



## 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 14 2022

VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT

### Permit Application

Application Number AT2022-0002

Date 04/18/2022

Job Location 80 COCHRAN AVE Lot # 3.120-107-4

Owner: Bryce Liu  
80 Cochran Ave.  
Dobbs Ferry, NY, NY 10522  
(817)368-8840

Applicant: Bryce Liu  
80 Cochrane Ave  
Dobbs Ferry, NY 10522  
(408)598-1049  
bl.dobbsferry@blfamily.net

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

Description of Work: Remove trees - 2 Norway Maples

#### Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	bryce.liu@gmail.com
Parcel Owner Phone	4085981049

Job Location: 80 COCHRAN AVE

Parcel Id: 3.125-107-4

**AFFIDAVIT OF APPLICANT**

I Shangrong Wu being duly sworn, depose and says: That s/he does business as: Owner with offices at: 80 Cochrane Ave, Dobbs Ferry, 10522 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.

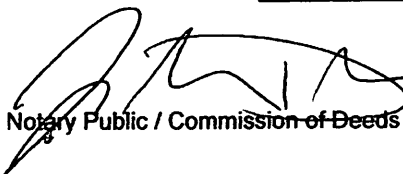
☐ The Lessee of the premises, duly authorized by the owner to make this application.

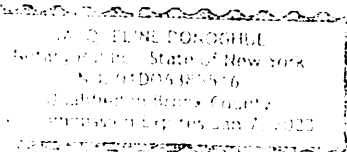
☐ The Architect or Engineer duly authorized by the owner to make this application.

☐ 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 15<sup>th</sup> day of DEC of 2021

  
Notary Public / Commission of Deeds



Applicant's Signature Shangrong Wu

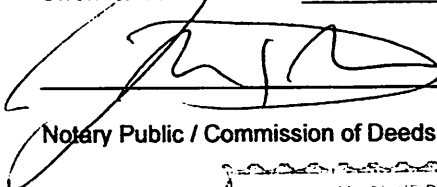
**PROPERTY OWNER'S AUTHORIZATION**

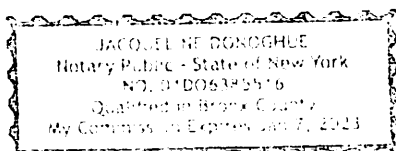
I Shangrong Wu as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number 2018556688. Owner email address lisawusweet@gmail.com

Shangrong Wu 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 15 day of DEC of 2021

  
Notary Public / Commission of Deeds



Shangrong Wu  
PROPERTY OWNER's SIGNATURE



*Proven Solutions for a Growing World*

57 Valley Avenue Elmsford, NY 10523

(914) 345-8733 Fax: (914) 345-3340

[www.davey.com](http://www.davey.com)

NYS Pesticide Business Registration: 17625

December 2, 2021

Lisa and Bryce Liu  
80 Cochrane Avenue  
Dobbs Ferry, NY 10522

Dear Lisa and Bryce,

As requested, I inspected the two (2) Norway Maples (*acer platanoides*) on your property.

The Norway Maple in the front yard has a large stress crack on the main trunk. The tree had a large branch removed causing a structural imbalance in the tree. The tree is twisting which is why the crack formed. I also found decay at the base of the tree (tree is 22-inches in diameter). The Norway Maple on the side yard had significant decay in the base of the tree (tree is 26-inches in diameter).

In my opinion both trees pose a great risk of failure and should be removed in a timely fashion. Norway Maples are also on the invasive species list for New York State.

Please feel free to contact me on my cell, 914-438-3152, with any questions you might have.

Sincerely,

*Tom Serpe*  
ISA Certified Arborist NY-0349A

Certifications on this boundary survey map signify that the map was prepared in accordance with the current existing Code of Practice for Land Surveys adopted by the New York State Association of Professional Land Surveyors, Inc. The certification is not an expressed or implied warranty or guarantee, it is purely a statement of professional opinion based on knowledge, information and existing field evidence and documentary evidence available. The certification is limited to persons for whom the boundary survey map is prepared, to the title company, to the governmental agency, and to the lending institution listed on this boundary survey map.

