



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

MAR - 8 2021

Village of Dobbs Ferry
Building Department

Permit Application

Application Number AT2021-0012

Date 03/04/2021

Job Location 23 SHADY LN Lot # 3.100-71-5

Owner: WEDEL EDUARD
23 SHADY LN
DOBBS FERRY, NY 10522

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

Application Type: Tree Removal Estimated Cost of Construction: \$ 1,200 + tax

Description of Work: Removal of white pine tree located in the back yard. -White pine is too close to the house and is providing an access point for squirrels and rodents to jump onto the roof - white pine is too close to the house and is causing algae problem due to lack of sunlight -white pine is too overgrown and even if cut back drastically without

Form Questions: No stump

Application Parcel Owner Contact:

Parcel Owner Email	woody.wedel@gmail.com
Parcel Owner Phone	5163759279

Job Location: 23 SHADY LN

Parcel Id: 3.100-71-5

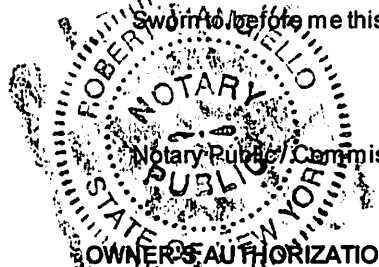
AFFIDAVIT OF APPLICANT

I Raphael Tigre being duly sworn, depose and says: That ³ TIGRE TREE he does business as: CARP-INC with offices at: 134 Main St., Dobbs Ferry, NY 10522 and that 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 5th day of MARCH of 2021



Robert J. Angiello
Notary Public, State of New York
No. 01AN6260122
Qualified in Westchester County
Commission Expires June 11, 2021

Applicant's Signature

Raphael Tigre

OWNER'S AUTHORIZATION

Woody Wedel is the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number 5163759279. Owner email address woody.wedel@gmail.com

Woody Wedel 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 5th day of MARCH of 2021

