



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 - 4 2021

**VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT**

Permit Application

Application Number AT2021-0155

Date 10/18/2021

Job Location 60 BELDEN AVE

Lot # 3.50-16-18

Owner: SHARON MCCANN-DOYLE
60 BELDEN AVE
DOBBS FERRY, NY 10522

Applicant: Jason Sokich
2240 Saw Mill River Road
Elmsford, NY 10523
914-565-7445 jsokich@bartlett.com

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

Description of Work: Remove declining 28.5" DBH Norway Maple located at the rear of the house. Leave stump as close to grade as practical and remove resulting debris.

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	sharonmarie.md@gmail.com
Parcel Owner Phone	(917) 701-3709

Continued until tree is marked

Job Location: 60 BELDEN AVE

Parcel Id: 3.50-16-18

AFFIDAVIT OF APPLICANT

I JASON SOKICH being duly sworn, depose and says: That s/he does business as: ARBORIST REPRESENTATIVE with offices at: 3 BARKLEY TREE EXPERTS, 2040 SAW MILL RIVER ROAD, GUNSPORO, NY 10523 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 26th day of OCTOBER of 2021


Notary Public / Commission of Deeds

CHARLES W. KING
Notary Public, State of New York
Registration #01K14966231
Qualified in Westchester County
Commission Expires July 24, 2022

Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

I Sharon Marie 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) 701-3709. Owner email address sharonmarie.md@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 29 day of October of 2021


Notary Public / Commission of Deeds

LIM KIM A.
Notary Public, State of New York
No. 01L16144154
Qualified in Westchester County
Commission Expires Apr. 24, 2022


PROPERTY OWNER'S SIGNATURE



**BARTLETT
TREE EXPERTS**

SCIENTIFIC TREE CARE SINCE 1907

Village of Dobbs Ferry
112 Main Street
Dobbs Ferry, NY 10522

Bartlett Tree Experts
2240 Saw Mill River Road
Elmsford, NY 10523

Dear Tree Committee,

The maple located at the rear of 60 Belden Avenue has a history of sustaining limb damage due to extreme weather events. This maple at one time was overly pruned where the interior branches (those closest to the trunk) were removed, leaving a tuft of foliage only at the end. This practice is called Lion's Tailing. As a result, these limbs are more likely to fail. This creates a situation where the wind force impacts the limb only at the end furthest from its attachment to the tree. The increased leverage amplifies force making it easier to break the limb. From a health perspective, removing the inner canopy starves the tree by eliminating its ability to make energy. In conjunction with the existing large dead branches the expectation is that this tree will only continue to decline.

The recommendation is to remove the tree.

Thank you for your consideration.

Best Regards,

Jason Sokich
Bartlett Tree Experts
ISA Certified Arborist NY-6345A
ISA Tree Risk Assessment Qualified

