



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 AT2023-0124

Date 11/07/2023

Job Location MANOR HOUSE DR (OFF) Lot # 3.130-119-43

Owner: VILLAS ON THE RIDGE
29 MANOR HOUSE LN BRIAN CALEN
DOBBS FERRY, NY 10522
917-699-3701

Applicant: Patrick McVey
58 Beechwood Avenue
New Rochelle, NY 10801
(914)741-1510
villasontheridgeHOA@gmail.com

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

Description of Work: Dead Pear Tree on the right side of the road on Manor House LANE

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	VILLASONTHERIDGEHOA@gmail.com
Parcel Owner Phone	914-523-9131

Job Location: MANOR HOUSE DR (OFF)

Parcel Id: 3.130-119-43

AFFIDAVIT OF APPLICANT

I Elaine Dolgin being duly sworn, depose and says: That s/he does business as: Secretary of Villason the Ridge with offices at: HOA and that s/he is:

☐ The owner of the property described herein.

☒ The Villas on the Ridge of the New York Corporation Secretary with offices at: 18 Manor House Lane, DF 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 3rd day of November of 2023

Margaret Parr
Notary Public / Commission of Deeds

MARGARET PARR
Notary Public, State of New York
Reg. No. 01PA6342470
Qualified in Putnam County
Commission Expires 8/18/2024

Elaine S. Dolgin
Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

I _____ as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

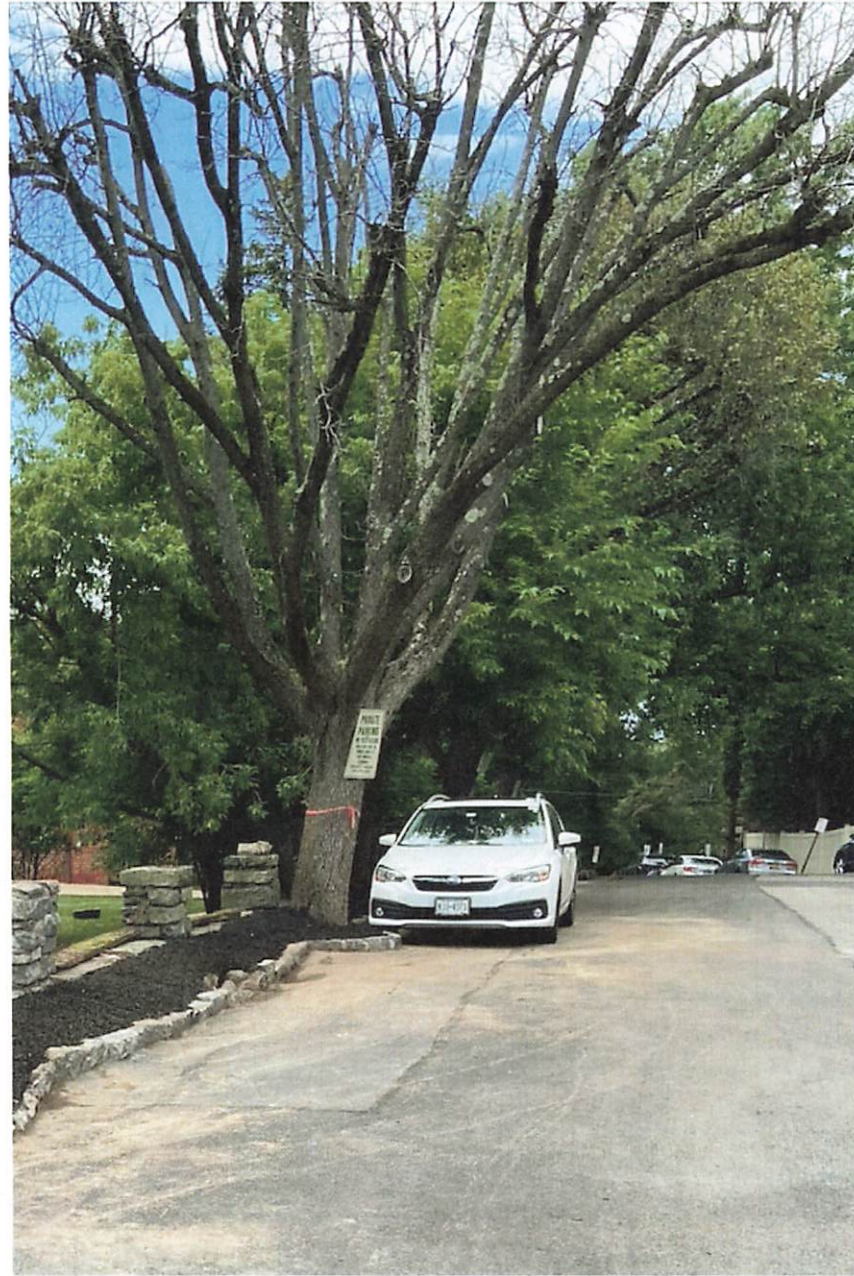
Owner phone number 914-523-9131. Owner email address VILLASONTHERIDGEHOA@gmail.com

