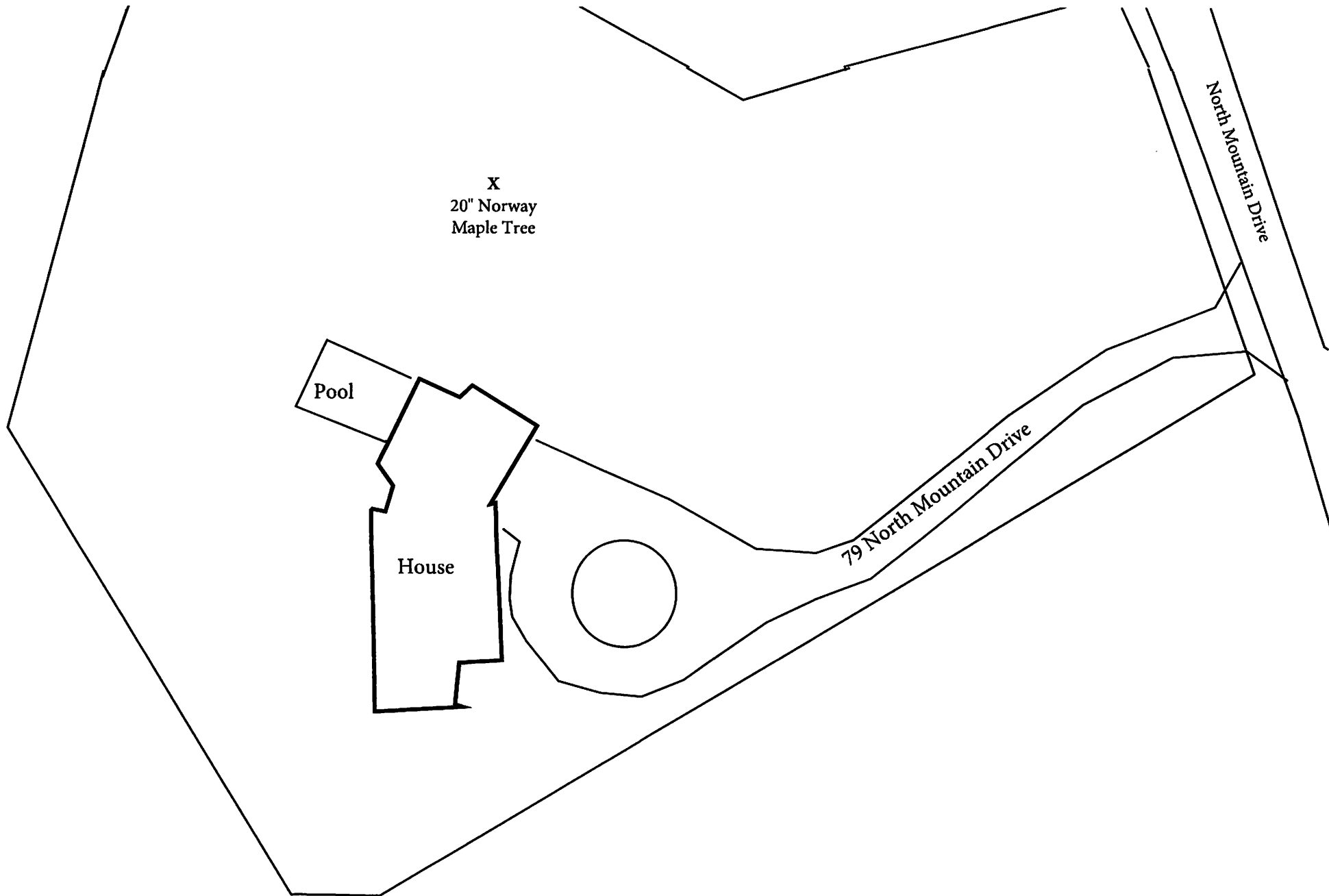
The above tree has some decay in mid-level and is an invasive species and I recommend that it be removed at this time.

If there are any questions, please feel free to call me in the office or on my cell phone at (914) 490-9090.