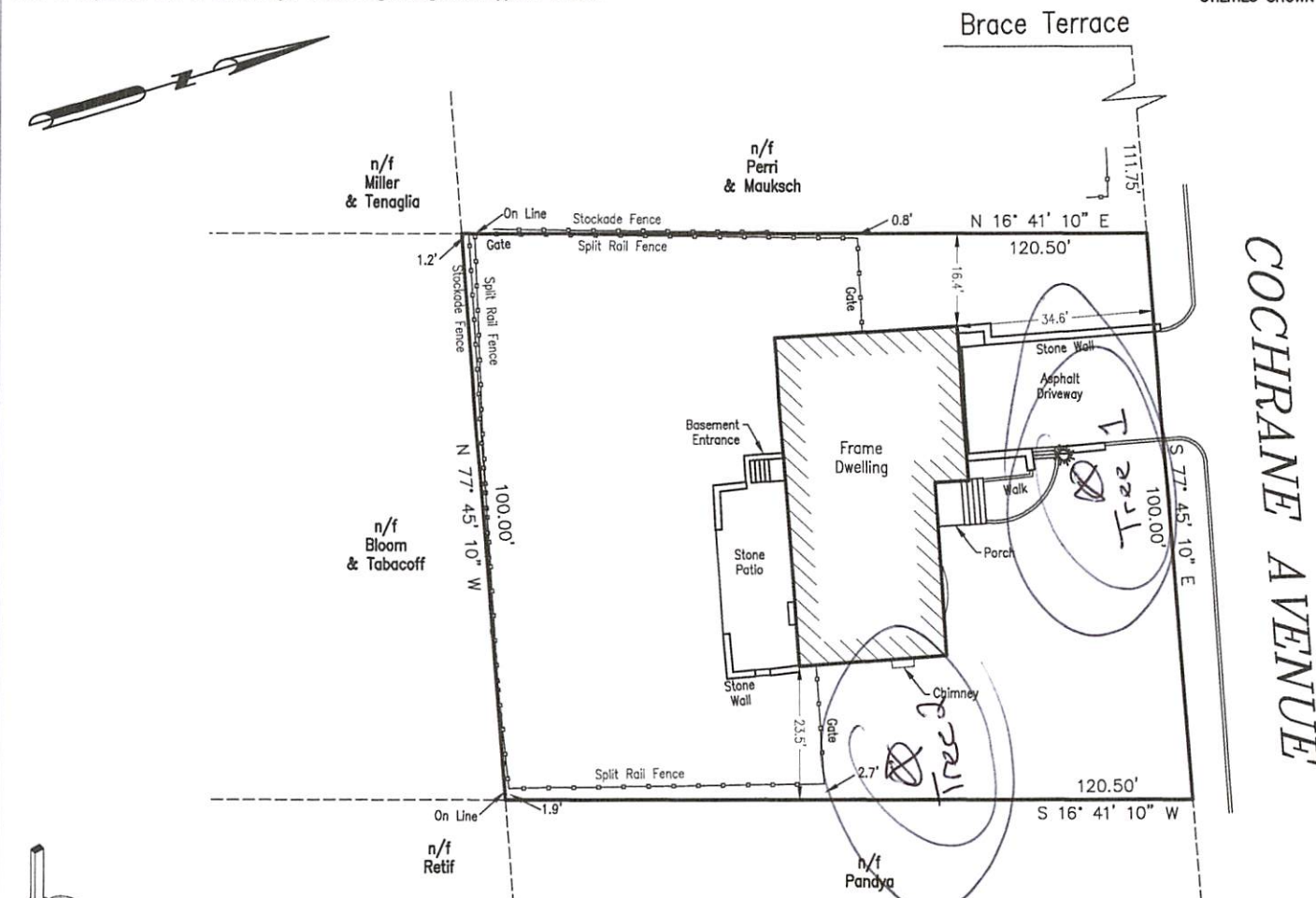
Any alteration or addition to this survey is a violation of SECTION 7209 of the NEW YORK STATE EDUCATION LAW, except as per SUBDIVISION 2. All certifications hereon are valid for this map and copies thereof only if said map or copies bear the inked or impressed seal of the surveyor whose original signature appears hereon.