Restaurants

Hotels

Attractions

Transit

P Parking

Pharmacies

ATMs

Belden Ave

60 Belden Ave, Dobbs
Ferry, NY 10522

th Ln

South Ln

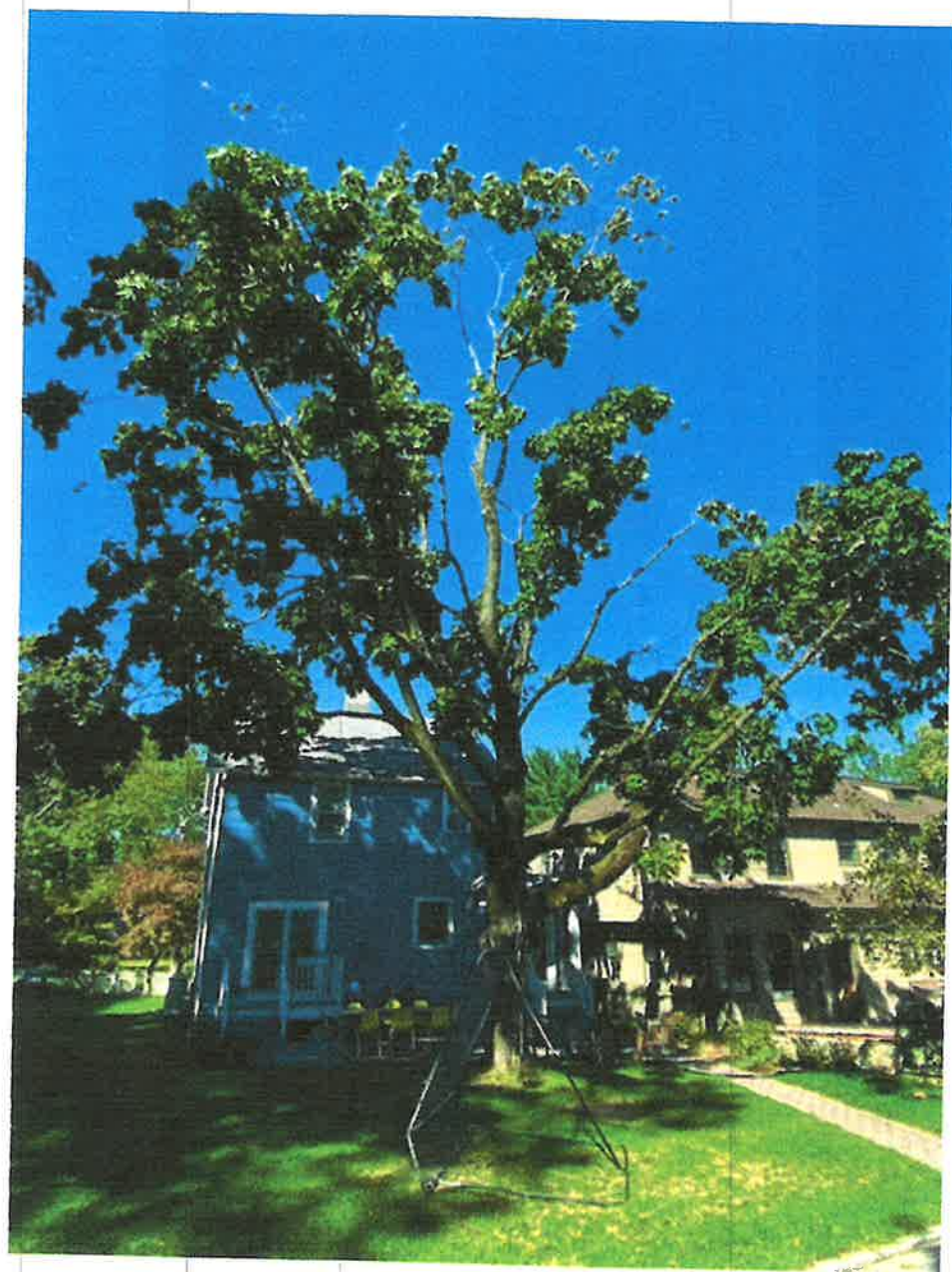
