



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 18 2024

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT
Date 04/17/2024

Permit Application

Application Number AT2024-0039

Job Location 267 CLINTON AVE | Lot # 3.160-143-9.2

Owner: ANTHONYBRILL
267 CLINTON AVE
DOBBS FERRY, NY 10522
917-579-1937

Applicant: Benjamin DiRocco
172 West Nyack Road
West Nyack, NY 10994
8456270186
info@timberlinetreeservices.com

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

Description of Work: We are applying to remove 3 hazardous trees in conjunction with a fallen tree removal at the adjacent property.

Form Questions:

Diameter of Tree to be Removed	Hemlock 9", Pine 19", Oak 16"
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Application Parcel Owner Contact:

Parcel Owner Email	mindybrill@gmail.com
Parcel Owner Phone	9175791937

Job Location: 267 CLINTON AVE

Parcel Id: 3.160-143-9.2

AFFIDAVIT OF APPLICANT

I Benjamin Di Rocco being duly sworn, depose and says: That s/he does business as: Timberline Tree & Landscape Inc. with offices at: 172 West Nyack Rd. West Nyack, 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 17th day of April of 2024

JOSEPHINE FELIX
Notary Public, State of New York
Qualified in Rockland County
Reg # 01FE5071727

Notary Public / Commission of Deeds

Josephine Felix
expires 1/21/27

[Signature]
Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

I Mindy Brill as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

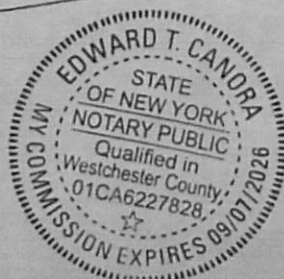
Owner phone number 9175791937. Owner email address mindybrill@gmail.com

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 18 day of April of 2024

[Signature]

Notary Public / Commission of Deeds



[Signature]

PROPERTY OWNER's SIGNATURE

TIMBERLINE

Tree & Landscape

172 West Nyack Road
West Nyack, New York 10994
845-627-0186

www.timberlinetreeservices.com
info@timberlinetreeservices.com

April 17th, 2024

To: The Village of Dobbs Ferry

RE: 267 Clinton Ave

On April 15th, 2024 I performed a property assessment at the above mentioned address. The goal of the assessment was to identify any trees that pose a threat to the main structure. 3 trees were identified and are being proposed for removal. All three trees are located in the area directly south of the house by the patio.

