



## 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 AT2022-0017

Date 03/04/2022

Job Location OGDEN AVE / Echo lane Lot # 3.171-153-4

Owner: JOSEPH M DASSERN HOUSING CORP.

Applicant: Jason Sokich

DOBBS FERRY, NY 10522  
914-693-6000

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 the dead Oak located at the Southeast corner of the basketball court near the corner of D'Assern Drive and Echo Hill. Leave stump as close to grade as practical and remove resulting debris. Remove the declining Maple located at the east sider of the basketball court adjacent to the school fence-line. Leave stump as

#### Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	hsmgmt@aol.com
Parcel Owner Phone	914 961 6330

Job Location: OGDEN AVE / Echo Ln

Parcel Id: 3.171-153-4

**AFFIDAVIT OF APPLICANT**

I, JASON SOKLOFF being duly sworn, depose and says: That s/he does business as: ARBORET with offices at: 2840 SAWMILL RIVER RD. ELMSFORD, NY 10523 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 7 day of March of 2022

  
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

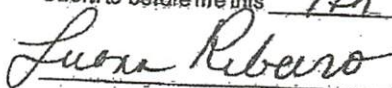
**PROPERTY OWNER'S AUTHORIZATION**

I, Andrew Stillman 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 914 961 6330. Owner email address hsmgmt@aol.com

Andrew Stillman 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 MARCH of 2022



Notary Public / Commission of Deeds

LUANN RIBEIRO  
Notary Public, State of New York  
No. 01RI6025278  
Qualified in Westchester County  
Commission Expires May 27, 2023

  
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 Committee,

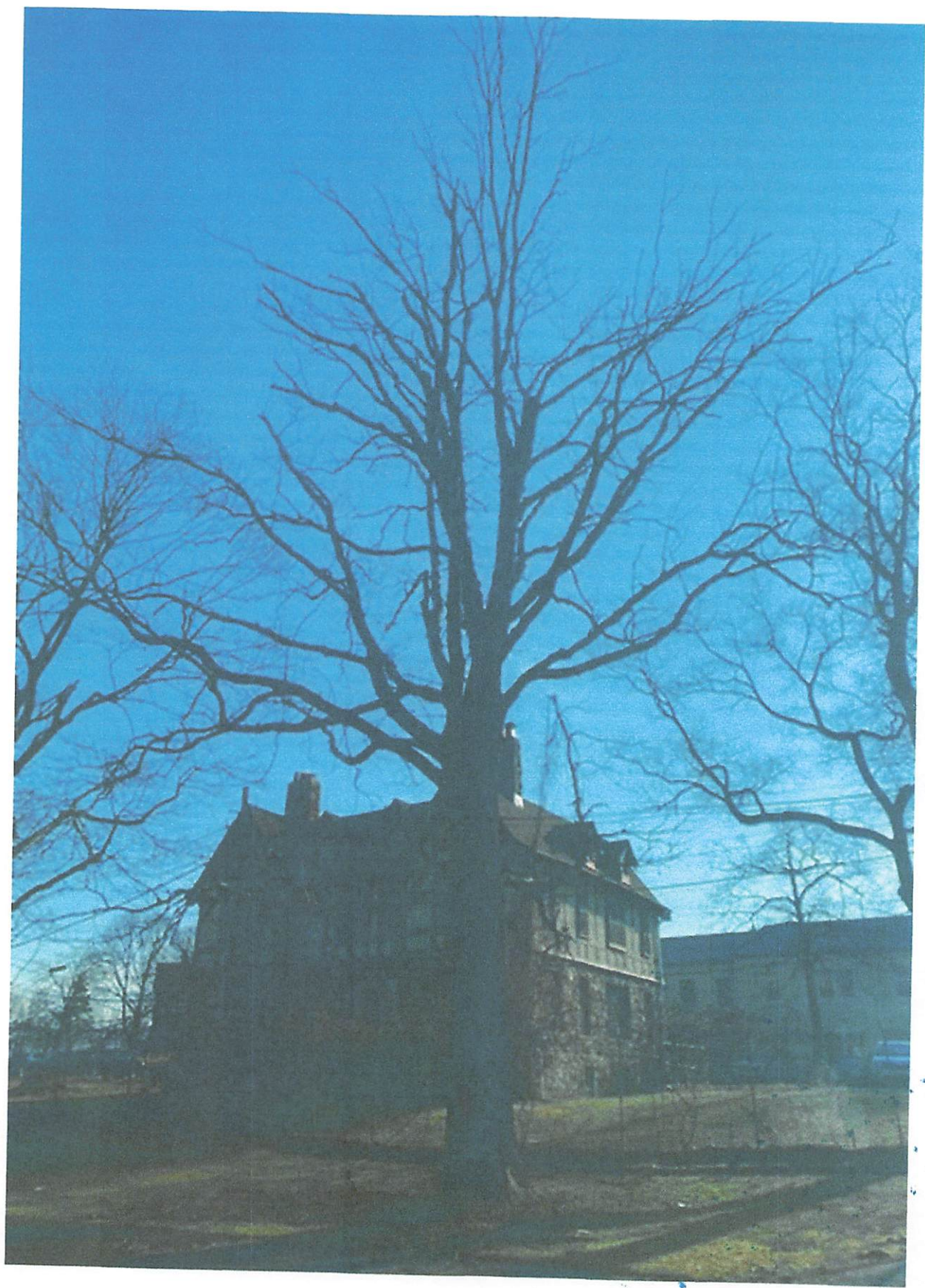
The large oak located at Children's Village D'Assern Housing at the corner of Dassern Drive and Echo Hill (adjacent to the basketball court) is dead. Removal is recommended.

