



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 24 2021

Village of Dobbs Ferry
Building Department

Permit Application

Application Number AT2021-0013

Date 03/09/2021

Job Location 41 MAGNOLIA DR

Lot # 3.160-140-7

Owner: Justin & Erica Malko
41 Magnolia
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 Fir tree at 41 Magnolia Ave.. We have determined that this tree is diseased and should be removed as soon as possible.
Thank you

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	Ericamalko@me.com
Parcel Owner Phone	(206)419-9275

Job Location: 41 MAGNOLIA DR

Parcel Id: 3.160-140-7

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.

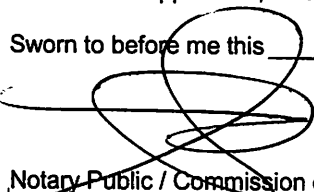
___ The Lessee of the premises, duly authorized by the owner to make this application.

___ 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



Shirley Jacobs
Notary Public - State of New York
No. 01JA6078625

Notary Public / Commission of Deeds

Qualified in Westchester County Applicant's Signature
My Commission Expires 08-05-2022

OWNER'S AUTHORIZATION

I Erica Malko 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 (206)419-9275. Owner email address Ericamalko@me.com

Erica Malko 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 17th day of MARCH of 2021



Notary Public / Commission of Deeds

ELIZABETH A. DREAPER
Notary Public, State of New York
No: 01DR6177050
Qualified In Westchester County
Commission Expires November 5, 2023



Applicant's Signature

Paul Bunyan's Tree Service, Inc.