Sincerely,



William Davies, President  
Westchester Tree Life, Inc.  
NYS Certified Arborist #NY-0435



X  
20" Norway  
Maple Tree

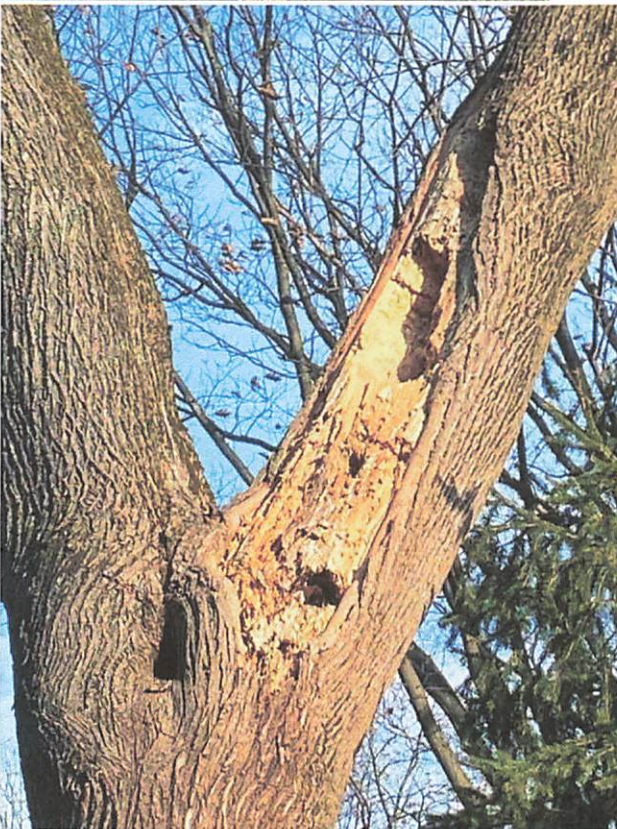
Pool

House

79 North Mountain Drive

North Mountain Drive

BASS Norway Maple Tree





George Latimer  
Westchester County Executive



James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

WESTCHESTER TREE LIFE INCORPORATED

480-A KING STREET

CHAPPAQUA, NY-10514

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-05532-H93



Date of Expiration

09/13/2023



## CERTIFICATE OF LIABILITY INSURANCE

WESTTRE-01

JBRUNO

DATE (MM/DD/YYYY)

12/21/2021

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 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).

<b>PRODUCER</b> Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (914) 457-4200 FAX (A/C, No): (914) 457-4200 E-MAIL ADDRESS: info@levittfuirst.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Nova Casualty Company INSURER B : New York State Insurance Fund INSURER C : ShelterPoint INSURER D : INSURER E : INSURER F :	
<b>INSURED</b>  Westchester Tree Life Inc. 480-A King Street Chappaqua, NY 10514	<b>NAIC #</b> 42552 36102 81434	

## COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	ARBML1000009306	4/26/2021	4/26/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		ARBML1000009306	4/26/2021	4/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000		ARBUM1000002306	4/26/2021	4/26/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	08237786	4/26/2021	4/26/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Disability		DBL399628	1/1/2021	12/31/2023	Statutory Limits
A	Scheduled Equipment		ARBML1000009306	4/26/2021	4/26/2022	Ded \$1,000/Limit 920,428

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Brooke Bass 79 North Mountain Drive Dobbs Ferry, NY 10522

Village of Dobbs Ferry included as Additional Insured for covered operations of the named insured,

## 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





# 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

<p>1a. Legal Name &amp; Address of Insured (use street address only)</p> <p><b>WESTCHESTER TREE LIFE INC</b></p> <p><b>480-A KING STREET</b> <b>CHAPPAQUA, NY 10514</b></p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p><b>914-238-0069</b></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p><b>133467594</b></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p><b>Village of Dobbs Ferry</b> <b>112 Main Street</b> <b>Dobbs Ferry, NY 10522</b></p>	<p>3a. Name of Insurance Carrier</p> <p><b>ShelterPoint Life Insurance Company</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p><b>DBL399628</b></p> <p>3c. Policy effective period</p> <p><b>01/01/2022</b> to <b>12/31/2022</b></p>

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 1/11/2022 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

\*\*\*\*\* 133467594  
LEVITT FUIRST ASSOCIATES LTD  
520 WHITE PLAINS RD 2ND FLR  
TARRYTOWN NY 10591



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> WESTCHESTER TREE LIFE INC 480-A KING STREET CHAPPAQUA NY 10514		<b>CERTIFICATE HOLDER</b> VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY, NY 10522	
<b>POLICY NUMBER</b> W 823 778-6	<b>CERTIFICATE NUMBER</b> 245288	<b>POLICY PERIOD</b> 04/26/2021 TO 04/26/2022	<b>DATE</b> 12/21/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 823778-6, 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.

**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.

WILLIAM R DAVIES - PRESIDENT  
REMINGTON ARNOLD - VICE PRESIDENT  
OF WESTCHESTER TREE LIFE INC

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: 394961041