Thank you for your consideration.

Best Regards,

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





OAK - DEAD









# 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 Committee,

The large Norway maple located at Children's Village D'Assern Housing at the corner of Dassern Drive and Echo Hill (adjacent to the basketball court) is in a state of decline. It exhibits a large dead buttress root along with basal decay. The tree has a history of branch failure synonymous with the species. Presently, there is a large hazardous 'hanger' overhanging the abutting school grounds. Visible scarring or defect is seen on the main stem which still supports a significant load or weight from the upper canopy.

In assessing and utilizing the TRAQ risk assessment model which uses the key steps in determining the "likelihood of failure, "likelihood of impact" to target and "consequence of failure", I'm able to determine if a tree presents a High, Medium or Low level of risk. I concluded that the maple is "Likely" to have additional branch failure given its history and current structural condition, that failure is "Somewhat Likely" to impact the school, power lines and/or people and that the consequences of that failure will be 'Moderate to Severe'. Due to the lack of alternative mitigation options to reduce risk, removal is recommended.

Thank you for your consideration.

Best Regards,

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



MAPLE









VISIBLE DEFECT  
MAIN STEM





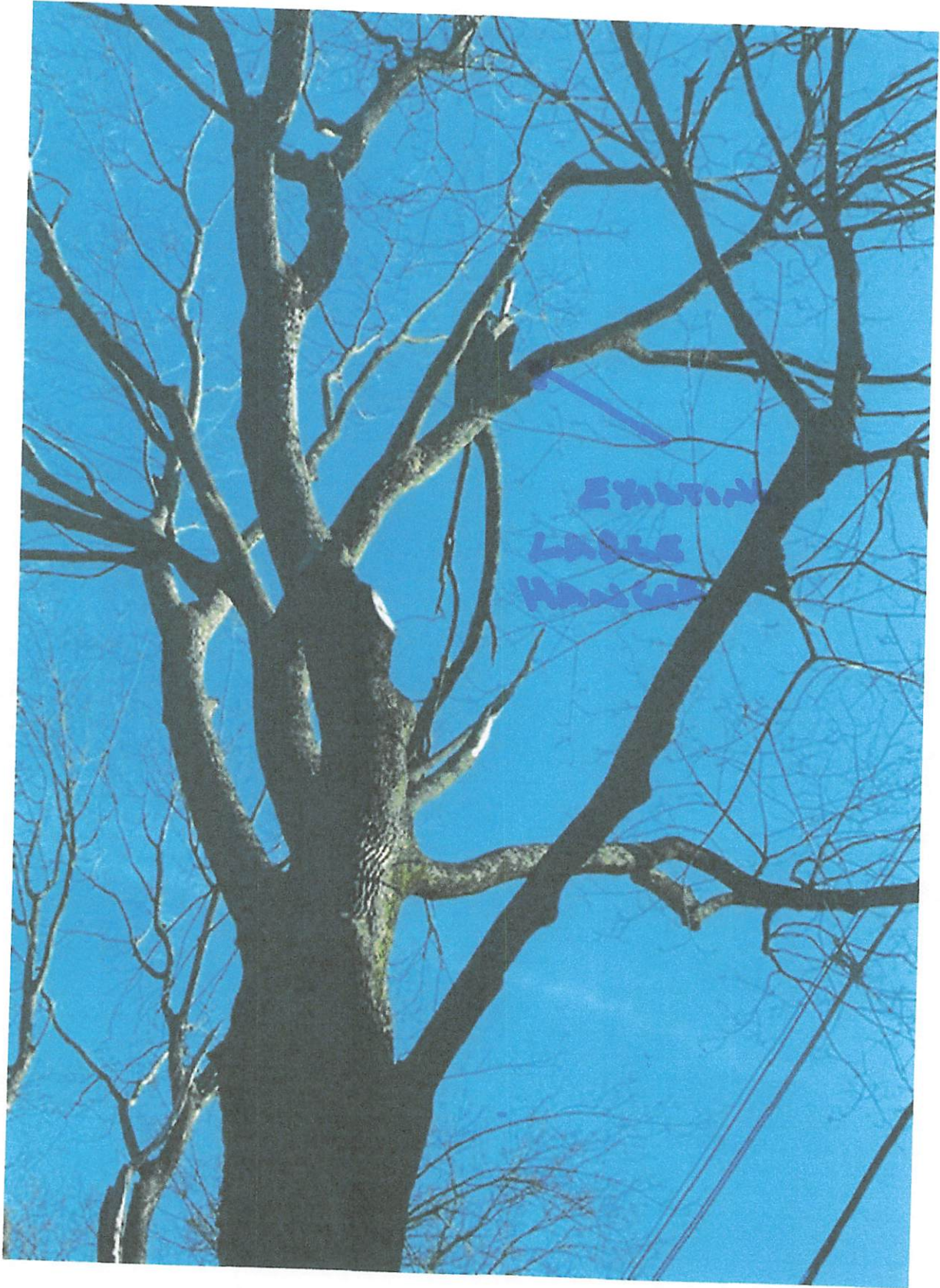
Root Dieback





Basal Decay





HISTORY OF BRANCH  
FALLOWS



+

-

Tax Maps

Aerial Photos

Hybrid

1947 1960 1976 1990 2000 2004 2007 2009 2010 2011 2013 2016 2018 2021

ZIMMERMAN CT

DASSER DR

JOHNSON CT

