



## 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 9 4 2021

Village of Dobbs Ferry  
Building Department

### Permit Application

Application Number AT2021-0023

Date 03/15/2021

Job Location 14 SUMMIT TER

Lot # 3.60-27-2

Owner: HERBERT SILVERMAN LIFE EST.  
14 SUMMIT TER  
DOBBS FERRY, NY 10522

Applicant: Chris Niemiec  
PO Box 587  
Yonkers, NY 10703  
914-739-4874  
paulbunyantreewestchester@gmail.com

Application Type: Tree Removal

Estimated Cost of Construction: \$

Description of Work: Paul Bunyan's Tree Service has inspected one tree at 14 Summit Terrace, Dobbs Ferry. We have determined that tree's stump is dead and rotten. This stump should be removed as soon as possible to prevent further damage. Thank you.

#### Form Questions:

#### Application Parcel Owner Contact:

|                    |                       |
|--------------------|-----------------------|
| Parcel Owner Email | Tatianalelk@yahoo.com |
| Parcel Owner Phone | (914)564-2670         |

Job Location: 14 SUMMIT TER

Parcel Id: 3.60-27-2

**AFFIDAVIT OF APPLICANT**

I \_\_\_\_\_ being duly sworn, depose and says: That s/he does business as: \_\_\_\_\_ with offices at: \_\_\_\_\_ 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.

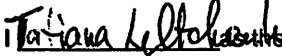
Sworn to before me this 19 day of March of 2021

  
Notary Public / Commission of Deeds

Shirley Jacobs  
Notary Public - State of New York  
No. 01JA6078625  
Qualified in Westchester County  
My Commission Expires 08-05-2022

Applicant's Signature

**OWNER'S AUTHORIZATION**

  
I, Tatiana Lele, owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number (914)564-2670. Owner email address Tatianalelk@yahoo.com

\_\_\_\_\_ 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 18 day of March of 2021

  
Notary Public / Commission of Deeds

  
Applicant's Signature

LIM KIM A.  
Notary Public, State of New York  
No. 01L16144154  
Qualified in Westchester County  
Commission Expires Apr. 24, 2022

Paul Bunyan's Tree Service  
PO Box 587, Honkers, NY 10703  
(914)739-4874  
[Paulbunyantreewestchester@gmail.com](mailto:Paulbunyantreewestchester@gmail.com)

**Village of Dobbs Ferry**  
112 Main St., Dobbs Ferry, New York 10522

15 March 2021

To whom it may concern,

Paul Bunyan's Tree Service has inspected one tree 14 Summit Terr., Dobbs Ferry. We have determined that the tree stump is dead and rotten. This should be removed as soon as possible to prevent further damage. Thank you for your cooperation in this matter.