ANY EASEMENTS AND/OR SUBSURFACE STRUCTURES UNRECORDED ARE NOT GUARANTEED  
UNLESS PHYSICALLY EVIDENT ON THE PREMISES AT THE TIME OF THE SURVEY  
SUBJECT TO COVENANTS, EASEMENTS, RESTRICTIONS, CONDITIONS AND AGREEMENTS RECORDED  
AND UNRECORDED

UNDERGROUND UTILITIES SHOWN HEREON BASED ON UTILITY EVIDENCE VISIBLE AT GROUND  
SURFACE AND ARE SUBJECT TO FIELD VERIFICATION BY EXCAVATION

UTILITIES SHOWN DO NOT PURPORT TO CONSTITUTE OR REPRESENT ALL UTILITIES LOCATED  
UPON OR ADJACENT TO THE SURVEYED PREMISES

WETLANDS IF ANY ARE NOT SHOWN



CERTIFIED ONLY TO:

Bryce Cheng-Yang  
Shangrong Wu  
Statewide Abstract  
Stewart Title Insurance Company

SURVEY  
PREPARED FOR  
BRYCE CHENG-YANG  
&  
SHANGRONG WU

VILLAGE OF DOBBS FERRY,  
TOWN OF GREENBURGH, COUNTY OF WESTCHESTER, STATE OF NEW YORK  
TAX LOT: SECTION 3.120 - BLOCK 107 - LOT 4  
SCALE: 1" = 20'  
SURVEY DATE: APRIL 21, 2021  
AREA: 12,014 SQ.FT.

#21204  
EDWARD T. GANNON, P.L.S.  
CHERRY HILL ROAD ~ BLOOMING GROVE, NY 10614  
egannonsurveying@yahoo.com













# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2022

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).

<b>PRODUCER</b> Westchester Fairfield Agcy Ltd 720 Commerce Street Thornwood NY 10594		<b>CONTACT</b> NAME: Niurka Blanco PHONE (A/C, No, Ext): 914-741-6400 E-MAIL: niurkab@miller-ins.com FAX (A/C, No): 914-741-6407 ADDRESS: niurkab@miller-ins.com		
<b>INSURED</b> D'Ambrosio Landscaping Corp 126 Smart Ave Yonkers NY 10704		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A : Main Street America Assurance		29939
		INSURER B : Shelter Life Insurance Co		65757
		INSURER C :		
		INSURER D :		
		INSURER E :		
INSURER F :				

**COVERAGES**

CERTIFICATE NUMBER: 1062495168

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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	Y		MPU4801H	5/30/2021	5/30/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			B2V66102	5/30/2021	5/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	W1V66102	5/30/2021	5/30/2022	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	<b>DISABILITY</b>			D261002	10/1/2018	9/30/2023	Statutory

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

\*Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named Insured shown above.\*

Certificate Holder is additional insured as REQUIRED BY WRITTEN CONTRACT.

**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

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## CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>12. Legal Name &amp; Address of insured (use street address only)</p> <p><b>777 Arcadio Landscaping Corp</b>  <b>126 Smart Ave</b>  <b>Yonkers NY 10704</b></p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State i.e. a Wrap-Up Policy)</p>	<p>10. Business Telephone Number of insured</p> <p><b>(914)686-3456</b></p> <p>11. NYC Unemployment Insurance Employer Registration Number of Insured</p> <p></p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p><b>13-4157124</b></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p><b>Village of Dobbs Ferry</b>  <b>112 Main Street</b>  <b>Dobbs Ferry, NY 10522</b></p>	<p>3a. Name of Insurance Carrier</p> <p><b>Main Street America Assurance</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p><b>W1V66102</b></p> <p>3c. Policy effective period</p> <p><u>5/30/2021</u> to <u>5/30/2022</u></p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy.) The Insurance Carrier is hereby designated as the holder of this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premium or "other cause." If the policy is canceled for other cause, the carrier must advise the insured by first class mail to eliminate the insured from the coverage indicated on this Certificate. These notices may be sent by registered mail, certified mail. This Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This document is intended to provide information only and does not constitute an offer of insurance. This document does not extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

**THE** *Journal of Management Education*, Vol. 30, No. 6, December 2006  
DOI: 10.1177/0095687406292106 © The Author(s) 2006

**Please Note:** Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be

**mandatory coverage requirements of the New York State Workers' Compensation Law.**

12. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

Approved by: **Glenn Miller**

**Approved by:**

**Title:** \_\_\_\_\_

\_\_\_\_\_ is NOT authorized to issue it.



## **Workers' Compensation Law**

### **Section 27. Distribution of funds of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.