_____ 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



Arbor Care Recommendations

The following recommendations are for Arbor Care on the property, which includes all phases of pruning, cabling, and tree removals. Unless otherwise noted: branches are chipped and removed from the property, and stumps are cut as close to grade as conditions will allow; and when stump grinding is recommended, stumps are ground 6-8" below grade and the hole is backfilled with the resulting debris.

Arbor Care: Tree Pruning

1. Take down Pear 26" DBH, right side of service road due decline.

All brush to be chipped and remove debris.

Note: Cars will need to be clear of work area.

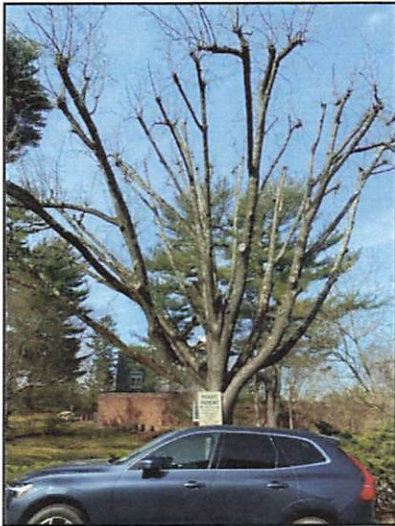
Cost of Labor, Equipment and Disposal..... \$1,525

2. Stump grinding of one (1) Pear approximately 6-8" below grade.

All resulting debris to be removed and leave level to grade.

Note: There is some concrete and stone close to the stump.

Cost of Labor, Equipment and Disposal..... \$150



VILLAS ON THE RIDGE HOMEOWNERS' ASSOCIATION
Manor House Lane and Lisa Court
VillasontheridgeHOA@gmail.com

November 4, 2023

Village of Dobbs Ferry
Building Department
112 Main Street
Dobbs Ferry, New York 10522

,

The HOA at Villas on the Ridge has a dead pear tree on its property. We have contacted Pat McVey from Alstead Shrub & Tree who has given us a quote and the Villas on the Ridge HOA has approved this quote, unanimously.

We appreciate your giving us a permit. Please let us know if you have any questions.

Sincerely,

Gregg David, President
Villas on the Ridge Homeowners' Association

George Latimer
Westchester County Executive

Westchester
County

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

ALMSTEAD TREE & SHRUB CARE COMPANY, LLC

58 BEECHWOOD AVENUE

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-16727-H05



Date of Expiration

06/22/2025



ALMSTRE-01

AXU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2023

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).

PRODUCER License # 0757776 HUB International Insurance Services Inc. PO Box 3310 Santa Barbara, CA 93130-3310	CONTACT Iris Garcia-Cuellar PHONE (A/C, No, Ext): (805) 618-3704 FAX (A/C, No): (805) 832-6581 E-MAIL ADDRESS: CAL-CC-CertReqs@hubinternational.com
INSURED Almstead Tree & Shrub Care Co., LLC 58 Beechwood Avenue New Rochelle, NY 10801	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company NAIC # 11150 INSURER B: Merchants Mutual Insurance Company 23329 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: Capped at \$5,000,000	X	ZAGLB1100503	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ZACAT1200803	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP0001822	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	ZAWCI5802805	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 18 Manor House Drive, Dobbs Ferry, NY 10522

Village of Dobbs Ferry is included as Additional Insured with respect to General Liability coverage as required by written contract for ongoing operations per attached endorsement CG 20 10 04 13.

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