



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

RECEIVED

APR 16 2024

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Permit Application

Application Number AT2024-0035

Date 04/15/2024

Job Location 19-21-23 CEDAR ST | Lot # 3.80-42-6

Owner: LLCJJHS
1659 FEDERSPIEL ST
FT LEE, NJ 07024
914-693-8000

Applicant: Jonathan Lee
19 Cedar St
Dobbs Ferry, NY 10522
(929)314-4828
jonathan.w.lee@gmail.com

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

Description of Work: To whom it may concern, I am writing regarding 4 trees that are growing in a row on top of the retaining back wall of a building. The front of the building is street level however the ground is elevated in the back. The trees are at or above roof level along the back side of the building. Trees are leaning over onto the flat top roof. All

Form Questions:

Diameter of Tree to be Removed	estimated about 1 feet or under in diameter
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Application Parcel Owner Contact:

Parcel Owner Email	jonathan.w.lee@gmail.com
Parcel Owner Phone	9293144828

Job Location: 19-21-23 CEDAR ST

Parcel Id: 3.80-42-6

AFFIDAVIT OF APPLICANT

I Jonathan Lee being duly sworn, depose and says: That s/he does business as: _____ with offices at: 19-21-23 Cedar St. 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.

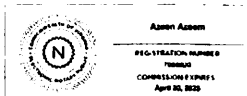
____ The Architect of Engineer duly authorized by the owner to make this application.

____ 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 15th day of April of 2024
Commonwealth of Virginia, County of Prince William

 Electronic Notary Public
Notary Public / Commission of Deeds



Jonathan Woo Lee
Applicant's Signature

Notarized remotely online using communication technology via Proof.

PROPERTY OWNER'S AUTHORIZATION

I Jonathan Lee 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 9293144828 .Owner email address jonathan.w.lee@gmail.com

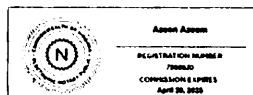
I hereby acknowledge that it is my responsibility as the property owner to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for which this permit is being requested.

Sworn to before me this 15th day of April of 2024

 Electronic Notary Public

Notary Public / Commission of Deeds
Commonwealth of Virginia, County of Prince William

