



## 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 25 2021

Village of Dobbs Ferry  
Building Department

Date 03/23/2021

### Permit Application

Application Number AT2021-0032

Job Location 1 MYRTLE AVE Lot # 3.50-17-9

Owner: ADAM OSTROW  
1 MYRTLE AVE  
DOBBS FERRY, NY 10522  
206-235-6628

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 two Spruce trees that root system is being exposed. as High risk to pool and fence foundtaion -Removal of Norway maple Tree leaning heavy and split towards naighbors property. with stump on all 3 trees \$4600

#### Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	kendallostrow@gmail.com
Parcel Owner Phone	2062356628

Job Location: 1 MYRTLE AVE

Parcel Id: 3.50-17-9

AFFIDAVIT OF APPLICANT

*Time Tree Care and Landscaping Inc.*  
I Raphael Tigue being duly sworn, depose and says: That s/he does business as: Time Tree Care and Landscaping Inc. with offices at: 10633 Broadway, Dobbs Ferry, NY, and that s/he is:

— The owner of the property described herein.

— The PRESIDENT of the New York Corporation Time Tree Care and Landscaping Inc. 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 24th day of MARCH of 2021



Notary Public/Commission of Deeds

Robert J. Angiello  
ROBERT J. ANGIELLO  
Notary Public, State of New York  
No. 01AN6260122  
Qualified in Westchester County  
Commission Expires June 11, 2022

Applicant's Signature

OWNER'S AUTHORIZATION

Kendall Ostrow  
I Kendall Ostrow 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 2062356628. Owner email address kendallostrow@gmail.com

Kendall Ostrow  
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 24th day of MARCH of 2021



Notary Public/Commission of Deeds

KAO  
Applicant's Signature

ROBERT J. ANGIELLO  
Notary Public, State of New York  
No. 01AN6260122  
Qualified in Westchester County  
Commission Expires June 11, 2022



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)  
03/23/2021

**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
<input checked="" type="checkbox"/> <b>Commercial Liability</b>  <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations	LSC4411-20070027	7/22/2020	7/22/2021	\$100,000 Per Accident \$200,000 Policy Aggregate  \$100,000 Care Custody & Control \$100,000 Premises Liability
<input type="checkbox"/> <b>Commercial Auto Liability</b>  Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos Drive Away Specifically Described Autos				
<input type="checkbox"/> <b>Commercial Garage Liability</b>  G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> <b>Excess Liability</b> <input type="checkbox"/> Claims Made				

**LIMITATION OF COVERAGE FOR ADDITIONAL INSURED**  
Please see the attached Additional Insured Endorsement.

**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: LSC4411

Certificate Number: 20070027

Participating Member: Tigre Tree Care & Landscaping Inc

Effective Date: 3/23/2021

**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.

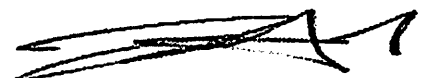
The coverage provided by this Endorsement only extends to cover the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Participating Member and only to the extent the Participating Member would have been liable and coverage would have been afforded to the Participating 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



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

**POLICY NUMBER**  
W2531 885-8

**CERTIFICATE NUMBER**  
883794

**POLICY PERIOD**  
12/08/2020 TO 12/08/2021

**DATE**  
3/23/2021

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.

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