



## 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

**RECEIVED**

OCT 03 2023

VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT

### Permit Application

Application Number AT2023-0106

Date 09/23/2023

Job Location 2-16 CLINTON AVE Lot # 3.80-46-6

Owner: WITS END CONDO  
CLINTON AVE  
DOBBS FERRY, NY 10522  
914-320-1410

Applicant: Jonathan Hale  
277 Old Army Rd.  
Scarsdale, NY 10583  
(914)666-6300 jhale135@gmail.com

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

Description of Work: Removal of hazardous trees- each tree to be removed has a numbered ORANGE tag.  
The numbers for trees to remove are 1, 4 and 8

#### Form Questions:

#### Application Parcel Owner Contact:

|                    |                       |
|--------------------|-----------------------|
| Parcel Owner Email | merylschein@gmail.com |
| Parcel Owner Phone | 917-716-7278          |

Job Location: 2-16 CLINTON AVE

Parcel Id: 3.80-46-6

AFFIDAVIT OF APPLICANT

I Jonathan Hale being duly sworn, depose and says: That s/he does business as: Hickory Homes + Properties Inc with offices at: 103 Kisco Ave Mount Kisco NY 10549 and that s/he is: A

☐ 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 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 29 day of September of 2023

  
Notary Public / Commission of Deeds

JOSEPH ARCHINA  
Notary Public, State of New York  
No. 01AR6034577  
Qualified in Westchester County  
Exp. Date: 12/13/25

Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION  
MERYL SCHEINMAN

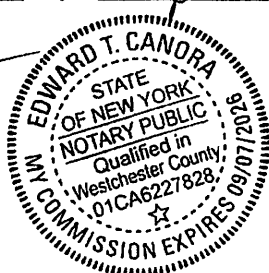
I \_\_\_\_\_ as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

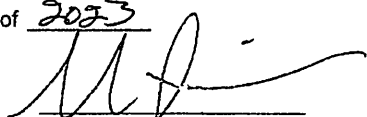
Owner phone number 917-716-7278. Owner email address merylschein@gmail.com

Meryl Scheinman 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 27 day of Sept of 2023

  
Notary Public / Commission of Deeds





PROPERTY OWNER'S SIGNATURE

# Top Green Organics LLC

PO Box 411 Scarsdale, NY 10583

914 506-9889

10/1/2023

Location: 2-16 Clinton Ave.

To whom it may concern;

There are three trees marked with red/orange tags numbered 1,4 and 8. Numbers 1 and 4 are White Pines, with number 1 being a dead tree and number 4 extremely decayed at the back of the root crown. Number 8 is an Ailanthus which is slowly pushing out the stone wall along Broadway. For the above reasons I have listed them for removal.

Regards,



Jonathan Hale, I.S.A. Certified Arborist NY 1105A with (TRAQ) Tree Risk Assessment Qualified  
[jhale135@gmail.com](mailto:jhale135@gmail.com)







