



## 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 AT2023-0006

Date 02/06/2023

Job Location 49 CLINTON AVE Lot # 3.120-111-1

Owner: MASTERS SCHOOL  
49 CLINTON AVE  
DOBBS FERRY, NY 10522

Applicant: Kevin Wyatt  
51 Cliff Street  
New Rochelle, NY 10801  
(914) 725-0441  
jocelyn@emeraldtreecare.com

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

Description of Work: 28" diameter, leaning and failing Larch Tree located in the front courtyard area of the new faculty building. This tree is in very poor condition with a swelling trunk that indicates interior decay, and a buried and compromised root system. This is a HAZARD TREE and should be removed as soon as possible. Perform complete tree

Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	craig.dunne@mastersny.org
Parcel Owner Phone	914-255-5647

Job Location: 49 CLINTON AVE

Parcel Id: 3.120-111-1

**AFFIDAVIT OF APPLICANT**

Craig Dunne being duly sworn, depose and says: That s/he does business as: 49 Clinton Ave. with offices at \_\_\_\_\_ and that s/he is:

☒ The owner of the property described herein.

The Meyers School 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 7th day of February of 2023

Karin O'Connor  
Notary Public / Commission of Deeds

KARIN O'CONNOR  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01006239565  
Qualified in Bronx County  
Commission Expires April 18, 20 23

Craig Dunne  
Applicant's Signature

**PROPERTY OWNER'S AUTHORIZATION**

Craig Dunne 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 914-255-5647. Owner email address craig.dunne@mastersny.org

Craig Dunne 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 7th day of February of 2023

Karin O'Connor  
Notary Public / Commission of Deeds

KARIN O'CONNOR  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01006239565  
Qualified in Bronx County  
Commission Expires April 18, 20 23

Craig Dunne  
PROPERTY OWNER'S SIGNATURE



## EMERALD TREE & SHRUB CARE

51 Cliff Street  
New Rochelle, NY 10801  
Phone 914 725-0441 Fax 914 725-0672

February 3, 2023

Mr. Craig Dunne  
Facilities Director  
The Master's School  
49 Clinton Ave  
Dobbs Ferry NY 10522

Dear Mr. Dunne,

As per your request I have inspected the 28" Diameter Larch Tree located in the front courtyard area of the new faculty building on campus.

This tree has a significant lean or aspect southwestward towards the building. The trunk is swollen and sounded hollow when struck with a rubber mallet.

The root flare is buried, and any evidence of a former tree well has collapsed.

This tree is ready to fail and should be removed as soon as possible.

Should you have any questions please contact me at [kevin@emeraldtreecare.com](mailto:kevin@emeraldtreecare.com) or call me at 914-469-9876.

Most Sincerely Yours,

Kevin W. Wyatt

V.P Arboricultural Services  
Connecticut Licensed Arborist # 62686-B  
ISA Board Certified Master Arborists # - NY-0260-B  
ISA Tree Risk Assessment Qualified  
TCIA Certified Tree Care Safety Professional #967  
Member of The American Society of Consulting Arborists





George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

EMERALD TREE & SHRUB CARE INC.

51 CLIFF STREET

NEW ROCHELLE, NY-10801

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-27735-H15



Date of Expiration

05/26/2023



EMERTRE-01

EMORAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/7/2023

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> Enforce Coverage Group, LLC One Penn Plaza, 36th Floor New York, NY 10119	<b>CONTACT NAME:</b> Patrick William Scanlon <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> pscanlon@enforcecoverage.com <b>FAX (A/C, No):</b> (631) 418-8423
<b>INSURED</b>  Emerald Tree and Shrub Care Service, Inc. 51 Cliff Street, New Rochelle, NY 10801	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Northfield Insurance Company <b>INSURER B:</b> Century Surety Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b> <b>NAIC #</b> 36951

## COVERAGES

## CERTIFICATE NUMBER:

## 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:	X	X	WS512793	4/26/2022	4/26/2023	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			CCP1054094	4/26/2022	4/26/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE Aggregate Limit \$ 5,000,000
	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				PER STATUTE 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)  
PROOF OF INSURANCE

## ADDITIONAL INSURED:

Village of Dobbs Ferry  
112 Main Street  
Dobbs Ferry, NY 105221

## 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



# 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><b>1a. Legal Name &amp; Address of Insured (use street address only)</b>  <b>EMERALD TREE &amp; SHRUB CARE INC</b></p> <p><b>51 CLIFF STREET</b>  <b>NEW ROCHELLE, NY 10801</b></p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p><b>1b. Business Telephone Number of Insured</b>  <b>914-725-0441</b></p> <p><b>1c. Federal Employer Identification Number of Insured or Social Security Number</b>  <b>464456397</b></p>
<p><b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b></p> <p><b>Village of Dobbs Ferry</b>  <b>112 Main Street</b>  <b>Dobbs Ferry, NY 10522</b></p>	<p><b>3a. Name of Insurance Carrier</b>  <b>ShelterPoint Life Insurance Company</b></p> <p><b>3b. Policy Number of Entity Listed in Box "1a"</b>  <b>DBL441719</b></p> <p><b>3c. Policy effective period</b>  <u>03/18/2021</u> to <u>03/17/2023</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 12/9/2021 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)

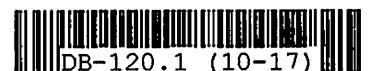
**State of New York  
Workers' Compensation Board**

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.





New York State Insurance Fund

PO Box 66699, Albany, NY 12206  
| nysif.com

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 464456397

LOVELL SAFETY MGMT CO., LLC  
110 WILLIAM STREET 12TH FLR  
NEW YORK NY 10038



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> EMERALD TREE & SHRUB CARE INC 51 CLIFF STREET NEW ROCHELLE NY 10801		<b>CERTIFICATE HOLDER</b> VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522	
<b>POLICY NUMBER</b> Z 2329 646-0	<b>CERTIFICATE NUMBER</b> 792203	<b>POLICY PERIOD</b> 04/01/2022 TO 04/01/2023	<b>DATE</b> 04/07/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2329 646-0, 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.

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 POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT  
STEFANIA FARRELLY  
VICE PRESIDENT  
STEVEN FARRELLY  
2 OF 2  
EMERALD TREE CARE INC

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

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: 480377274

