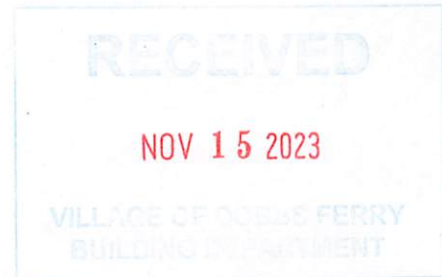




VILLAGE OF DOBBS FERRY

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 AT2023-0099

Date 11/09/2023

Job Location 30 BROADWAY Lot # 3.160-138-20

Owner: DANIELSMITH
30 BROADWAY
DOBBS FERRY, NY 10522

Applicant: Dan Smith
30 Broadway
dobbs ferry, NY 10522
646-460-0957 danwsmith21@gmail.com

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

Description of Work: Two trees on the southwest corner of my property. Both hang over Broadway and are developing creed. The larger of the two has a large hole at the base by the roots - a 3rd tree fell from that spot onto Broadway 10 years ago. I want to be proactive and prevent that from happening again.

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	danwsmith21@gmail.com
Parcel Owner Phone	6464600957

Job Location: 30 BROADWAY

Parcel Id: 3.160-138-20

AFFIDAVIT OF APPLICANT

I _____ 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 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 9th day of November of 2023

Notary Public / Commission of Deeds

CAROLYN S. GOLUB
NOTARY PUBLIC-STATE OF NEW YORK
No. 02GO4985075
Qualified in New York County
My Commission Expires November 02, 2025

Applicant's Signature



PROPERTY OWNER'S AUTHORIZATION

I Dan 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 6464600957. Owner email address danwsmith21@gmail.com

Dan 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 9th day of November of 2023

Notary Public / Commission of Deeds

PROPERTY OWNER's SIGNATURE

























George Latimer
Westchester County Executive

Westchester
County

James Maisano
Director, Consumer Protection

**Department of Consumer Protection
Home Improvement License**

TIGRE TREE CARE AND LANDSCAPING INC.

134 MAIN STREET - #2

DOBBS FERRY, NY-10522

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-25963-H13



Date of Expiration

05/21/2025

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
11/08/2023

PRODUCER AND THE NAMED INSURED
North America Chemical Users and Applicators Association, Inc. Inc., A Risk
Retention Purchasing Group qualified under the Risk Retention Act of 1986;
Federal Law 97-45,
P.O. Box 469
Sandy, UT 84091-0469

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY
AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS
CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR
NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED
BY THE INSURANCE POLICIES BELOW.**

INSURERS AFFORDING COVERAGE

INSURED
Tigre Tree Care & Landscaping Inc

INSURER A:
INSURER B:
INSURER C:
INSURER D:

NOTICE: Coverage is being provided as part of a Master Group
Policy issued to members of the North America Chemical Users
and Applicators Association, Inc.
, a Risk Retention 'Purchasing Group' authorized under the Risk
Retention Act of 1986: Federal Law 97-45.

134 Main Street
Dobbs Ferry, NY 10522

**"LIMITS SHOWN ARE THOSE IN
EFFECT AS OF POLICY INCEPTION"**

Prime Insurance Company

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	LSC4447-23070015	07/24/2023	07/24/2024	EACH OCCURRENCE \$ \$50,000.00 FIRE DAMAGE (Any one fire) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL ADV INJURY \$ N/A GENERAL AGGREGATE \$ \$100,000.00 PRODUCTS - COMP/OP AG \$ Per Person \$ \$0.00 ANNUAL AGGREGATE \$ \$0.00 BODILY INJURY (Per Person) \$ \$0.00 BODILY INJURY (Per Accident) \$ \$0.00 PROPERTY DAMAGE (Per Accident) \$ \$0.00
AUTO LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> DRIVE AWAY				PER PERSON \$ \$0.00 PER ACCIDENT \$ \$0.00 AGGREGATE \$ \$0.00 PROPERTY DAMAGE \$ \$0.00
GARAGE LIABILITY/MANUSCRIPT FORM SCHEDULE AUTO <input type="checkbox"/> G.K.L.L. <input type="checkbox"/> O.T.R.P.D. <input type="checkbox"/> D.O.C. <input type="checkbox"/> CARGO <input type="checkbox"/> ON HOOK <input type="checkbox"/> CONTRACTUAL LIABILITY IN <input type="checkbox"/> WRONGFUL REPOSSESSION				PER PERSON \$ \$0.00 PER ACCIDENT \$ \$0.00 AGGREGATE \$ \$0.00 PROPERTY DAMAGE \$ \$0.00
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ \$0 AGGREGATE \$ \$0 \$

LIMITATION OF COVERAGE FOR ADDITIONAL INSURED

Please see the attached Additional Insured Endorsement.

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed. Shrub Planting, Tree Planting., Tree Removal., Chipping., Landscaping (EXC-XCU) (Excluding Irrigation)., Tree Trimming., Landscape Gardening., Mowing & Raking.

☐ CERTIFICATE HOLDER ☒ ADDITIONAL INSURED ☐ LOSS PAYEE

Village of Dobbs Ferry

112 Main St
Dobbs Ferry, NY 10522

Fax Number:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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

<p>1a. Legal Name & Address of Insured (use street address only) TIGRE TREE CARE AND LANDSCAPING INC 70 BROADWAY DOBBS FERRY, NY 10522</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 9143566000</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 46-2504663</p>
<p>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</p>	<p>3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York</p> <p>3b. Policy Number of Entity Listed in Box 1a L93116-000</p> <p>3c. Policy Effective Period <u>6/21/2022</u> to <u>7/3/2024</u></p>

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 11/8/2023 By 
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

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 of Part 1 has been checked)

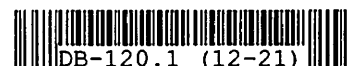
**State of New York
Workers' Compensation Board**

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(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
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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.





New York State Insurance Fund

PO Box 66699, Albany, NY 12206

| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 462504663
J & Y ASSOCIATES OF BREWSTER
86 MAIN ST
BREWSTER NY 10509

POLICYHOLDER
TIGRE TREE CARE AND LANDSCAPING INC
70 BROADWAY
DOBBS FERRY NY 10522

CERTIFICATE HOLDER 30 BROADWAY
VILLAGE OF DOBBS FERRY
112 MAIN STREET
DOBBS FERRY NY 10522

POLICY NUMBER W2531 885-8	CERTIFICATE NUMBER 868711	POLICY PERIOD 12/08/2022 TO 12/08/2023	DATE 11/8/2023
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2531 885-8, 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: 725549925