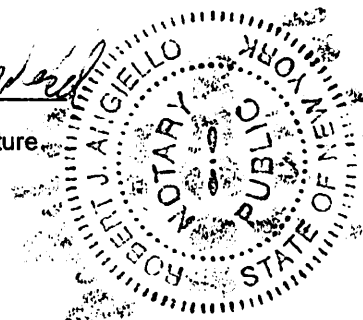
Robert J. Angiello

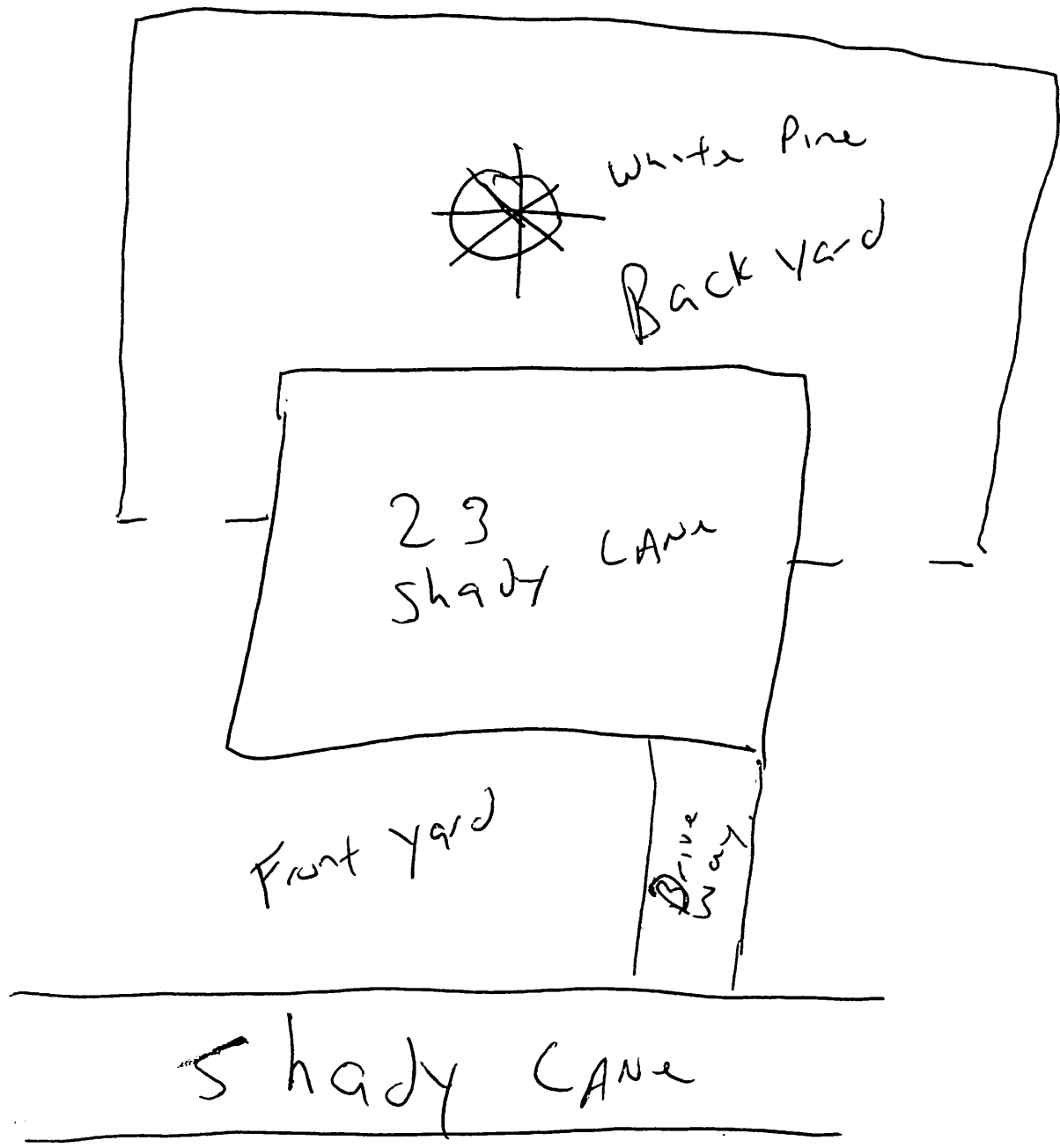
Notary Public / Commission of Deeds

ROBERT J. ANGIELLO
Notary Public, State of New York
No. 01AN6260122
Qualified in Westchester County
Commission Expires June 11, 2021

Applicant's Signature

Woody Wedel





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 APT #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.

License Number

WC-25963-H13



Date of Expiration

05/21/2021

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
03/04/2021

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

INSURER A: NOTICE: Coverage is being provided as part of a Master Group
INSURER B: Policy issued to members of the North America Chemical Users
INSURER C: and Applicators Association, Inc.
INSURER D: , 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	LSC4411-20070027	07/22/2020	07/22/2021	EACH OCCURRENCE \$ \$100,000.00
				FIRE DAMAGE (Any one fire) \$ N/A
				MED EXP (Any one person) \$ N/A
				PERSONAL ADV INJURY \$ N/A
				GENERAL AGGREGATE \$ \$200,000.00
				PRODUCTS - COMP/OP AG \$
				Per Person \$ \$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				ANNUAL AGGREGATE \$ \$0.00
				BODILY INJURY (Per Person) \$ \$0.00
				BODILY INJURY (Per Accident) \$ \$0.00
				PROPERTY DAMAGE (Per Accident) \$ \$0.00
				PER PERSON \$ \$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"/> EMPLOYEE DISHONESTY <input type="checkbox"/> WRONGFUL REPOSSESSION				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

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 Street
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.

Fax Number:

AUTHORIZED REPRESENTATIVE

Rodney L. Lindley



New York State Insurance Fund

WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 462504663
TIGRE TREE CARE AND LANDSCAPING INC
70 BROADWAY
DOBBS FERRY NY 10522

POLICYHOLDER TIGRE TREE CARE AND LANDSCAPING INC 70 BROADWAY DOBBS FERRY NY 10522	CERTIFICATE HOLDER VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522
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POLICY NUMBER W2531 885-8	CERTIFICATE NUMBER 883794	POLICY PERIOD 12/08/2020 TO 12/08/2021	DATE 3/4/2021
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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.

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: 773913449