



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

RECEIVED

DEC 28 2022

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Permit Application

Application Number AT2022-0134

Date 12/28/2022

Job Location 16 BRAMLEY LN Lot # 3.140-126-14

Owner: ~~HOWARD BAUER~~
~~16 BRAMLEY LN~~
~~DOBBS FERRY, NY 10522~~

Applicant: Carles Latorre Garrido
16 Bramley Ln
Dobbs Ferry, NY 10522
(917)297-5100
latorresanahuja@gmail.com

NEW OWNER

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

Description of Work: Removal of trees as per document attached

Form Questions:

Application Parcel Owner Contact:

| | |
|--------------------|---------------------------|
| Parcel Owner Email | latorresanahuja@gmail.com |
| Parcel Owner Phone | 9172975100 |

Job Location: 16 BRAMLEY LN

Parcel Id: 3.140-126-14

AFFIDAVIT OF APPLICANT

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

X 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 or 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 28 day of DECEMBER of 2022



Notary Public / Commission of Deeds

LIM KIM A.
Notary Public, State of New York
No. 01L16144154
Qualified in Westchester County
Commission Expires Apr. 24, 2026



Applicant's Signature

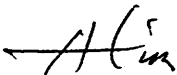
PROPERTY OWNER'S AUTHORIZATION

I **Carles Latorre Garrido** 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 9172975100. Owner email address latorresanahuja@gmail.com

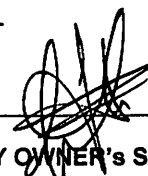
_____ I hereby acknowledge that it is my responsibility as the property owner to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property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

Sworn to before me this 28 day of DECEMBER of 2022



Notary Public / Commission of Deeds

LIM KIM A.
Notary Public, State of New York
No. 01L16144154
Qualified in Westchester County
Commission Expires Apr. 24, 2026



PROPERTY OWNER'S SIGNATURE

Friday, Dec 23, 2022

To whomever it may concern,

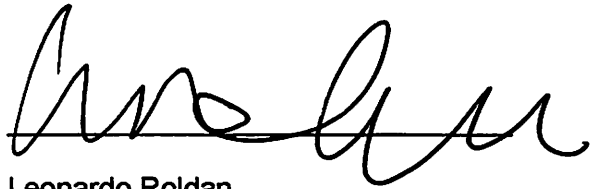
I, Leonardo Roldan (Arborist License: NY 5391ATL), went to

16 Bramley Ln Pabbs Ferry, NY 10522, USA

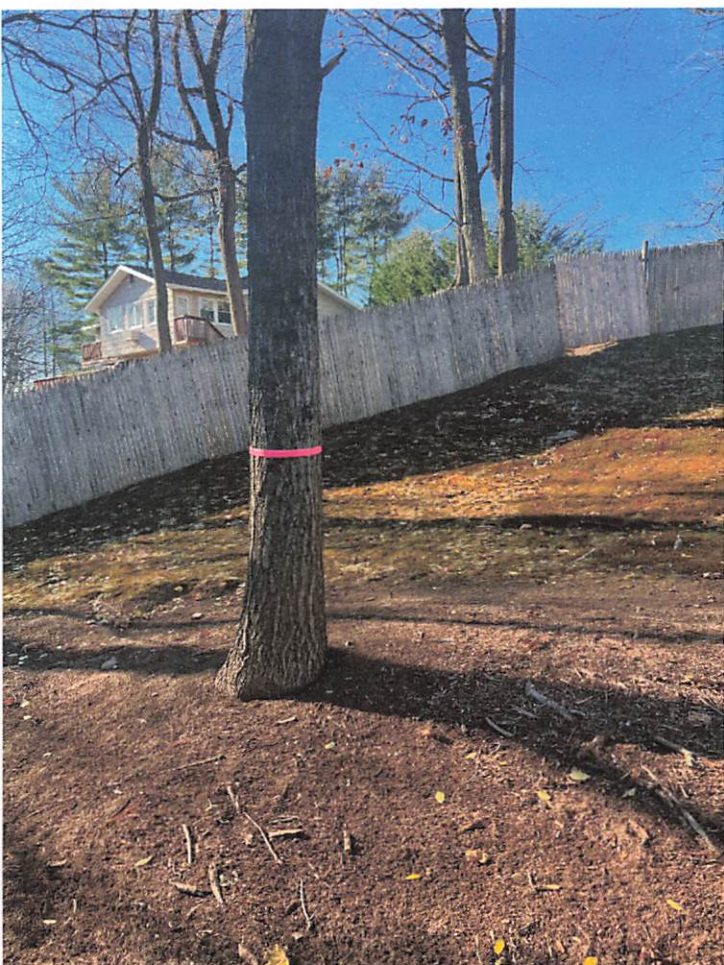
to assess a multitude of trees. 2 Maple trees both at approximately 40' in height, with 25" in DBH. These two trees are causing too much shade along with having many dead limbs. These two trees should be removed in order to make more room in the yard, remove some shade, and protect the property from falling limbs. 1 Cherry Tree with 25" in DBH. This tree is leaning towards the shed with a very bad canopy. This tree should be removed due to possible damage in the future to the shed. 1 Maple tree with a broken top with dried bark. This should be removed due to its high possibility of causing damage to the property. 1 Double trunk maple in 8" in DBH in each trunk. This tree should be removed to extend the grass on the property. 1 Maple in 23" in DBH should be removed as a fence is going to be built there and to extend the grass; building around the tree would cause the fence to have to stop or go on the neighboring property line. 2 Oak, one being 22" in DBH and the other being 27" in DBH should be cut to open up the property.