Thank you

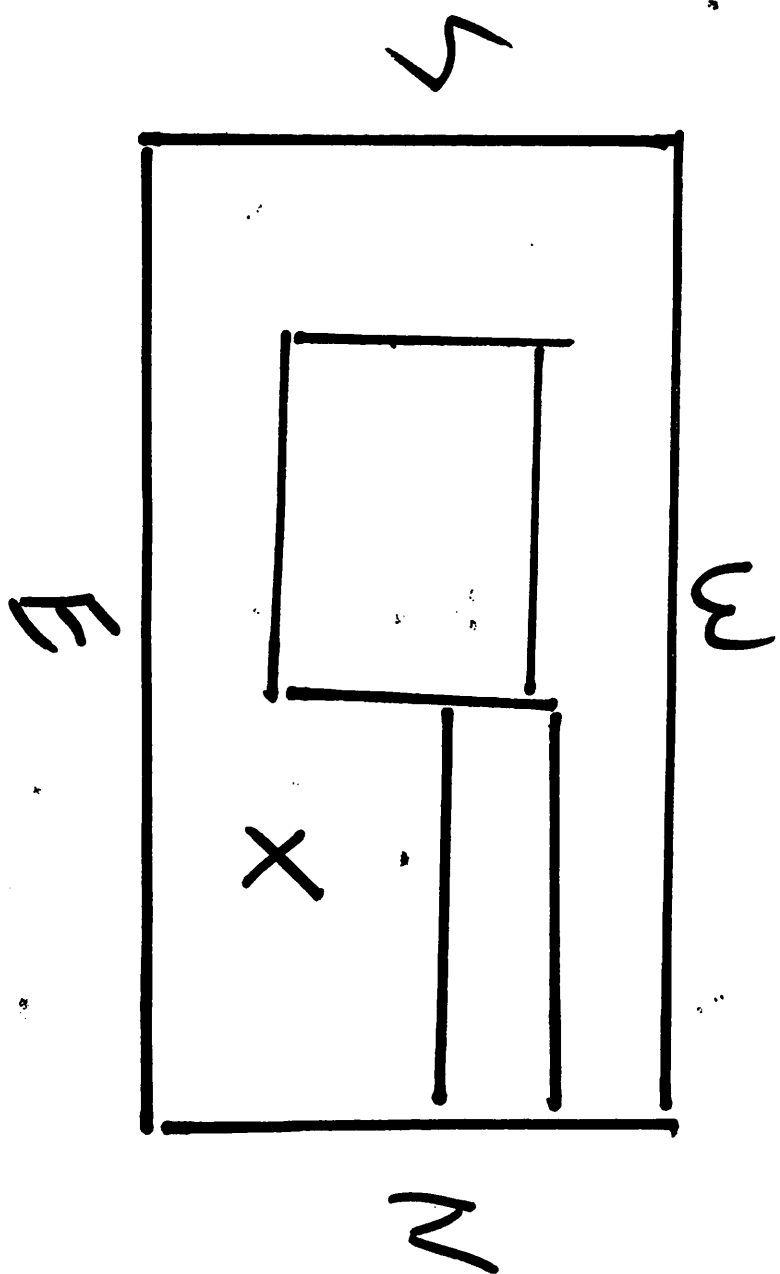


**Chris Niemiec**  
Paul Bunyan's Tree Service, Inc.

**RECEIVED**

MAR 24 2021

Village of Dobbs Ferry  
Building Department







George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

PAUL BUNYAN'S TREE SERVICE INC

PO BOX 587

YONKERS, NY-10703

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-23026-H10



Date of Expiration

05/25/2022



PAULBUN-01

AOELKERS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2021

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 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><br>McCartney & Rosenberry, Group Inc.<br>477 Ashford Ave<br>Ardsey, NY 10502 | <b>CONTACT NAME:</b> Angela Oelkers  |               |
|  | <b>PHONE (A/C, No, Ext):</b> (914) 693-3500 <b>FAX (A/C, No):</b> (914) 693-3980 |               |
|  | <b>E-MAIL ADDRESS:</b> info@mvragency.com  |               |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   | <b>NAIC #</b> |
|  | <b>INSURER A:</b> Greenwich Insurance Company                                    |               |
| <b>INSURED</b><br><br>Paul Bunyans Tree Service Inc<br>PO Box 587<br>Yonkers, NY 10703       | <b>INSURER B:</b>  |               |
|  | <b>INSURER C:</b>  |               |
|  | <b>INSURER D:</b>  |               |
|  | <b>INSURER E:</b>  |               |
|  | <b>INSURER F:</b>  |               |

## 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> E & O Liability<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X         |          | NPC-1002637-01 | 1/5/2021                | 1/5/2022                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>E O LIABILITY \$ 1,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | NBA-1002636-01 | 1/5/2021                | 1/5/2022                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |           |          | NEC-6006012-01 | 1/5/2021                | 1/5/2022                | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N/A       |          |                |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          |  |           |          |                |                         |                         |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate Holder is additional insured with respect to General Liability

## 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



New York State Insurance Fund

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

| nysif.com

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 133486099

MCCARTNEY & ROSENBERRY GROUP  
DBA MVR AGENCY  
477 ASHFORD AVE  
ARDSLEY NY 10502



SCAN TO VALIDATE  
AND SUBSCRIBE

|  |                                     |  |                          |
|--|-------------------------------------|--|--------------------------|
| <b>POLICYHOLDER</b><br>PAUL BUNYAN'S TREE SERVICE INC<br>P O BOX 587<br>YONKERS NY 10703 |                                     | <b>CERTIFICATE HOLDER</b><br>VILLAGE OF DOBBS FERRY<br>112 MAIN STREET<br>DOBBS FERRY NY 10522 |                          |
| <b>POLICY NUMBER</b><br>W1303 095-2  | <b>CERTIFICATE NUMBER</b><br>460520 | <b>POLICY PERIOD</b><br>08/15/2020 TO 08/15/2021   | <b>DATE</b><br>1/13/2021 |

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1303 095-2, 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 POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

CHRISTOPHER NIEMIEC-PRES  
PAUL BUNYAN'S TREE SERVICE INC  
1 OF 1

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

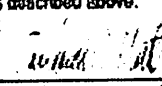
DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 86550017





## CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

|  |  |
|--|--|
| <b>PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier</b>  |  |
| 1a. Legal Name & Address of Insured (use street address only)<br><b>PAUL BUNYANS TREE SERVICE, INC</b><br><br><b>PO BOX 587</b><br><b>YONKERS, NY 10703</b><br><br><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>   | 1b. Business Telephone Number of Insured<br><b>914-739-4874</b><br><br>1c. Federal Employer Identification Number of Insured or Social Security Number<br><b>133486099</b>   |
| 2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)<br><br><b>Village of Dobbs Ferry</b><br><b>112 Main Street</b><br><b>Dobbs Ferry, NY 10522</b>  | 3a. Name of Insurance Carrier<br><b>ShelterPoint Life Insurance Company</b><br><br>3b. Policy Number of Entity Listed in Box "1a"<br><b>DBL425750</b><br><br>3c. Policy effective period<br><b>01/01/2021</b> to <b>12/31/2021</b> |
| 4. Policy provides the following benefits:<br><input checked="" type="checkbox"/> A. Both disability and paid family leave benefits<br><input type="checkbox"/> B. Disability benefits only.<br><input type="checkbox"/> C. Paid family leave benefits only.<br><br>5. Policy covers<br><input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.<br><input type="checkbox"/> B. Only the following class or classes of employer's employees:<br><br>_____  |  |
| 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.<br><br>Date Signed <u>1/13/2021</u> By <u></u><br><small>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small><br><br>Telephone Number <u>516-820-8100</u> Name and Title <u>Richard White, Chief Executive Officer</u><br><br><b>IMPORTANT.</b> 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.<br><br>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. |  |
| <b>PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)</b><br><br><b>State of New York</b><br><b>Workers' Compensation Board</b><br><br>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.<br><br>Date Signed _____ By _____<br><small>(Signature of Authorized NYS Workers' Compensation Board Employee)</small><br><br>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.