South Ln

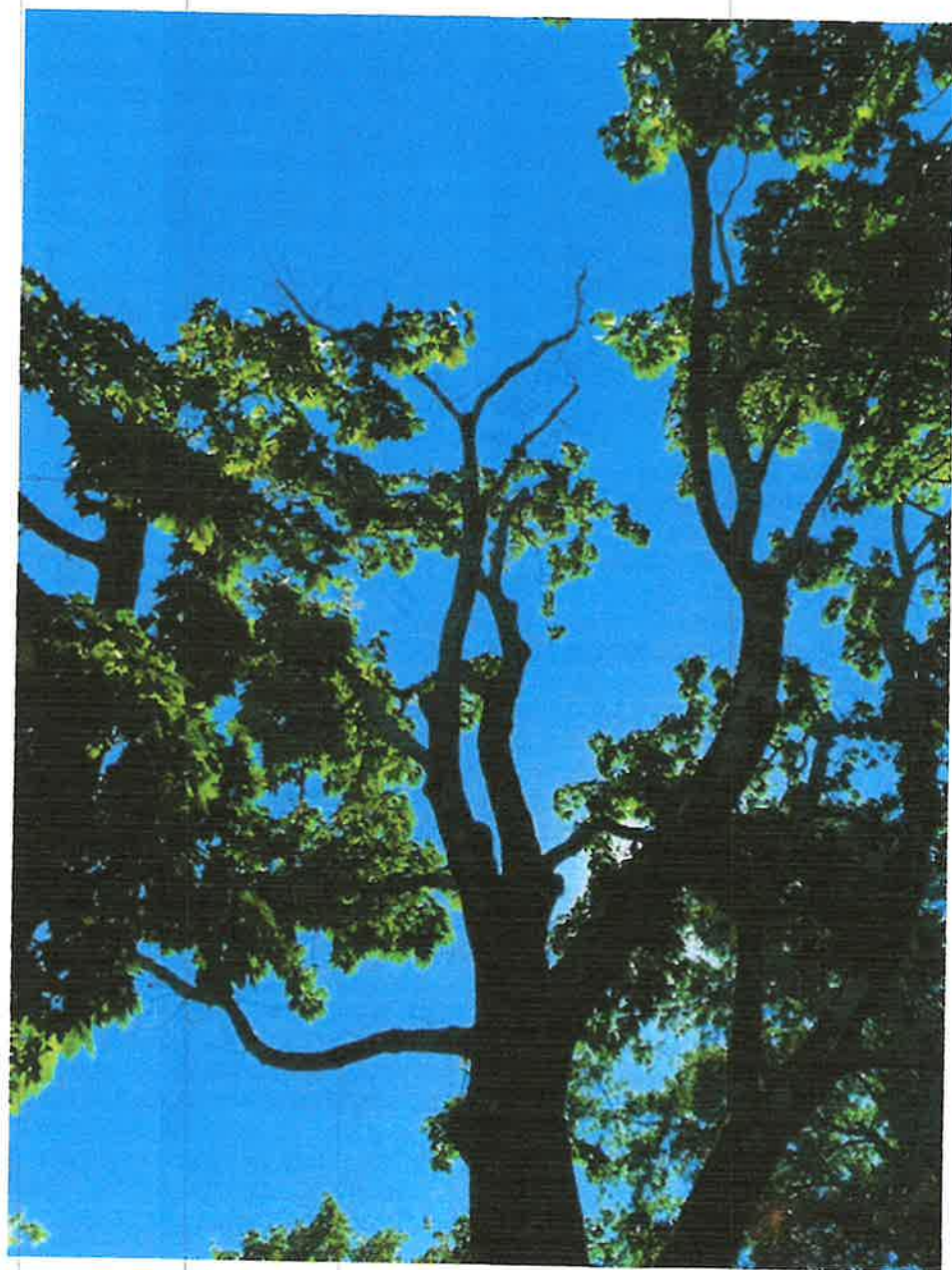
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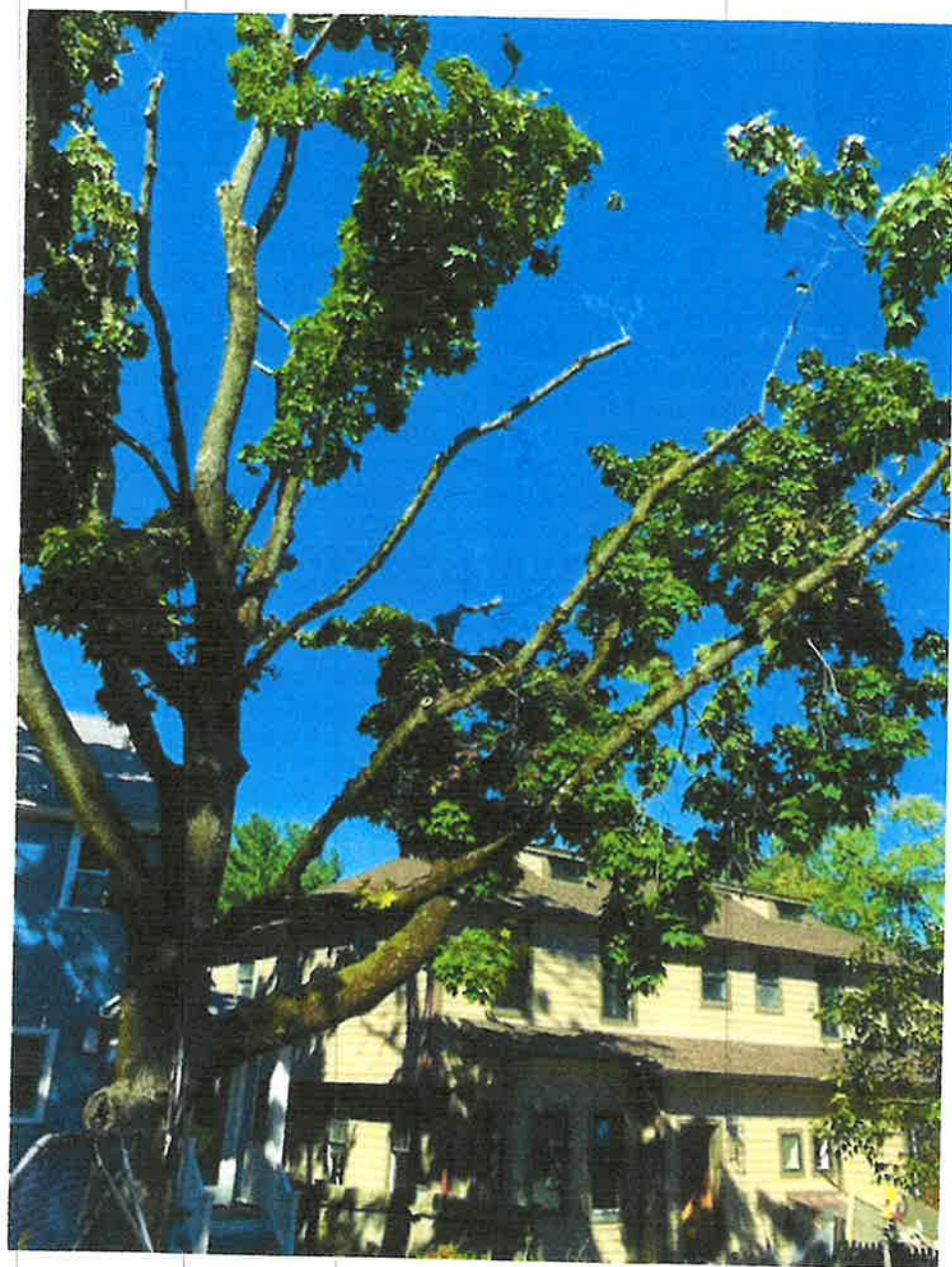
South Ln