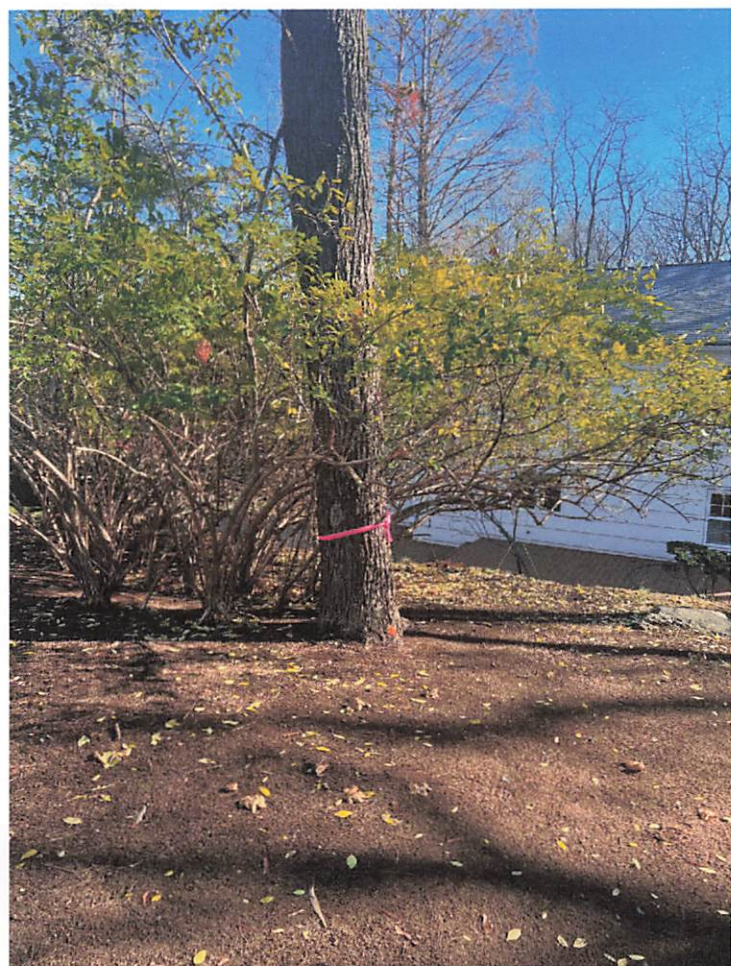
1 Blu Juniper in 16" at the neighboring property line should be removed in order to build the fence. 1 White Pine in 16" in DBH should be removed in order to prevent future damage to the neighboring properties due to its positioning; leaning towards the neighboring properties. 6 Western Cedars at the property line, 1. 22" in DBH, 2. 20" in DBH, 3. 36" in DBH, 4. 38" in DBH,

