



## 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 AT2023-0112

Date 10/19/2023

Job Location 3 DEERFOOT LN

Lot # 3.130-121-20

Owner: VINCENTMCDADE  
3 DEERFOOT LN  
DOBBS FERRY, NY 10522  
917-903-6687

Applicant: Tess McDade  
3 DEERFOOT LN  
DOBBS FERRY, NY 10522-3315  
(917)903-6687 tocmcdade@gmail.com

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

Description of Work: Declining Black Locust leaning towards house - see attached arborist paperwork

#### Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	tocmcdade@gmail.com
Parcel Owner Phone	917.903.6687

RECEIVED

NOV 05 2023

VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT

Job Location: 3 DEERFOOT LN

Parcel Id: 3.130-121-20

**AFFIDAVIT OF APPLICANT**

I \_\_\_\_\_ being duly sworn, depose and says: That s/he does business as: \_\_\_\_\_ with offices at: \_\_\_\_\_ 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 application 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 TERESA MONTE 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 917.903.6687. Owner email address tocmcdade@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 4<sup>th</sup> day of November of 2023

  
Notary Public / Commission of Deeds

  
PROPERTY OWNER's SIGNATURE

LISA FINE SHERMAN  
Notary Public-State of New York  
No. 01SH6369702  
Qualified in Westchester County  
Commission Expires January 16, 2026



## Buddinghtree Consultancy LLC

"Balancing the Needs of Trees and People"

Tree Management and Diagnostics  
Tree Advocacy



"Arbor Scientiae"

1968-2023 Fifty-five Years Dedicated Service to Trees

Ossining, 10 October 2023

Mr and Mrs. Theresa and Vincent McDade  
3 Deerfoot Lane  
Dobbs Ferry, NY 10522

Per e-mail : [tocmcdade@gmail.com](mailto:tocmcdade@gmail.com)

**RE: assessment of Robinia pseudoaccacia - Black Locust in support of tree removal application**

**Diameter: 24.8 inch**

Date site visit: 10.09.23

Location: adjacent to your home, left of driveway on an elevated level, atop a rock formation

The tree has a slight lean towards the house.

Photos and further comments below:

Office: 88 Broadway PH1 Ossining NY 10562 USA

Telephone: +1 914-426-6966

E-mail: [buddinghtree@buddinghtree.com](mailto:buddinghtree@buddinghtree.com)

Web: [www.buddinghtree.com](http://www.buddinghtree.com)

Comments:

- The canopy extends partially over the house, and the reduction pruning of two limbs is visible.
- A bark-included limb, twisting around the main trunk and growing out towards the house, is infected by *Phellinus robiniae* of *Cracked cap polypore*  
This fungus develops primarily on dead wood tissue. It indicates that the central wood column of the stem is compromised by internal decay, thereby weakening the strength of the tree stem.
- Below the fungal spore caps, a hole into the main stem can be found, further showing the tree being internally decayed.
- At the back of the tree, bark dieback can be found, as well as another basal wound indicating declining health of the stem and root flare.
- The tree causes the breaking up of the asphalt in the parking area

Recommendation:

Considering the location of the tree, rooting in a shallow rooting profile, its proximity to the house, and described signs of decline in the stem, as well as the bark-included limb twisting around the main trunk of the tree [liable to untimely] breakage, I advise:

REMOVAL of the tree to be permitted.



Frank C Buddingh' MSc.Hol.Sc. FRIH  
Buddinghree Consultancy LLC  
"Balancing the Needs of Trees and People"

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"One is wise to cultivate the tree that bears fruit in our soul"  
Henry David Thoreau, 1817-1862

The following Waiver applies to all consultancy work commissioned:

Plants are living organisms. We use the most up-to-date equipment to assess the condition and/or trends of your trees' structural weakness and advise accordingly. However, we cannot be held liable if our findings regarding stability, structure, or general health do not match actual conditions. Nor can we be held responsible for any future calamities/damages after implementing our recommendations.

Office: 88 Broadway PH1 Ossining NY 10562 USA  
Telephone: +1 914-426-6966  
E-mail: [buddinghree@buddinghree.com](mailto:buddinghree@buddinghree.com)  
Web: [www.buddinghree.com](http://www.buddinghree.com)





Red markings show points of concern.

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George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

**Department of Consumer Protection  
Home Improvement License**

WESTCHESTER ALL CARE TREE INC.  
484 CAROL PLACE  
PELHAM, NY-10803

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-08004-H96



Date of Expiration  
11/29/2024



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2023

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> Marenco Insurance Agency Inc. 2525 Palmer Ave Suite 1 New Rochelle NY 10801	<b>CONTACT NAME:</b> Laura Rondinelli <b>PHONE (A/C, No, Ext):</b> (914)235-3144 <b>FAX (A/C, No):</b> (914)235-1571 <b>E-MAIL ADDRESS:</b> laura@marencoinsurance.com														
<b>INSURED</b> Westchester All Care Tree, Inc 484 Carol Place Pelham NY 10803	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: NORTHFIELD INS CO</td><td>27987</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NORTHFIELD INS CO	27987	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**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	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	WS548997	05/16/2023	05/16/2024	<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 - COMPI/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 - COMPI/OP AGG	\$ 1,000,000		\$
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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	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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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 with respects to General Liability.

Scope of Work: Those Usual to Insured's Operations.

**CERTIFICATE HOLDER****CANCELLATION**

Village of Dobbs Ferry 112 Main Street 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 Richard A Marenco</p>
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## 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) <b>WESTCHESTER ALL CARE TREE INC</b> <b>484 CAROL PLACE</b> <b>PELHAM, NY 10803</b>	1b. Business Telephone Number of Insured <b>914-636-3107</b>
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number <b>134110978</b>
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) <b>Village of Dobbs Ferry</b> <b>112 Main Street</b> <b>Dobbs Ferry NY 10522</b>	3a. Name of Insurance Carrier <b>ShelterPoint Life Insurance Company</b>  3b. Policy Number of Entity Listed in Box "1a" <b>DBL136253</b>  3c. Policy effective period <b>10/06/2023</b> to <b>10/05/2024</b>

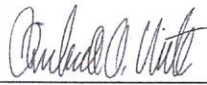
4. Policy provides the following benefits:

- ☒ 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 11/2/2023 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



SCAN TO VALIDATE  
AND SUBSCRIBE

\*\*\*\*\* 134110978  
WESTCHESTER ALL CARE TREE INC  
484 CAROL PLACE  
PELHAM NY 10803

POLICYHOLDER  
WESTCHESTER ALL CARE TREE INC  
484 CAROL PLACE  
PELHAM NY 10803

CERTIFICATE HOLDER  
VILLAGE OF DOBBS FERRY  
112 MAIN ST  
DOBBS FERRY NY 10522

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W1234 254-9	860479	06/23/2023 TO 06/23/2024	11/3/2023

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1234 254-9, 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 CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

WAYNE ALMSTEAD - PRESIDENT  
MARTIN REYES - V PRESIDENT  
WESTCHESTER ALL CARE TREE INC  
2 OF 2

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