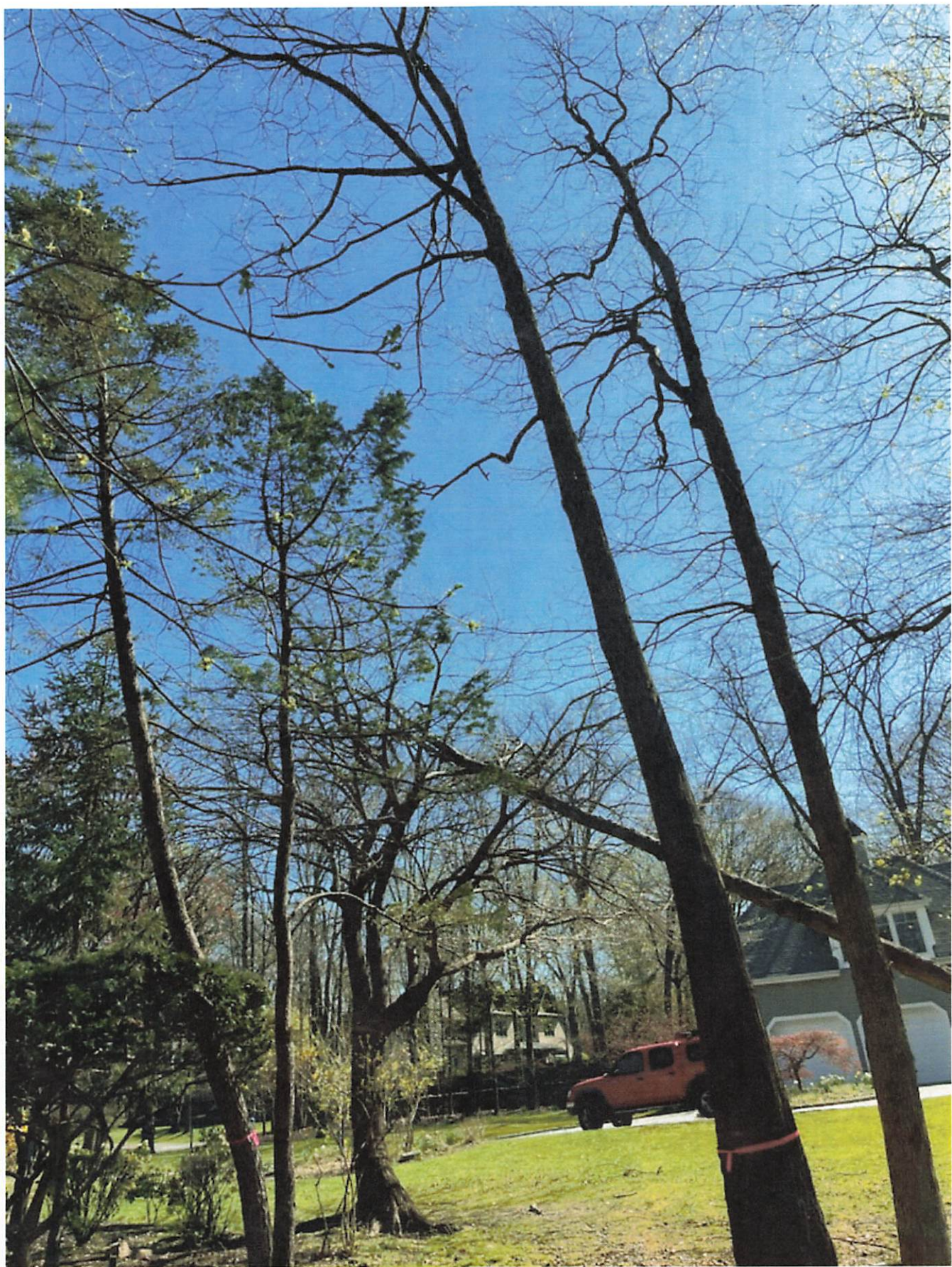
1. Pine (19" DBH): This pine tree previously had a large failure, causing abnormal growth clustered around the break approximately 20 ft above grade. This is an unstable growth structure and future failures are to be expected with this growth pattern.
2. Oak (16" DBH): The oak tree has a large area of rot and evidence of carpenter ant activity at its base creating an increased risk of failure.
3. Hemlock (9" DBH): This hemlock is heavily leaning/growing in the direction of the house. This is an unstable growth structure for this species and as the tree continues to grow the risk to the house will increase.

For preservation of life and property these three trees should be removed.

Sam Bangs
ISA Certified Arborist #NY-6562A









George Latimer
Westchester County Executive



James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

TIMBERLINE TREE & LANDSCAPE INC.

172 WEST NYACK ROAD

WEST NYACK, NY-10994

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-31230-H18



Date of Expiration

11/14/2024



TIMBTRE-02

GMAURO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/17/2024

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 Acrisure Insurance Partners Services of NY, LLC 90 S. Ridge Street Rye Brook, NY 10573	CONTACT NAME: Christopher Goldsmith PHONE (A/C, No, Ext): (845) 627-8258 E-MAIL ADDRESS: cgoldsmith@acrisure.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Michigan Millers Mutual Insurance Company 14508 INSURER B: State Insurance Fund Workers' Compensation Fund #82 36102 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Timberline Tree & Landscape Inc. 172 W. Nyack Rd. West Nyack, NY 10994	NAIC #

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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	C 0516607 05	6/10/2023	6/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		V0508423	6/10/2023	6/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	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	W23943574	7/14/2023	7/14/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Village Of Dobbs Ferry is included as additional insured under the General Liability as per a written contract with regards to work performed by the named insured. Per the terms of the blanket additional insured endorsement, coverage for the additional insureds is contingent upon a written agreement with the named insured requiring such coverage.

CERTIFICATE HOLDER Village of Dobbs Ferry 112 Main Street Dobbs Ferry, NY 10522	CANCELLATION 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
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CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) TIMBERLINE TREE & LANDSCAPE INC 172 WEST NYACK ROAD WEST NYACK, NY 10994 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 845-627-0186 1c. Federal Employer Identification Number of Insured or Social Security Number 133934720
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Dobbs Ferry 112 Main Street Dobbs Ferry, New York 10522	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL291384 3c. Policy effective period 07/09/2023 to 07/08/2025


4. Policy provides the following benefits:

☒ A. Both disability and paid family leave benefits.
☐ B. Disability benefits only.
☐ C. Paid family leave benefits only.

5. Policy covers:

☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

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.

Date Signed 4/19/2024 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

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.

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 emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

**State of New York
Workers' Compensation Board**

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 (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

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.

