



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 AT2022-0095

Date 10/06/2022

Job Location 49 CLINTON AVE Lot # 3.120-111-1

Owner: MASTERS SCHOOL
49 CLINTON AVE
DOBBS FERRY, NY 10522

Applicant: Alice Chen
51 Cliff Street
New Rochelle, NY 10801
(914) 725-0441
alice@emeraldtreecare.com

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

Description of Work: Removal for three (3) trees: Two (2) Norway Maples - 38" diameter and 44" diameter; along with a Horse Chestnut - 27" diameter

Form Questions:

Application Parcel Owner Contact:

| | |
|--------------------|---------------------------|
| Parcel Owner Email | Dan.Pereira@mastersNY.org |
| Parcel Owner Phone | (914) 409-8105 |

Job Location: 49 CLINTON AVE

Parcel Id: 3.120-111-1

AFFIDAVIT OF APPLICANT

I, Craig Dunne being duly sworn, depose and says: That s/he does business as Masters School with offices at 49 Clinton Avenue, Bronx, NY and that s/he is:

- ☒ The owner of the property described herein.
- ☐ The Masters School 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.

I that the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. I 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 16th day of OCTOBER of 2022

Karin O'Connor
Notary Public / Commission of Deeds
KARIN O'CONNOR
Notary Public, State of New York
No. 010C6239565
Qualified in Bronx County
Commission Expires April 18, 2023

Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

Craig Dunne is the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number 914-409-8105. Owner email address Dan.Petrarca@MastersNY.org

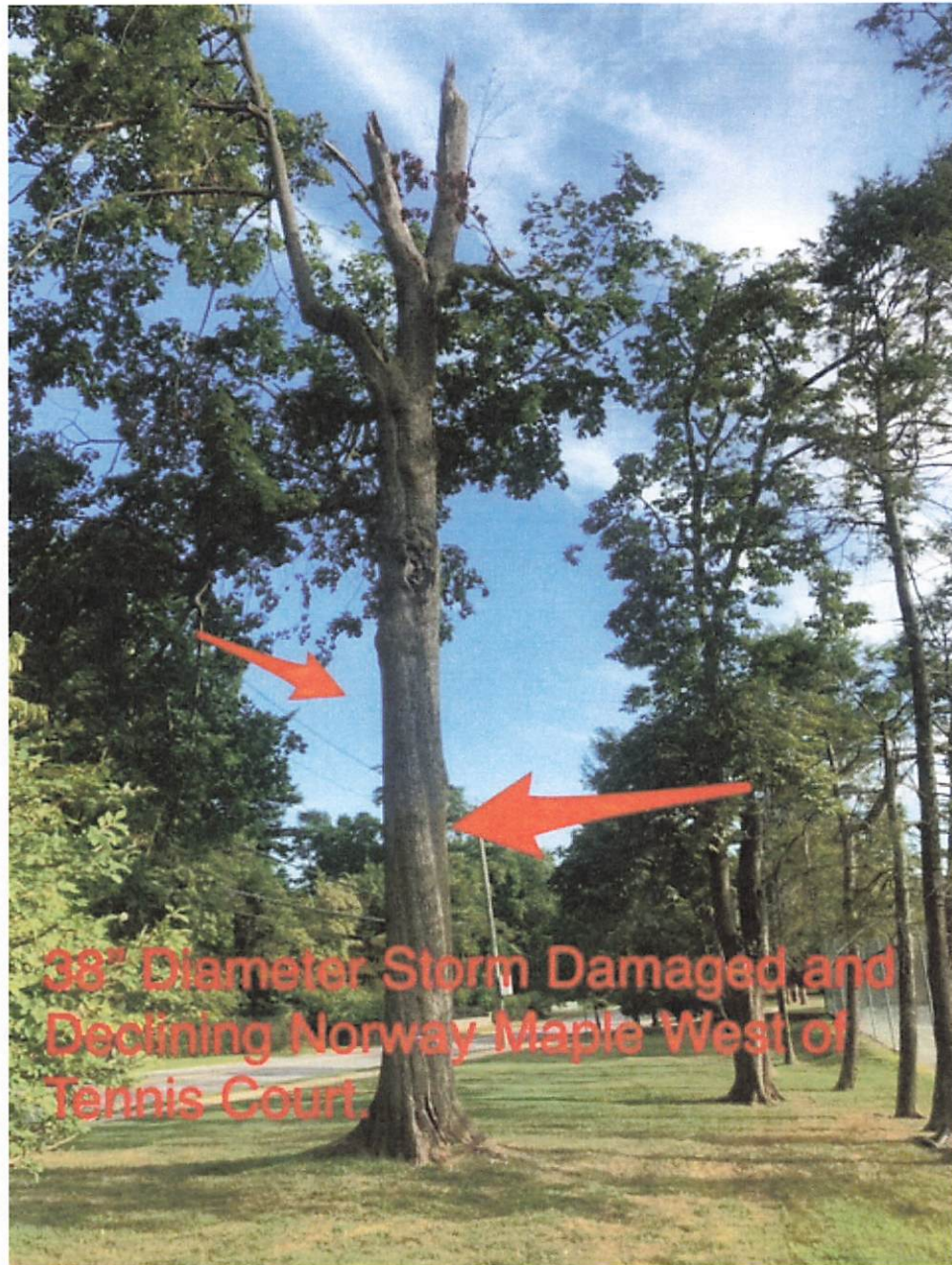
CRAIG DUNNE I hereby acknowledge that it is my responsibility as the property owner to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a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

Sworn to before me this 16th day of OCTOBER of 2022

Karin O'Connor
Notary Public / Commission of Deeds
KARIN O'CONNOR
Notary Public, State of New York
No. 010C6239565
Qualified in Bronx County
Commission Expires April 18, 2023

PROPERTY OWNER'S SIGNATURE







George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

EMERALD TREE & SHRUB CARE INC.

51 CLIFF STREET

NEW ROCHELLE, NY-10801

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-27735-H15



Date of Expiration

05/26/2023



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) EMERALD TREE & SHRUB CARE INC 51 CLIFF STREET NEW ROCHELLE, NY 10801 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i> | 1b. Business Telephone Number of Insured 914-725-0441 1c. Federal Employer Identification Number of Insured or Social Security Number 464456397 |
| 2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) 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" DBL441719 3c. Policy effective period 03/18/2022 to 03/17/2024 |

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 10/6/2022 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 (RENEWED)

***** 464456397

LOVELL SAFETY MGMT CO., LLC
110 WILLIAM STREET 12TH FLR
NEW YORK NY 10038



SCAN TO VALIDATE
AND SUBSCRIBE

| | | | |
|--|-------------------------------------|--|--------------------------|
| POLICYHOLDER EMERALD TREE & SHRUB CARE INC 51 CLIFF STREET NEW ROCHELLE NY 10801 | | CERTIFICATE HOLDER VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522 | |
| POLICY NUMBER Z2329 646-0 | CERTIFICATE NUMBER 792203 | POLICY PERIOD 04/01/2022 TO 04/01/2023 | DATE 10/6/2022 |

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2329 646-0, 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.

PRESIDENT
STEFANIA FARRELLY
VICE PRESIDENT
STEVEN FARRELLY
2 OF 2
EMERALD TREE CARE INC

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

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: 480377274