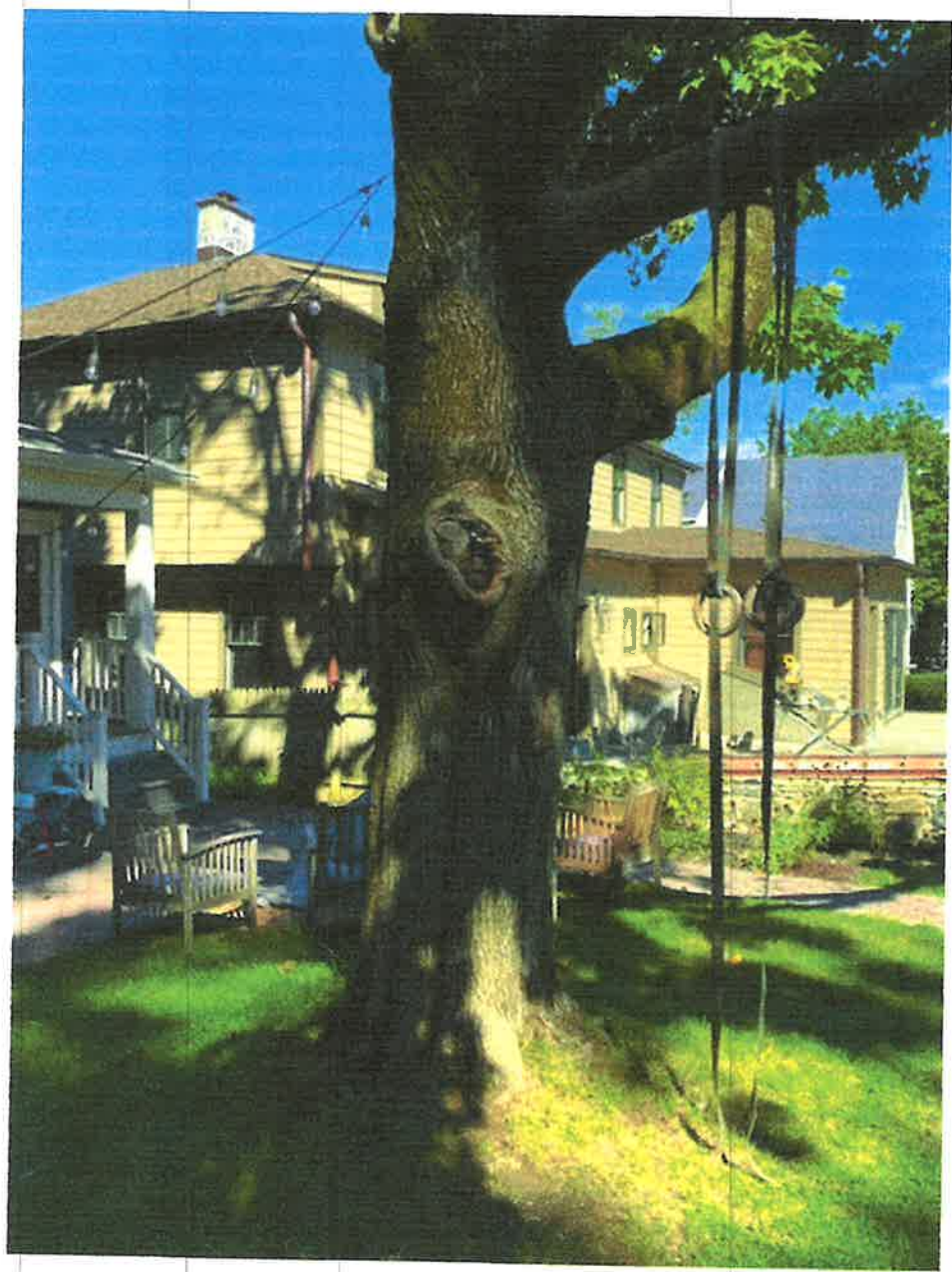
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Google