EGG DR

CHILDREN'S  
VILLAGE  
DASSER  
HOUSING

CHILDREN'S  
VILLAGE  
SCHOOL

BASKETBALL  
COURT

ORCH

HOUSE

POWERED BY  
Westchester Cou  
GIS

NYS Office of Information Tax parcel data provided by municipality







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).

<b>PRODUCER</b> York International Agency, LLC Attn: bartlettcert@yorkintl.com 500 Mamaroneck Avenue, Suite 220 Harrison NY 10528	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 914-376-2200 <b>FAX (A/C, No):</b>	
<b>INSURED</b> The F.A. Bartlett Tree Expert Company 1290 East Main Street Stamford CT 06902	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Travelers Property & Casualty Co of America	25674
	<b>INSURER B:</b> Travelers Indemnity Company	25658
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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-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 - COM/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	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





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

1a. Legal Name & Address of Insured (use street address only)  
THE FA BARTLETT TREE EXPERT COMPANY

PO BOX 3067  
STAMFORD, CT 06905

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)

1b. Business Telephone Number of Insured

1c. Federal Employer Identification Number of Insured  
or Social Security Number

060254490

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

3a. Name of Insurance Carrier

ShelterPoint Life Insurance Company

3b. Policy Number of Entity Listed in Box "1a"

DBL573018

3c. Policy effective period

01/01/2021

to

12/31/2022

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 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)