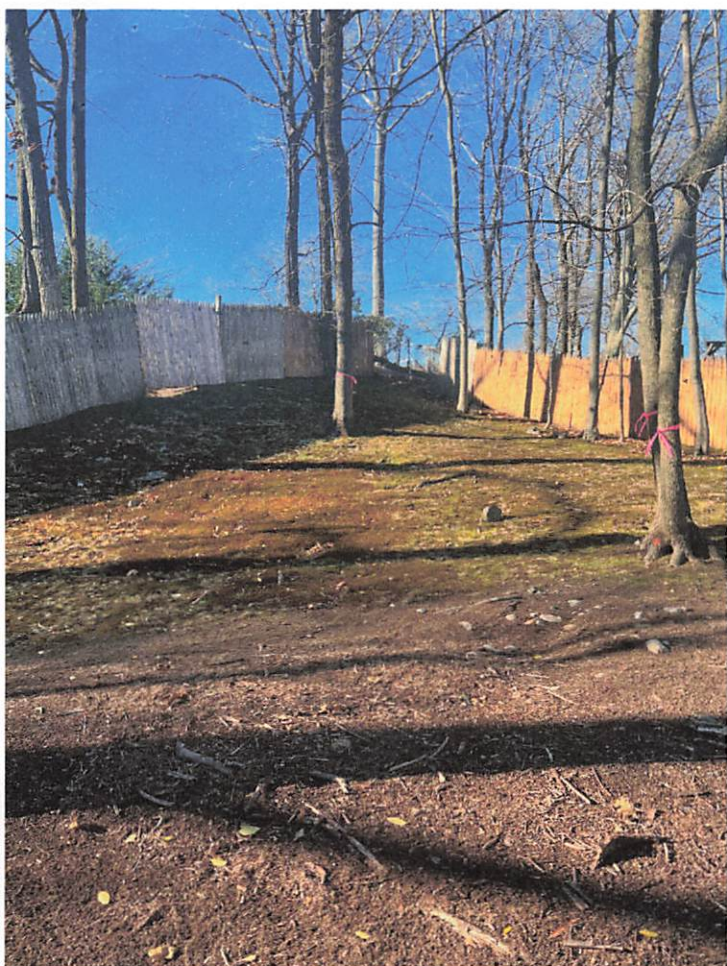
5. 40" in DBH, 6. 45" in DBH. These have to be removed in order to build the fence, not having them removed makes it impossible to build the fence. All of these trees are causing issues with the electric lines and could be hazardous in future storms by having those cables getting tangled on those trees.

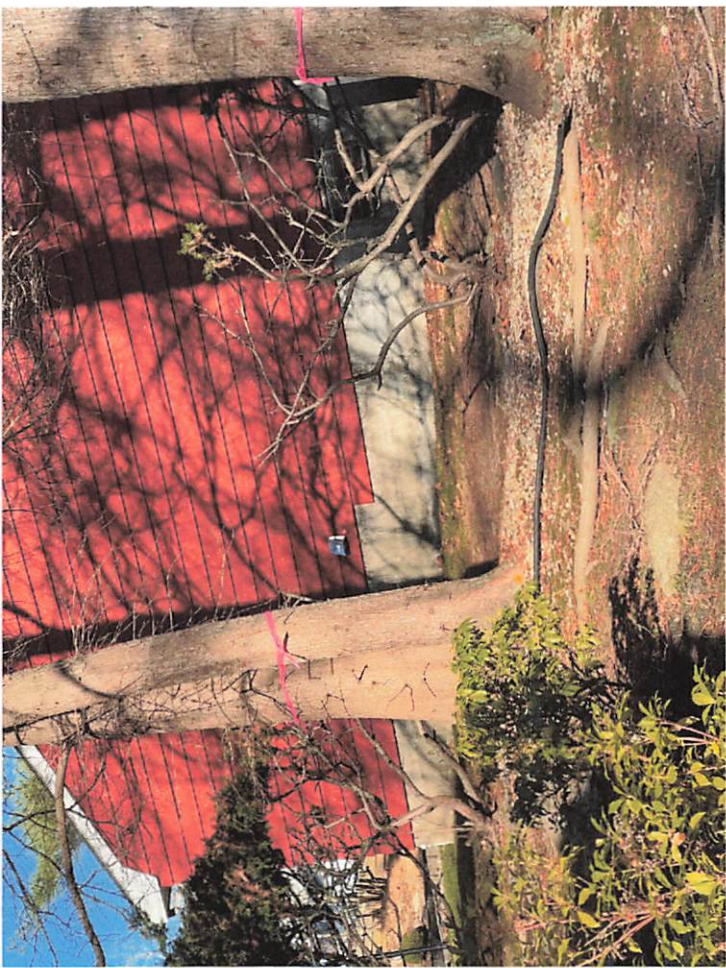
A handwritten signature in black ink, appearing to read 'Leonardo Roldan', written over a horizontal line.