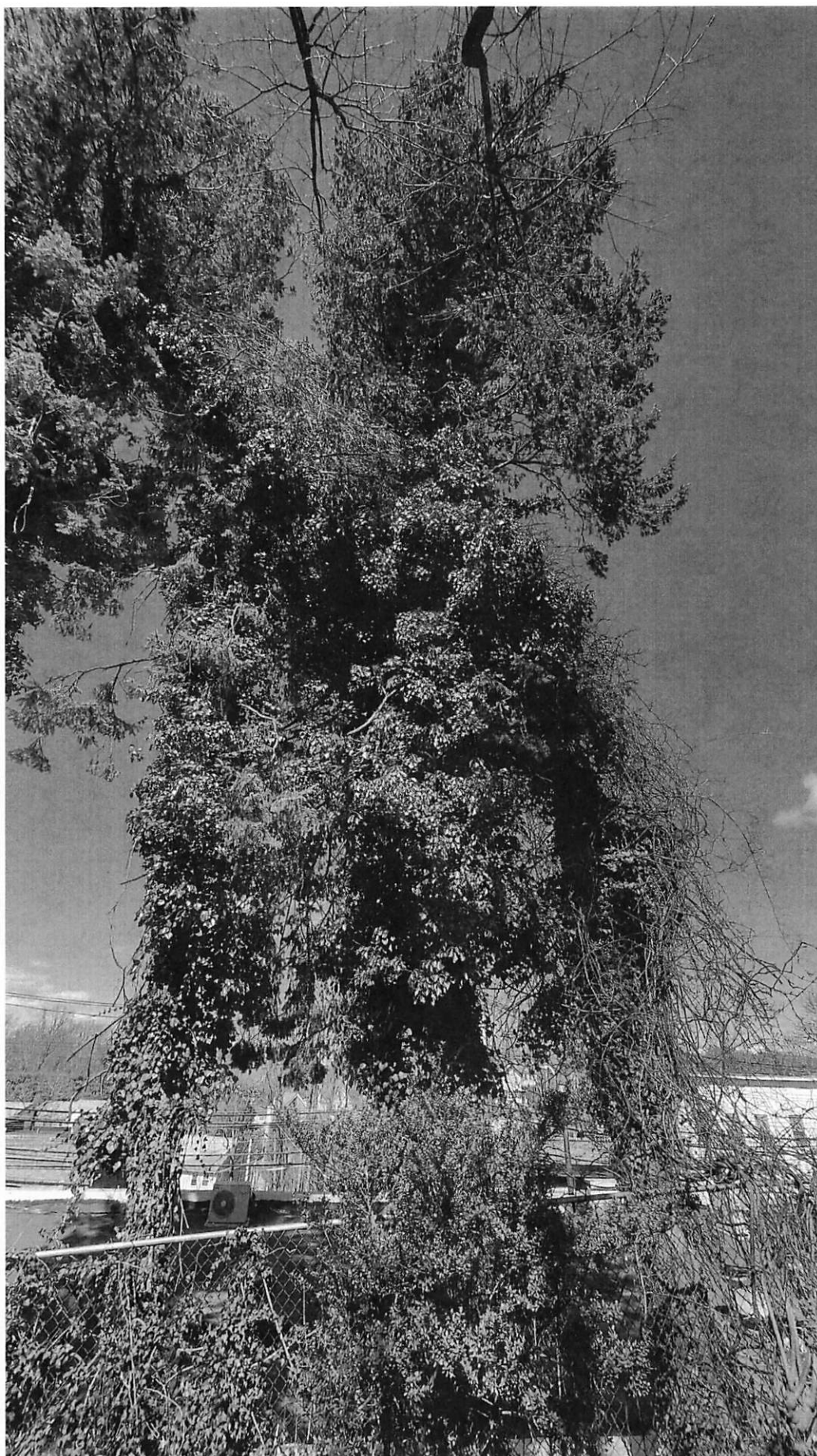
Jonathan Woo Lee
PROPERTY OWNER'S SIGNATURE



Notarized remotely online using communication technology via Proof.







George Latimer
Westchester County Executive

Westchester
County

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

WALTER SOTO'S TREE SERVICE & LANDSCAPING INC

292 ROUTE 6N

MAHOPAC, NY-10541

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-36951-H23



Date of Expiration

09/29/2025



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 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	CONTACT NAME: Christopher Butz
TAPCO	PHONE: 914-244-0500 FAX: IAC No.
	E-MAIL: ADDRESS:
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Western World INSURANCE COMPANY
INSURED	INSURER B:
Walter Soto's Tree Service & Landscaping INC	INSURER C:
292 Route 9C	INSURER D:
Mahopac, NY 10541	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 SUBR INSD LTR	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 GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		NPP1626666	08/31/2023	08/31/2024	EACH OCCURRENCE \$ 1,000,000 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 - COMP OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH ER 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)
Scope of work: Landscaping and Tree Services

CERTIFICATE HOLDER	CANCELLATION
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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher Butz

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CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 861251317
CHRIS BUTZ
3 DEPOT PLAZA
BEDFORD HILLS NY 10507



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER WALTER SOTO'S TREE SERVICE & LANDSCAPING INC 292 ROUTE 6N MAHOPAC NY 10541		CERTIFICATE HOLDER VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522	
POLICY NUMBER W2589 634-1	CERTIFICATE NUMBER 696612	POLICY PERIOD 05/02/2023 TO 05/02/2024	DATE 4/17/2024

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2589 634-1, 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
WALTER SOTO MONROY
WALTER SOTO'S TREE SERVICE &
LANDSCAPING 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: 962700238