

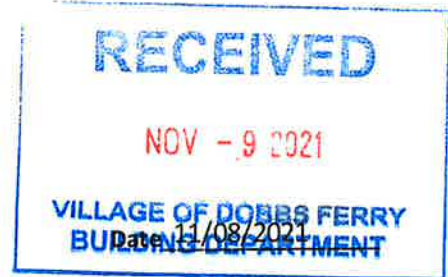


VILLAGE OF DOBBS FERRY

Building Department
112 Main Street, Dobbs Ferry, NY 10522
Phone: (914) 231-8509 | Fax: (914) 693-3470

Ed Manley
Building Inspector

Permit Application



Application Number AT2021-0174

Job Location 60 WASHINGTON AVE

Lot # 3.50-17-8.2

Owner: ~~SERGE KASARDA~~ charlotte weld
60 WASHINGTON AVE
DOBBS FERRY, NY 10522
~~914-874-6289~~ (914) 302-5755

Applicant: Rafael Tigre
134 MAIN ST
dobbs ferry, NY 10522
(914) 356-6000 erinrivera516@gmail.com

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

Description of Work: Removal of dangerous trees (Poor root system / Foundations of trees compromised / lingering branches on trees making it unsafe to drive up to main home. 7 Norway maple trees 1 locust tree

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	Charcar3@gmail.com
Parcel Owner Phone	9193025755

Job Location: 60 WASHINGTON AVE

Parcel Id: 3.50-17-8.2

AFFIDAVIT OF APPLICANT

I Rafael Tigre being duly sworn, depose and says: That s/he does business as: Tigre tree care with offices at: 134 main st Dobbs Ferry 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 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 8th day of November of 2021

Notary Public / Commission of Deeds

Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

* I Charlotte Weid 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 9193025755. Owner email address Charcar3@gmail.com

* Charlotte Weid 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 8th day of November of 2021

[Signature]
Notary Public / Commission of Deeds

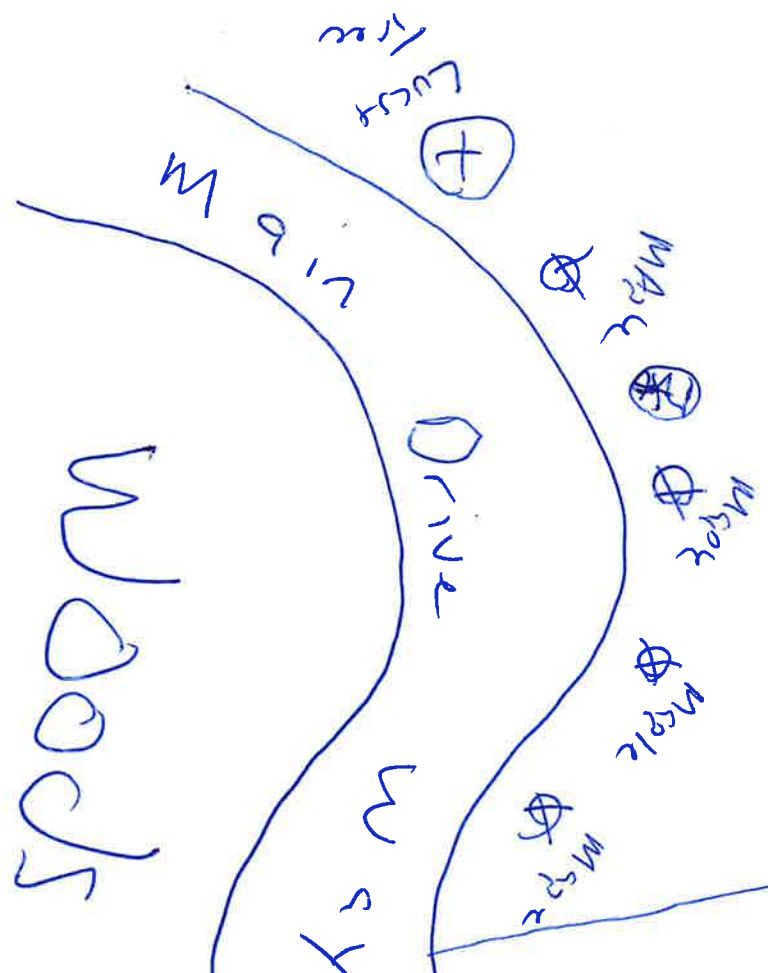
[Signature]
PROPERTY OWNER's SIGNATURE



ROBERT J. ANGIELLO
Notary Public, State of New York
No. 01AN6260122
Qualified in Westchester County
Commission Expires June 11, 2024

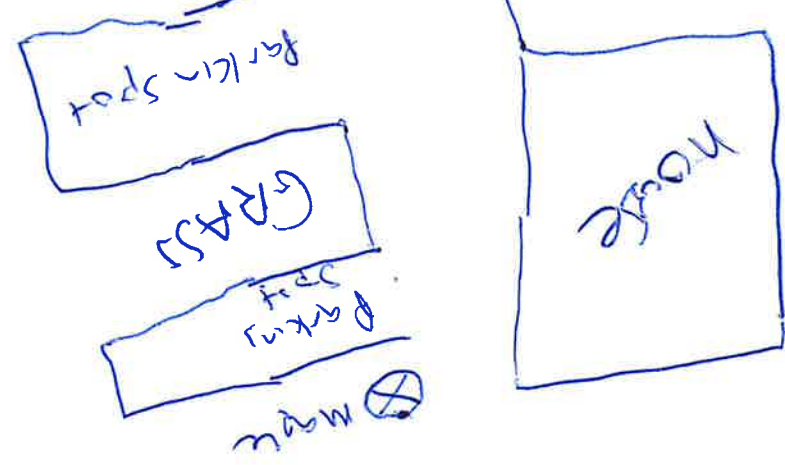
60 Washington Ave

Woods



Woods

W
A
V



George Latimer
Westchester County Executive

Westchester
gov.com

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

05/21/2023

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
11/08/2021

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
800-433-6162

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

134 Main Street
Dobbs Ferry, NY 10522

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

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.

"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
☒ Commercial Liability ☒ Claims Made ☒ Exclude Products ☒ Exclude Completed Operations	LSC4423-21070033	7/22/2021	7/22/2022	\$50,000 Per Accident \$100,000 Policy Aggregate \$50,000 Care Custody & Control \$50,000 Premises Liability
☐ Commercial Auto Liability Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos Drive Away Specifically Described Autos				
☐ Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession				

LIMITATION OF COVERAGE FOR ADDITIONAL INSURED

Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.

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

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 OF THE PURCHASING GROUP

ADDITIONAL INSURED ENDORSEMENT

RAP-99-12

This Endorsement changes the terms and conditions of the Coverage Contract issued. Please read it carefully!

The following requirements govern coverage under the Coverage Contract and must be adhered to for coverage to be provided to the Participating Member under the Coverage Contract. No activities conducted by the Participating Member are covered under the Coverage Contract unless they are conducted in full compliance with all of the requirements specified below and in the Coverage Contract. The Participating Member must advise its employees, agents, contractors, and/or subcontractors of these requirements and ensure that they also abide by them for coverage to be provided. The Participating Member agrees and understands that any noncompliance with the following specified requirements and/or the terms and conditions set forth in the Coverage Contract will result in the denial of coverage under the Coverage Contract meaning the Insurer will not be obligated to indemnify or defend you.

Master Coverage Contract Number: LSC4423

Certificate Number: 21070033

Participating Member: Tigre Tree Care & Landscaping Inc

Effective Date: 11/8/2021

Additional Insured: Village of Dobbs Ferry

112 Main St
Dobbs Ferry, NY 10522

The "Who is a Participating Member" provision of the Coverage Contract shall be amended to include the person or organization scheduled in this Endorsement as an Additional Insured for the limited purpose of liability arising from Your Work, as that term applies to the Participating Member only, and subject to all other terms and conditions of the Coverage Contract and this Endorsement.

The coverage provided by this Endorsement only extends to cover the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Participating Member and only to the extent the Participating Member would have been liable and coverage would have been afforded to the Participating Member under the terms and conditions of this Coverage Contract had such Claim been made against the Participating Member.

The Coverage Contract expressly provides that coverage is to be construed and enforced in accordance with the laws of the State of Utah, and the Participating Member has consented to the jurisdiction of the courts of the State of Utah and has agreed that those courts shall be the exclusive forum to hear and decide disputes consisting of or relating to coverage issues.

The Additional Insured is subject to all of the terms, provisions, conditions, exclusions, definitions, limitations, representations, and Endorsements of the Master Group Policy issued to the Insured Association, the participating member Coverage Contract, and all related documents providing coverage to the Participating Member. The failure of the Participating Member to adhere to any such provisions will also defeat coverage under the Coverage Contract for all Additional Insureds.

A copy of the Participating Member Coverage Contract may be obtained from the Participating Member or by contacting the Industry Association Purchasing Group office in Salt Lake City, Utah, during normal business hours.

Endorsement No.: 0


Evolution Insurance Brokers, LC
EX-1122907

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

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



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER TIGRE TREE CARE AND LANDSCAPING INC 70 BROADWAY DOBBS FERRY NY 10522		CERTIFICATE HOLDER 60 WASHINGTON AVE VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522	
POLICY NUMBER W2531 885-8	CERTIFICATE NUMBER 239147	POLICY PERIOD 12/08/2021 TO 12/08/2022	DATE 12/13/2021

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: 167815398

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

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



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER TIGRE TREE CARE AND LANDSCAPING INC 70 BROADWAY DOBBS FERRY NY 10522		CERTIFICATE HOLDER 60 WASHINGTON AVE VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522	
POLICY NUMBER W2531 885-8	CERTIFICATE NUMBER 64452	POLICY PERIOD 12/08/2020 TO 12/08/2021	DATE 11/8/2021

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.

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NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 438643095



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) TIGRE TREE CARE AND LANDSCAPING INC 70 BROADWAY DOBBS FERRY NY 10522 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy) CHARLOTTE WELD 60 WASHINGTON AVE DOBBS FERRY NY 10522	1b. Business Telephone Number of Insured (914) 356-6000 1c. Federal Employer Identification Number of Insured or Social Security Number 46-2504663
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 New York State Insurance Fund (NYSIF) 3b. Policy Number of Entity Listed in Box "1a" DBL 6332 62-2 3c. Policy effective period 05/03/2019 to 05/03/2022

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 11/08/2021 By Melissa Jensen
 (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332 Name and Title Melissa Jensen, Director of Disability Insurance Unit

IMPORTANT: If Box 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, DB 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.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Worker's Compensation Board within 10 days IF a policy is cancelled 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 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 Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits 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 NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits, and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.