George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

THE F. A. BARTLETT TREE EXPERT COMPANY
2240 SAW MILL RIVER ROAD

ELMSFORD, NY-10523

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-05518-H93

Date of Expiration

09/07/2023





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/23/2020

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 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 York International Agency, LLC Attn: bartlettcert@yorkintl.com 500 Mamaroneck Avenue, Suite 220 Harrison NY 10528	CONTACT NAME: PHONE (A/C, No, Ext): 914-376-2200 FAX (A/C, No): E-MAIL ADDRESS:																					
INSURED The F.A. Bartlett Tree Expert Company 1290 East Main Street Stamford CT 06902	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Travelers Property & Casualty Co of America</td><td>25674</td></tr><tr><td>INSURER B:</td><td>Travelers Indemnity Company</td><td>25658</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></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Travelers Property & Casualty Co of America	25674	INSURER B:	Travelers Indemnity Company	25658	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 779578052**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	COMMERCIAL GENERAL LIABILITY <input checked="" 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:			TC2J-GLSA-1005A129-TIL-20	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TC2J-CAP-1005A130-TIL-20	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED: RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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		UB-7N673715-20-51-R UB-7N781486-20-51-K	12/1/2020 12/1/2020	12/1/2021 12/1/2021	PER STATUTE 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)
Village of Dobbs Ferry is included as additional insured as respect Commercial General Liability and Automobile Liability for work performed by The F.A. Bartlett Tree Expert Company.

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



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

1a. Legal Name & Address of Insured (use street address only)

THE FA BARTLETT TREE EXPERT COMPANY

PO BOX 3067
STAMFORD, CT 06905

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)

1b. Business Telephone Number of Insured

1c. Federal Employer Identification Number of Insured
or Social Security Number

060254490

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

THE 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"

DBL573018

3c. Policy effective period

01/01/2021

to

12/31/2022

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 10/12/2021

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.

DB-120.1 (10-17)