PO Box 587 Yonkers, NY 10703 | (914)739-4874 |

Paulbunyantreewestchester@gmail.com

RECEIVED

MAR 24 2021

Village of Dobbs Ferry
Building Department

9 March 2021

Village of Dobbs Ferry

112 Main St.

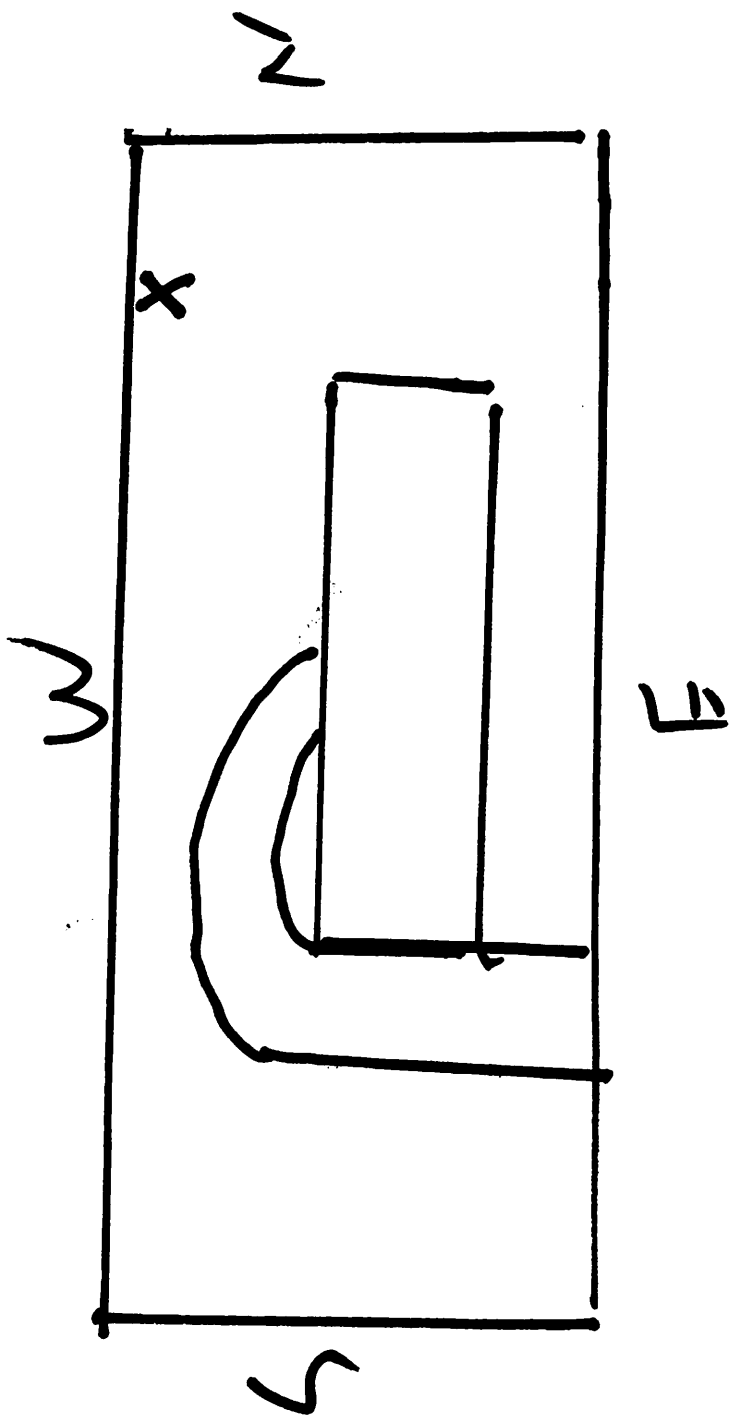
Dobbs Ferry, NY 10522

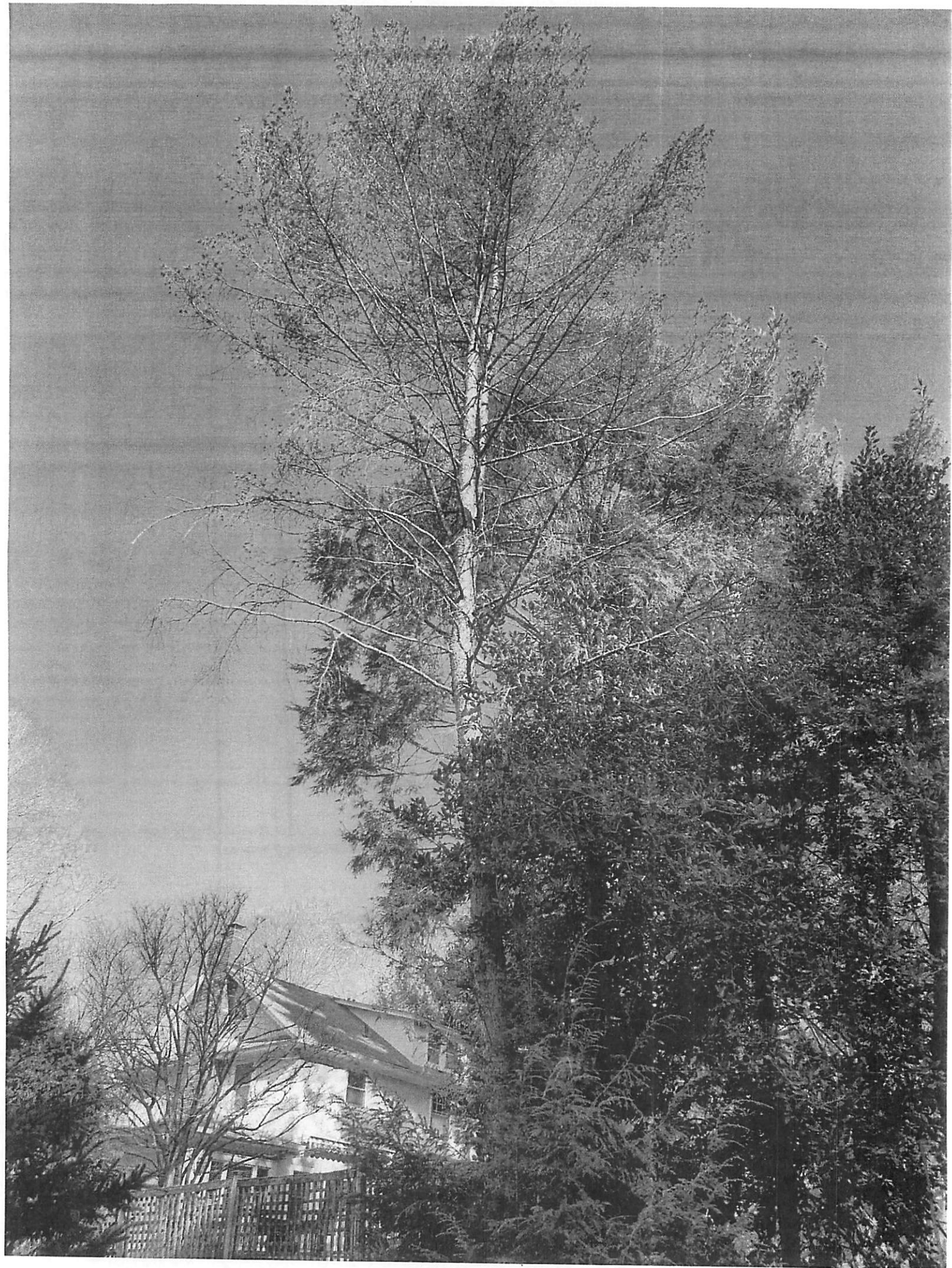
To Whom It May Concern:

Paul Bunyan's Tree Service has inspected one Fir tree at 41
Magnolia Ave., Dobbs Ferry. We have determined that this tree is
diseased and should be removed as soon as possible. Thank you.

Chris Niemiec

Paul Bunyan's Tree Service, Inc.





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).

PRODUCER McCartney & Rosenberry, Group Inc. 477 Ashford Ave Ardsley, NY 10502	CONTACT Angela Oelkers NAME: PHONE (A/C, No, Ext): (914) 693-3500 FAX (A/C, No): (914) 693-3980 E-MAIL: info@mvragency.com ADDRESS:																					
INSURED Paul Bunyans Tree Service Inc PO Box 587 Yonkers, NY 10703	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>Greenwich Insurance Company</td><td></td></tr> <tr> <td>INSURER B:</td><td></td><td></td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Greenwich Insurance Company		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Greenwich Insurance Company																					
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

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 <input checked="" type="checkbox"/> E & O Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		NPC-1002637-01	1/5/2021	1/5/2022	EACH OCCURRENCE \$ 1,000,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,00 MED EXP (Any one person) \$ 5,00 PERSONAL & ADV INJURY \$ 1,000,00 GENERAL AGGREGATE \$ 2,000,00 PRODUCTS - COMP/OP AGG \$ 2,000,00 E O LIABILITY \$ 1,000,00
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			NBA-1002636-01	1/5/2021	1/5/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			NEC-6006012-01	1/5/2021	1/5/2022	EACH OCCURRENCE \$ 1,000,00 AGGREGATE \$ 1,000,00 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
 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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 133486099
MCCARTNEY & ROSENBERRY GROUP
DBA MVR AGENCY
477 ASHFORD AVE
ARDSLEY NY 10502



SCAN TO VALIDATE
AND SUBSCRIBE

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

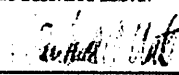
VALIDATION NUMBER: 86550017

R



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	
<p>1a. Legal Name & Address of Insured (use street address only) PAUL BUNYANS TREE SERVICE, INC PO BOX 587 YONKERS, NY 10703</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>1b. Business Telephone Number of Insured 914-739-4874</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 133486099</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Village of Dobbs Ferry 112 Main Street Dobbs Ferry, NY 10522</p>	<p>3a. Name of Insurance Carrier ShoeterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL425750</p> <p>3c. Policy effective period 01/01/2021 to 12/31/2021</p>
<p>4. Policy provides the following benefits:</p> <p><input checked="" type="checkbox"/> A. Both disability and paid family leave benefits</p> <p><input type="checkbox"/> B. Disability benefits only.</p> <p><input type="checkbox"/> C. Paid family leave benefits only.</p> <p>5. Policy covers</p> <p><input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law</p> <p><input type="checkbox"/> B. Only the following class or classes of employer's employees:</p> <p>_____</p>	
<p>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.</p>	
<p>Date Signed <u>1/13/2021</u> By <u></u></p> <p style="text-align: center;"><small>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small></p>	
<p>Telephone Number <u>516-829-8100</u> Name and Title <u>Richard White, Chief Executive Officer</u></p>	
<p>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.</p> <p>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.</p>	
<p>PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)</p> <p>State of New York Workers' Compensation Board</p> <p>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.</p>	
<p>Date Signed _____ By _____</p> <p style="text-align: center;"><small>(Signature of Authorized NYS Workers' Compensation Board Employee)</small></p>	
<p>Telephone Number _____ Name and Title _____</p>	

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.