Leonardo Roldan



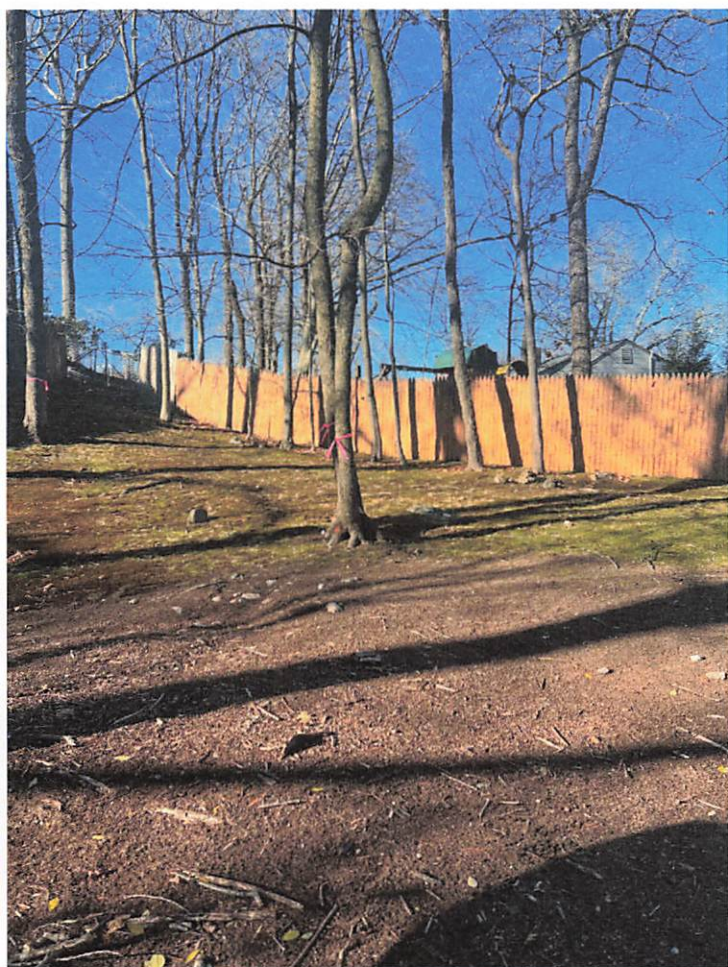












George Lathier
Westchester County Executive

Westchester
gov.com

James Mahan
Director, Consumer Protection

**Department of Consumer Protection
Home Improvement License**

GENESIS TREE SERVICE & LANDSCAPING INC
41 LINCOLN AVENUE
WHITE PLAINS, NY-10606

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-30615-H18



Date of Expiration
05/02/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/18/2022

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 CHRISTOPHER J. TARR 500 ROUTE 32 PO BOX 1014 HIGHLAND MILLS, NY 10930 | CONTACT NAME: CHRISTOPHER J. TARR PHONE (A/C, No, Ext): 845-738-8801 FAX (A/C, No): 845-395-0011 E-MAIL: HIGHLANDMILLSOFFICE@AMERICAN-NATIONAL.COM ADDRESS: HIGHLANDMILLSOFFICE@AMERICAN-NATIONAL.COM |
| INSURED GENESIS TREE SERVICE & LANDSCAPING INC 41 LINCOLN AVE WHITE PLAINS, NY 10606 | INSURER(S) AFFORDING COVERAGE INSURER A: UNITED FARM FAMILY INS CO INSURER B: FARM FAMILY CASUALTY INS CO INSURER C: INSURER D: INSURER E: INSURER F: |

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SELECT BUSINESS PKG GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | 3102X3144 | 03/08/22 | 03/08/23 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B | 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 checked="" type="checkbox"/> Y N/A | | 3103W9185 | 04/17/22 | 04/17/23 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

LANDSCAPE DESIGN

CERTIFICATE HOLDER

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

CANCELLATION

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

Brandi Arane

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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) GENESIS TREE SERVICE & LANDSCAPING INC 41 LINCOLN AVENUE WHITE PLAINS, NY 10606 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small> | 1b. Business Telephone Number of Insured 914-830-1675 1c. Federal Employer Identification Number of Insured or Social Security Number 262087997 |
| 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" DBL634254 3c. Policy effective period 03/01/2022 to 02/28/2023 |


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 5/18/2022 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.

DB-120.1 (12-21)





**Workers'
Compensation
Board**

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

| | |
|--|--|
| 1a. Legal Name & Address of Insured (use street address only) GENESIS TREE SERVICE & LANDSCAPING INC 41 LINCOLN AVE WHITE PLAINS, NY 10606 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i> | 1b. Business Telephone Number of Insured (914)830-1675 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 262087997 |
| 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 Farm Family Casualty Ins Co 3b. Policy Number of Entity Listed in Box "1a" 3103W9185 3c. Policy effective period 04/17/22 to 04/17/23 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded. |

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**


This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by: CHRISTOPHER TARR
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  05/18/22
(Signature) (Date)

Title: AGENT

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-738-8801

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.