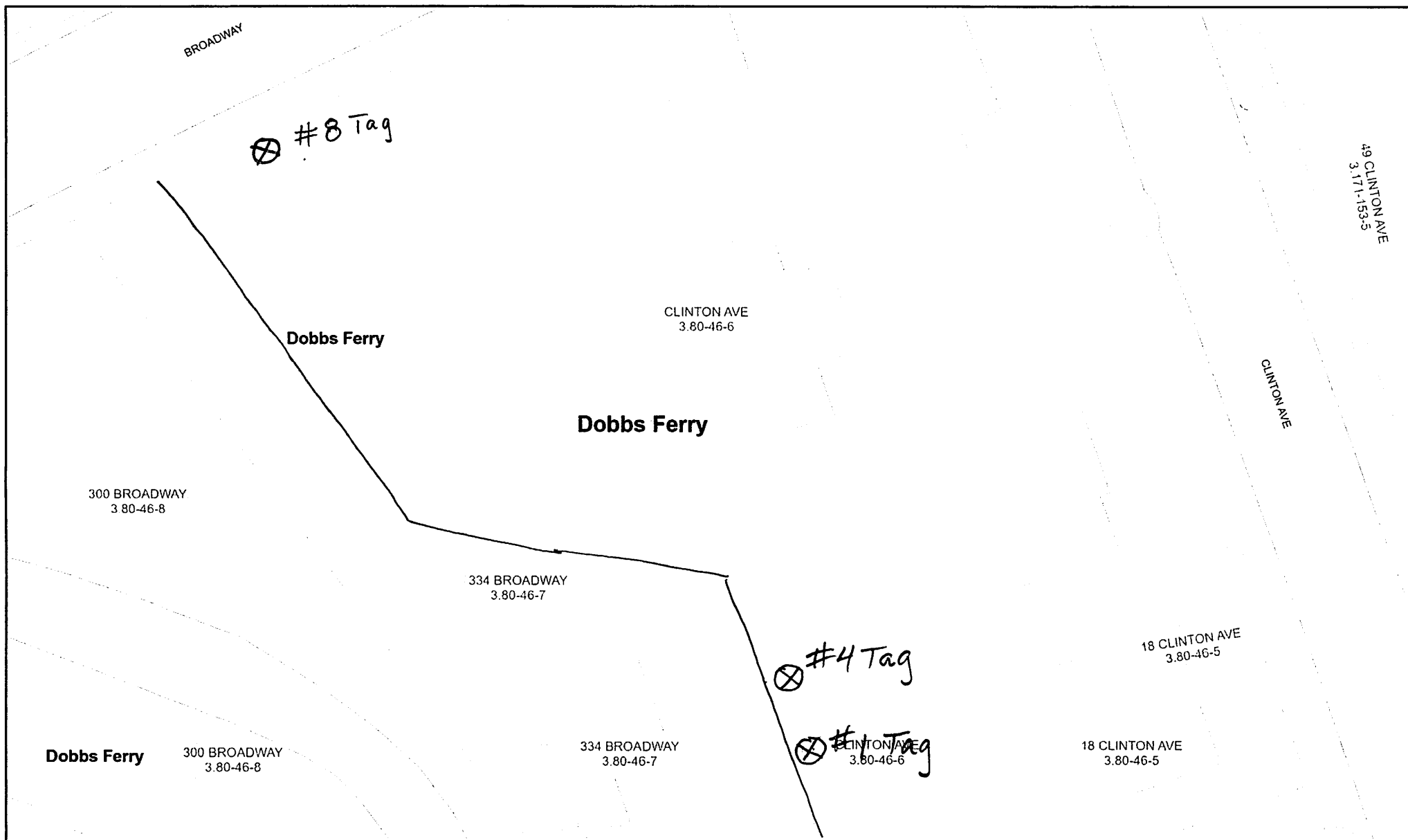








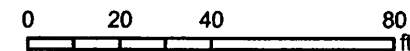
# CLINTON AVE. ID: 3.80-46-6 (Dobbs Ferry )



October 1, 2023

Tax parcel data was provided by local municipality. This map is generated as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should NOT be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact local municipality assessor's office.

1:500



**Westchester County GIS**

GIS  
<http://giswww.westchestergov.com>  
Michaelian Office Building  
148 Martine Avenue Rm 214  
White Plains, New York 10601

George Latimer  
Westchester County Executive



James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

HICKORY HOMES & PROPERTIES, INC.

PO BOX 244

MOUNT KISCO, NY-10549

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-06490-H95



Date of Expiration  
01/13/2025





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/29/2023

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><br>Marshall & Sterling, Inc.<br>110 Main Street<br>Poughkeepsie NY 12601 |  | <b>CONTACT NAME:</b> Taryn MALoney<br><b>PHONE (A/C, No, Ext):</b> (845) 343-2138<br><b>FAX (A/C, No):</b> (845) 343-9157<br><b>E-MAIL ADDRESS:</b> tmaloney@marshallsterling.com                  |  |
| <b>INSURED</b><br>Hickory Homes & Properties Inc<br>PO Box 244<br>Mount Kisco NY 10549   |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Michigan Millers Mutual Ins. Co<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|  |  | <b>NAIC #</b><br>14508   |  |

