



## VILLAGE OF DOBBS FERRY

Building Department  
112 Main Street, Dobbs Ferry, NY 10522  
Phone: (914) 231-8509 | Fax: (914) 693-3470

Daniel Roemer  
Building Inspector



### Permit Application

Application Number AT2023-0135

Date 04/17/2024

Job Location 141 MAIN ST | Lot # 3.80-40-24

Owner: GREEN APPLE PROPERTIES LLC  
38 MC KEEL AVE  
TARRYTOWN, NY 10591  
914-319-3451

Applicant: Liza Glover  
141 Main Street  
Dobbs Ferry, NY 10522  
(914)319-0329 [tlglover4@verizon.net](mailto:tlglover4@verizon.net)

Application Type: Tree Removal Estimated Cost of Construction: \$

Description of Work: There are 2 Maple trees in the back to the right of the building in the alley next to the fence/gate that are marked by white ribbons

#### Form Questions:

Diameter of Tree to be Removed	One is 60 inches in diameter, the one next to it is 30 inches in diameter.
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#### Application Parcel Owner Contact:

Parcel Owner Email	<a href="mailto:tlglover4@verizon.net">tlglover4@verizon.net</a>
Parcel Owner Phone	914-319-0329

Job Location: 141 MAIN ST

Parcel Id: 3.80-40-24

**AFFIDAVIT OF APPLICANT**

I Liza Glover being duly sworn, depose and says: That s/he does business as: \_\_\_\_\_ with offices at: \_\_\_\_\_  
141 Main Street Dobbs Ferry NY 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 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 17 day of April of 2024

Maria E O'Connell  
Notary Public / Commission of Deeds

Maria E O'Connell  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 010C6409132  
Qualified in Westchester County  
My Commission Expires September 21, 2024

[Signature]  
Applicant's Signature

**PROPERTY OWNER'S AUTHORIZATION**

I Liza Glover 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 914-319-0329. Owner email address tlglover4@verizon.net

Liza Glover 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.

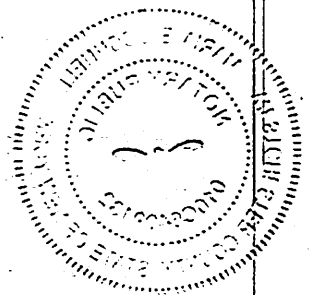
Sworn to before me this 17 day of April of 2024

Maria E O'Connell  
Notary Public / Commission of Deeds

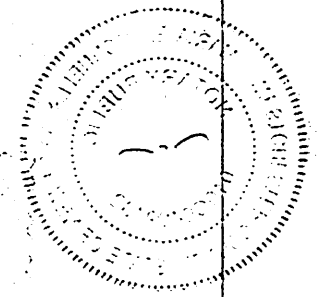
[Signature]  
PROPERTY OWNER's SIGNATURE

Maria E O'Connell  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 010C6409132  
Qualified in Westchester County  
My Commission Expires September 21, 2024

RECEIVED  
JAN 14 1964  
U.S. AIR FORCE  
HONOLULU, HAWAII  
1111 Kamehameha Highway  
Honolulu, Hawaii 96813



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JAN 14 1964  
U.S. AIR FORCE  
HONOLULU, HAWAII  
1111 Kamehameha Highway  
Honolulu, Hawaii 96813







Policy Number: TTSUH-M

Date Entered: 04/17/2024

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2024

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  
KS Insurance Agency LLC  
438 South Broadway.  
Yonkers, NY 10705

CONTACT NAME: LEONIDAS SOSA  
PHONE (A/C No. Ext): (914) 375-7067 FAX (A/C No.): (914) 751-8633  
E-MAIL ADDRESS: ksinsurance@hotmail.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: EVANSTON INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED TREE XPRTS LANDSCAPING INC  
MR EDWIN MENA CAMACHO  
438 S BROADWAY  
YONKERS, NY 10705

## COVERAGES

CERTIFICATE NUMBER: 16

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 SUBR INSD: W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		TTSUH-M	02/22/2024	02/22/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPIOP AGG \$ INCLUDED
						DEDUCTIBLE \$ 500
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
						\$
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in HH)	<input type="checkbox"/> Y/N	N/A			OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

LANDSCAPING, GARDENING, TREE PRUNING, DUSTING, SPRAYING, REPAIRING, TRIMMING AND TREE SERVICES. WILROX INC AND VILLAGE OF HASTING ON HUDSON NAMED AS ADDITIONAL INSURED.

## 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

LEONIDAS SOSA

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New York State Insurance Fund

PO Box 66699, Albany, NY 12206

| nysif.com

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE  
AND SUBSCRIBE

611792428  
SOSA & ASSOCIATES LLC  
438 SOUTH BROADWAY  
YONKERS NY 10705

### POLICYHOLDER

TREE XPERTS LANDSCAPING INC  
86 MAIN STREET SUITE 505  
YONKERS NY 10701

### CERTIFICATE HOLDER

Village of Dobbs Ferry  
112 Mail Street Dobbs Ferry, NY 10522

POLICY NUMBER  
W2566 871-6

CERTIFICATE NUMBER  
833336

POLICY PERIOD  
10/21/2023 TO 10/21/2024

DATE  
10/24/2023

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2566 871-6, 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.

PRESIDENT  
CARLOS TORRES  
SOLE OFFICER/SHAREHOLDER -  
TREE XPERTS LANDSCAPING INC

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: 535583217











George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

TREE XPERTS LANDSCAPING INC.

PO BOX 1200

YONKERS, NY-10702

This license is issued in accordance with Article XVI of the Westchester County Consumer Protection Code and is valid only in the 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-35222-H22



Date of Expiration

04/18/2024



Westchester  
gov.com

**Department of Consumer Protection**

**LICENSED HOME IMPROVEMENT CONTRACTOR**

**LICENSE EXPIRES ON MONTH PUNCHED IN YEAR**

**2023**

**41358**

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC