



## 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**

OCT 13 2021

VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT

### Permit Application

Application Number AT2021-0130

Date 09/04/2021

Job Location 116 NORTHFIELD AVE

Lot # 3.60-34-6

Owner: PRINCE KANNAMPALLIL  
116 NORTHFIELD AVE  
DOBBS FERRY, NY 10522

Applicant: Antonio Gomez  
11 Ann Street  
West Harrison, NY 10604  
(914)648-0165  
marcosalmada91@gmail.com

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

Description of Work: Several branches have had broken. Owner is afraid it will continue breaking and hurt a family member.

#### Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	princechacko@gmail.com
Parcel Owner Phone	3476538568

Job Location: 116 NORTHFIELD AVE

Parcel Id: 3.60-34-6

**AFFIDAVIT OF APPLICANT**

I PRINCE KANNAMPALLIL being duly sworn, depose and says: That s/he does business as: Taccara Landscape with offices at: 11 Ann St, West Harrison, N.Y., 10604 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 2nd day of Sept of 2021

  
Notary Public / Commission of Deeds

**MIGUEL H CERVANTES**  
Notary Public, State of New York  
Registration #01CE6168482  
Qualified in Westchester County  
Commission Expires June 11, 2023

  
Applicant's Signature

**OWNER'S AUTHORIZATION**

I PRINCE KANNAMPALLIL 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 3476538568. Owner email address princechacko@gmail.com

PRINCE KANNAMPALLIL 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 2nd day of Sept of 2021

  
Notary Public / Commission of Deeds

**MIGUEL H CERVANTES**  
Notary Public, State of New York  
Registration #01CE6168482  
Qualified in Westchester County  
Commission Expires June 11, 2023

  
Applicant's Signature

George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

**Department of Consumer Protection  
Home Improvement License**

TACUARAL LANDSCAPE

PO BOX 1995

WHITE PLAINS, NY-10604

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-21978-H09



Date of Expiration  
07/14/2023



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2021

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> Donnelly Insurance Center 6 North Lawn Ave. P.O. Box 880 Elmsford NY 10523-0880	<b>CONTACT NAME:</b> Michael J Donnelly <b>PHONE (A/C, No, Ext):</b> (914) 347-6500 <b>FAX (A/C, No):</b> (914) 347-6303 <b>E-MAIL ADDRESS:</b> INFO@DONNELLYAGENCY.COM																					
<b>INSURED</b> Antonio A Gomez, DBA: Tacuaral Landscape 11 Ann Street PO Box 1995 White Plains NY 10602	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>WESTERN WORLD INSURANCE COMPANY</td><td>13196</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	WESTERN WORLD INSURANCE COMPANY	13196	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** CL2142030352**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:	Y		NPP8680700	04/07/2021	04/07/2022	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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 - COMP/OP AGG	\$ 1,000,000		\$
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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						<table><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
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AGGREGATE	\$																				
	\$																				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				<table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. DISEASE - POLICY LIMIT	\$																				

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

LANDSCAPING GARDENING, TREE PRUNING, DUSTING, SPRAYING, REPAIRING, TRIMMING OR FUMIGATE, MASONRY CERTIFICATE IS SUBJECT TO TERMS, CONDITIONS AND EXCLUSIONS OF THE ACTUAL POLICY AT THE TIME OF ISSUANCE. CERTIFICATE HOLDER IS/ARE ADDITIONAL INSURED WITH RESPECT TO WORK PERFORMED BY NAMED INSURED AS REQUIRED BY WRITTEN CONTRACT.

**CERTIFICATE HOLDER****CANCELLATION**

VILLAGE OF DOBBS FERRY 112 MAIN ST  DOBBS FERRY NY 10522	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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New York State Insurance Fund

WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

| [nysif.com](https://nysif.com)

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE  
AND SUBSCRIBE

\*\*\*\*\* 822275414

MICHAEL DONNELLY DBA DONNELLY  
INSURANCE CENTER  
PO BOX 880  
ELMSFORD NY 10523

POLICYHOLDER

ANTONIO GOMEZ  
DBA TACUARAL LANDSCAPE  
PO BOX 1995  
WHITE PLAINS NY 10602

CERTIFICATE HOLDER

VILLAGE OF DOBBS FERRY  
112 MAIN ST  
DOBBS FERRY NY 10522

POLICY NUMBER W2203 806-1	CERTIFICATE NUMBER 806118	POLICY PERIOD 04/18/2021 TO 04/18/2022	DATE 10/13/2021
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2203 806-1, 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, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

**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 THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

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: 641532382



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

<p>1a. Legal Name &amp; Address of Insured (use street address only) ANTONIO GOMEZ DBA TACUARAL LANDSCAPE</p> <p>P.O. BOX 1995 WHITE PLAINS, NY 10602</p> <p><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></p>	<p>1b. Business Telephone Number of Insured 914-946-7276</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 822275414</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>VILLAGE OF DOBBS FERRY 112 MAIN ST DOBBS FERRY, NY 10522</p>	<p>3a. Name of Insurance Carrier <b>ShelterPoint Life Insurance Company</b></p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL377538</p> <p>3c. Policy effective period 04/17/2021 to 04/16/2022</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 10/13/2021 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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/27/2021

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.

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<b>PRODUCER</b> Donnelly Insurance Center 6 North Lawn Ave P.O. Box 880 Elmsford NY 10523-0880	<b>CONTACT</b> NAME: Michael J. Donnelly PHONE: (914) 247-6200 FAX: (914) 247-6200 E-MAIL: MJD@DONNELLYAGENCY.COM ADDRESS: 6000 DONNELLY AGENCY, L.L.C.	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER: WORLD INSURANCE COMPANY NAIC #: 13156
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**COVERAGES** **CERTIFICATE NO.** NPP5884700 **REVISION NUMBER**  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE ARE IN EFFECT 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, DEDUCTIBLES, COINSURANCE, CO-PAYMENTS, CO-INSURANCE, AND OTHERS ARE SUBJECT TO THE POLICY.

INSTR. LTR.	TYPE OF INSURANCE	INSURANCE NO.	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y NPP5884700	04/07/2021	04/07/2022	EACH OCCURRENCE 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> CC <input type="checkbox"/> OTHER				SUBJECT TO RETENTION PREMIUMS (Per occurrence) 100,000
					MED. CAP. (per one person) 5,000
					PERSONAL & ADVISORY 1,000,000
					GENERAL AGGREGATE 2,000,000
					PRODUCTS - COMMER. AGG. 1,000,000
	<b>AUTOMOBILE LIABILITY</b>				
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Per accident) 5
	<input type="checkbox"/> OWNED AUTOS ONLY				BODILY INJURY (Per person) 5
	<input type="checkbox"/> HIRED AUTOS ONLY				BODILY INJURY (Per accident) 5
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) 5
	<input type="checkbox"/> NON-OWNED AUTOS ONLY				5
	<b>UMBRELLA LIAB.</b>				EACH OCCURRENCE 5
	<input type="checkbox"/> EXCESS LIAB.				AGGREGATE 5
	<input type="checkbox"/> DED. <input type="checkbox"/> RETENTION \$				5
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)	Y/N			PER STATUTE 5
	DESCRIPTION OF OPERATIONS BELOW	N/A			OTHER 5
					E.L. EACH ACCIDENT 5
					E.L. DISEASE - EA EMPLOYEE 5
					E.L. DISEASE - POLICY LIMIT 5

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

*[Signature]*

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