**COVERAGES** **CERTIFICATE NUMBER:** CL22122931963 **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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                  | C0536493      | 01/09/2023              | 01/09/2024              | 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   |                    |               |                         |                         |  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  |                    | C0536493      | 01/09/2023              | 01/09/2024              | GENERAL AGGREGATE \$ 2,000,000                                       |
|          | PRODUCTS - COM/PROP AGG \$ 2,000,000   |                    |               |                         |                         |  |
|          |  |                    |               |                         |                         |  |
|          |  |                    |               |                         |                         |  |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |                    | V0510844      | 01/09/2023              | 01/09/2024              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                     |
|          | BODILY INJURY (Per person) \$  |                    |               |                         |                         |  |
|          | BODILY INJURY (Per accident) \$  |                    |               |                         |                         |  |
|          | PROPERTY DAMAGE (Per accident) \$  |                    |               |                         |                         |  |
| A        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>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)

Village of Dobbs Ferry is an additional insured if required by written contract, per endorsement number CG1078N 0114.

## CERTIFICATE HOLDER

## CANCELLATION

|  |  |
|--|--|
| Village of Dobbs Ferry<br>112 Main St.<br><br>Dobbs Ferry NY 10522 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|--|

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Workers'  
Compensation  
Board

# 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)<br>HICKORY HOMES & PROPERTIES INC.<br>PO BOX 244<br>MOUNT KISCO, NY 10549<br><br>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<br>914-666-6300<br><br>1c. Federal Employer Identification Number of Insured<br>or Social Security Number<br>133392876  |
| 2. Name and Address of Entity Requesting Proof of Coverage<br>(Entity Being Listed as the Certificate Holder)<br>Village of Dobbs Ferry<br>112 Main St.<br>Dobbs Ferry, NY 10522   | 3a. Name of Insurance Carrier<br>ShelterPoint Life Insurance Company<br><br>3b. Policy Number of Entity Listed in Box "1a"<br>DBL473817<br><br>3c. Policy effective period<br>10/09/2022 to 10/08/2024 |

4. Policy provides the following benefits:

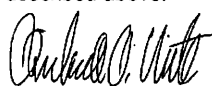
☒ A. Both disability and paid family leave benefits.  
☐ B. Disability benefits only.  
☐ C. Paid family leave benefits only.

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 9/29/2023 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 LIABILITY INSURANCE

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9/29/2023

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|  |   |   |               |
|--|---|---|---------------|
| <b>PRODUCER</b><br>John M. Glover Agency<br>Insurance Services<br>45 Knollwood Road<br>Elmsford NY 10523 | <b>CONTACT NAME:</b> Janice Caldararo           | <b>FAX (A/C, No):</b> 203-274-9471        |               |
|  | <b>PHONE (A/C, No, Ext):</b> 914-829-9077       | <b>E-MAIL ADDRESS:</b> jcaldararo@jmg.com |               |
| <b>INSURED</b><br>Hickory Homes & Properties Inc.<br>PO Box 244<br>Mount Kisco NY 10549                  | <b>INSURER(S) AFFORDING COVERAGE</b>            |   | <b>NAIC #</b> |
|  | <b>INSURER A:</b> Continental Indemnity Company |   | 28258         |
|  | <b>INSURER B:</b>                               |   |               |
|  | <b>INSURER C:</b>                               |   |               |
|  | <b>INSURER D:</b>                               |   |               |
|  | <b>INSURER E:</b>                               |   |               |
| <b>INSURER F:</b>  |   |   |               |

**COVERAGES** **CERTIFICATE NUMBER:** 724658402 **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  |
|----------|--|------------------------------|----------|-----------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                              |          |                 |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>OTHER \$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY   |                              |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>OTHER \$                                 |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |                              |          |                 |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>OTHER \$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N <input type="checkbox"/> | N/A      | 46-357540-01-06 | 4/1/2023                | 4/1/2024                | X PER STATUTE OTH-ER NY only<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Village of Dobbs Ferry<br>112 Main Street<br>Dobbs Ferry, NY 10522 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>John D. Forlinio</i> |
|---|---|

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