



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 AT2023-0117

Date 10/24/2023

Job Location 20 CRICKET LN Lot # 3.60-20-21

Owner: JACOBS, DANIEL
20 CRICKET LN
DOBBS FERRY, NY 10522
(617)645-1307

Applicant: Daniel Jacobs
20 Cricket Lane
Dobbs Ferry, NY 10522
(617)645-1307 djacobsbu@aol.com

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

Description of Work: Sugar maple tree that is in hazardous condition as per letter submitted from arborist

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	djacobsbu@aol.com
Parcel Owner Phone	617-645-1307

Job Location: Parcel Id: 3.60-20-21

AFFIDAVIT OF APPLICANT

I Daniel Jacobs being duly sworn, depose and says: That s/he does business as: N/A with offices at: N/A 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.

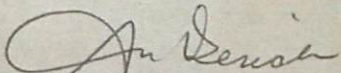
___ A general partner of ___ with offices ___ and that said
Partnership is duly authorized by the Owner to make this application.

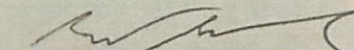
___ The Lessee of the premises, duly authorized by the owner to make this application.

___ 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 25 day of Oct of 2023


Notary Public / Commission of Deeds


Applicant's Signature

ANN DENICKER
Notary Public, State of New York
No. 01DE6023024
Qualified in Queens County
Commission Expires April 12, 2027

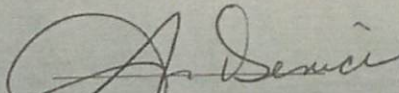
PROPERTY OWNER'S AUTHORIZATION

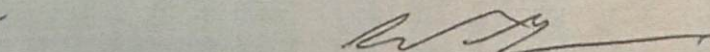
I Daniel Jacobs as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number 617-645-1307. Owner email address djacobsbu@aol.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 25 day of October of 2023


Notary Public / Commission of Deeds


PROPERTY OWNER'S SIGNATURE

ANN DENICKER
Notary Public, State of New York
No. 01DE6023024
Qualified in Queens County
Commission Expires April 12, 2027

Mr. Daniel Jacobs
20 Cricket Lane
Dobbs Ferry, NY 10522

RE: Sugar maple (*Acer saccharum*)

Good afternoon.

The sugar maple in the southeast corner of the property is a candidate for immediate removal due to its proximity to a high-value target (ie, the residence). Mr. Jacobs contacted me as several branches recently fell within striking distance of the house and requested an assessment.

There are currently visible cankers and advanced decay on sections of the root flare and branches, as well as fungal shelving on the root flare (possibly early-stage Northern Tooth, a known decomposed of heart wood). On the northeastern quadrant of the flare, the black “shoestring” tendrils (rhizomorphs) of armillaria root rot are evident as well. Multiple sections of bark lay around the base, indicative of slough on canopy branches. There are also several sections where the trunk enters the soil at ~90 degree angles, meaning a higher likelihood of root girdling underground, which can contribute to vascular constriction possibly also corroborated by the multiple calloused branch stumps and removals along leader and throughout crown indicative of vascular compromise or failure. Finally, despite the tree’s position on slightly elevated topography, mushrooms growing within the hypothetical root zone may be indicative of acute drainage issues, which may contribute to pathogen transmission or root tissue decay which can have a negative impact on the roots’ anchorage capability (and thus susceptibility to toppling and overall stability).

These observations and the overall assessment of the tree was performed on Thursday, October 4th 2023.

Tom DeSimone
Landscape Ecologist
ISA Certified Arborist – TO895922
Green Cross, Inc.



George Latimer
Westchester County Executive



James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

GRIFFIN'S LANDSCAPING CORP.

1234 LINCOLN TERRACE

PEEKSKILL, NY-10566

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-06575-H95



Date of Expiration

02/21/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/17/2023

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 North Castle Agency 5 MacDonald Avenue Armonk NY 10504		CONTACT NAME: PHONE (A/C, No, Ext): (914) 240-7350 FAX (A/C, No): E-MAIL ADDRESS: certrequest@northcastleinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Erie Insurance Company	26263
INSURED Griffins Landscaping Corp 1234 Lincoln Terrace Peekskill NY 10566		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2322316240

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	<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:			Q61-0174789	04/01/2023	04/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Anyone person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q04-5131211	04/01/2023	04/01/2024	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			Q28-5170519	04/01/2023	04/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Inland Marine-Contractors Equip			Q61-0174789	04/01/2023	04/01/2024	All Risk \$2,392,437 Deductible \$1,000

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

The Village of Dobbs Ferry, 112 Main St, Dobbs Ferry, NY 10522 is included as Additional Insured as required by written agreement.

CERTIFICATE HOLDER

Village of Dobbs Ferry 112 Main Street Dobbs Ferry NY 10522	CANCELLATION 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 Joseph Giardina
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**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

1a. Legal Name & Address of Insured (use street address only) GRIFFINS LANDSCAPING CORP 1234 LINCOLN TERRACE PEEKSKILL, NY 10566 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 914-788-9622 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 13-3504663
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY, NY 10522	3a. Name of Insurance Carrier Indemnity Insurance Company of North America 3b. Policy Number of Entity Listed in Box "1a" C52195627 3c. Policy effective period 7/1/2023 to 7/1/2024 3d. The Proprietor, Partners or Executive Officers are <input checked="checked" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**


This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by: Kevin Groves
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  11/17/2023
(Signature) (Date)

Title: Vice President

Telephone Number of authorized representative or licensed agent of insurance carrier: 469-445-3619

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.