



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

NOV - 9 2021

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Date 10/15/2021

Permit Application

Application Number AT2021-0150

Job Location 30 HEATHER WAY

Lot # 3.60-27-15

Owner: SARAH C. SMITH
30 HEATHER WAY
DOBBS FERRY, NY 10522

Applicant: Sarah Smith
30 Heather Way
Dobbs Ferry, NY 10522
6463872072 scs9006@gmail.com

Application Type: Tree Removal Estimated Cost of Construction: \$ 4,660

Description of Work: Removal of six trees on property to enable construction of addition (permits on file with Dobbs Ferry Building Dept)

Form Questions:

Application Parcel Owner Contact:

| | |
|--------------------|-------------------|
| Parcel Owner Email | scs9006@gmail.com |
| Parcel Owner Phone | 6463872072 |

Sarah C. Smith 10/15/2021

Job Location: 30 HEATHER WAY

Parcel Id: 3.60-27-15

AFFIDAVIT OF APPLICANT

I Sarah Smith 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 applied 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 Sarah Smith 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 6463872072. Owner email address scs9006@gmail.com

Sarah Smith 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 17th day of October of 2021



Notary Public / Commission of Deeds
ELIZABETH A. DREAPER

Notary Public, State of New York

No: 01DR6177050

Qualified In Westchester County

Commission Expires November 5, 2023



PROPERTY OWNER's SIGNATURE

George Latimer
Westchester County Executive



James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

BERNARD GLINSKI INC.
90 WASHINGTON AVENUE
PLEASANTVILLE, NY-10570

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-09963-H99



Date of Expiration

04/15/2023



GLINS-1

OP ID: PN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2021

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).

| | | |
|---|--------------|---|
| PRODUCER Nicolaysen Agency Inc. P.O. Box 108 Chappaqua, NY 10514 ERIK NICOLAYSEN | 914-238-4455 | CONTACT ERIK NICOLAYSEN NAME: PHONE (A/C, No, Ext): 914-238-4455 FAX (A/C, No): 914-238-7961 E-MAIL: ADDRESS: |
| INSURED Bernard Glinski Inc 90 Washington Avenue Pleasantville, NY 10570 | | INSURER(S) AFFORDING COVERAGE INSURER A: GREENWICH INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

| 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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | NGL-1003150-00 | 03/23/2021 | 03/23/2022 | 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 \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | NBA-1003150-00 | 03/23/2021 | 03/23/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | N / A | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER**CANCELLATION**SARAH SMITH
30 HEATHER WAY
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
ERIK NICOLAYSEN

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 132708156
BERNARD GLINSKI INC
90 WASHINGTON AVE
PLEASANTVILLE NY 10570



SCAN TO VALIDATE
AND SUBSCRIBE

| | | | |
|---|-----------------------------------|--|---------------------------|
| POLICYHOLDER BERNARD GLINSKI INC 90 WASHINGTON AVE PLEASANTVILLE NY 10570 | | CERTIFICATE HOLDER SARAH SMITH 30 HEATHER WAY DOBBS FERRY NY 10522 | |
| POLICY NUMBER W 435 823-0 | CERTIFICATE NUMBER 2481 | POLICY PERIOD 11/28/2020 TO 11/28/2021 | DATE 10/12/2021 |

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 435 823-0, 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, 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 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: 1060059856









Application 6/22/19 12:00

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