



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 29 2021

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Date 11/23/2021

Permit Application

Application Number AT2021-0178

Job Location 122 ASHFORD AVE

Lot # 3.90-61-30

Owner: SHEILA M. SHERMET
122 ASHFORD AVE
DOBBS FERRY, NY 10522
914-364-3087

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: Removal of Dead Weeping Willow, located at the front left side of the house. Leave stump as close to grade as practical & removal resulting debris.

Form Questions:

Application Parcel Owner Contact:

| | |
|--------------------|-------------------|
| Parcel Owner Email | shermet@gmail.com |
| Parcel Owner Phone | (914) 364-3087 |

Job Location: 122 ASHFORD AVE

Parcel Id: 3.90-61-30

AFFIDAVIT OF APPLICANT

I JASON SOKICH being duly sworn, depose and says: That s/he does business as: PROBAST REPRESENTATIVE with offices at: 2240 Saw Mill River Rd., Elmsford, NY 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 18th day of November 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 S. Shernet as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

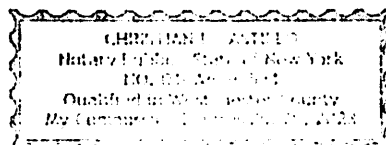
Owner phone number (914) 364- 3087. Owner email address shernet@gmail.com

_____ 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 19 day of November of 2021


Notary Public / Commission of Deeds


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 Commission Committee,

The cherry tree located at the front of the house is dead and therefore should be removed. Extensive girdling roots are visible. This structure defect restricts the movement of water and nutrients to the leaves as they put pressure on the trunk. Affected trunks/stems will eventually become weakened and the tree may die or in conjunction with environmental stresses or insect/disease attack. Saprophytic fungi on the stem is indicative of feeding on dead or dying wood.

Thank you for your consideration.

Best Regards,

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

George Latimer
Westchester County Executive



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)

11/12/2021

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 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><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Travelers Property & Casualty Co of America</td><td>25674</td></tr><tr><td>INSURER B : Travelers Indemnity Company</td><td>25658</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></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 : | |
| 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 : | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** 469432105**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | TC2J-GLSA-1005A129-TIL-21 | 12/1/2021 | 12/1/2022 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | TC2J-CAP-1005A130-TIL-21 | 12/1/2021 | 12/1/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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-7N673715-21-51-R UB-7N781486-21-51-K | 12/1/2021 12/1/2021 | 12/1/2022 12/1/2022 | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

© 1988-2014 ACORD CORPORATION. All rights reserved.



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): |
| INSURED The F.A. Bartlett Tree Expert Company 1290 East Main Street Stamford CT 06902 | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Travelers Property & Casualty Co of America | |
| | INSURER B: Travelers Indemnity Company | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| INSURER F: | | |

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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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 - COMPROP AGG \$ 2,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED 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) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B A | <input type="checkbox"/> 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 | 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 |
|---|---|

© 1988-2014 ACORD CORPORATION. All rights reserved.



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

| | |
|---|---|
| <p>1a. Legal Name & Address of Insured (use street address only) THE FA BARTLETT TREE EXPERT COMPANY</p> <p>PO BOX 3067 STAMFORD, CT 06905</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p> | <p>1b. Business Telephone Number of Insured</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 060254490</p> |
| <p>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</p> | <p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL573018</p> <p>3c. Policy effective period 01/01/2021 to 12/31/2022</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 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)





Bartlett Tree Experts

Corporate Office - Stamford CT
Tree and Shrub Work Order
Foreman's Copy

TSW

| Customer #: | Customer Name |
|-------------|-------------------|
| 2328197 | Ms Sheila Shermet |

| Order Number | Order Date |
|--------------|------------|
| 39918183 | 10/19/2021 |

Customer Mailing Address
140 Ashford Avenue
Dobbs Ferry, NY 10522

Work Location Address
140 Ashford Avenue
Dobbs Ferry, NY 10522

Home Phone
914.364.3087

Office (121311)
Elmsford

Representative (679)
Sokich, Jason

Email: shermet@gmail.com

Tax Map ID
2603-003-090-00061-000-0030

Map Coordinates

Scheduling Quadrant

Estimated Completion Date: 12/30/2021

Actual Completion Date: _____

Work Items

| Work Type | Estimated Labor Hours |
|-----------|-----------------------|
| RE01 | 3 |
| DI01 | 0 |
| Total: | 3 |

JOB BRIEFING - Review work procedures, special hazards or precautions, tools, equipment needed, presence of electrical components and the personal protective equipment required for this order before starting the job.

Work Description

Removal

Remove the dead Weeping Cherry located at the front left side of house. Leave stump as close to grade as practical. Remove resulting debris. Village of Dobbs Ferry tree removal permit required. Bartlett Tree Experts to file necessary paperwork. Price is based upon approval from Tree Committee to grant permit.

Removal

Disposal Fee



JOB SITE SAFETY ANALYSIS REPORT

Customer: Ms Sheila Shermet (2328197)
Work Location: 140 Ashford Avenue
Dobbs Ferry, NY 10522
Arborist Rep: Jason Sokich (679)
Work Group: Tree and Shrub Work

Crew Requirements

Crew Number:

Special Requirements/Comments:

Hazards

- Traffic
- Vehicle:

Work Zone

- Pedestrian Traffic Control
- Speed Limit - 25, 8 cones, 2 signs

Additional PPE

- Safety Vest

Obstacles

- Other
- sidewalk access from privet hedge

Precautions

- Flying Debris
- Work Permits

Tools

- Rigging Gear
- Lines:
- Stump Grinder



