



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 12 2022

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Permit Application

Application Number AT2022-0033

Date 04/13/2022

Job Location BELDEN AVE Lot # 3.50-15-1

Owner: ARDSLEY COUNTRY CLUB INC
P.O. BOX 71
ARDSLEY ON HUDSON, NY 10503

Applicant: Brodie Sherburne
100 N Mountain Dr
Ardsley on Hudson, NY 10522
3152627009 sherbub181@gmail.com

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

Description of Work: #1 - 40" Corkscrew Willow on the flats between Langdon & Belden Ave (Saranac St - 3.50-11-1) #2 - 52" Weeping Willow between holes 5 & 6 on the flats between Belden & Langdon Ave (Saranac St - 3.50-11-1) #3 - 68" Weeping Willow by the fifth tee of the flats between Langdon & Belden Ave (Saranac St - 3.50-11-1) #4 - 51"

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	sherbub181@gmail.com
Parcel Owner Phone	3152627009

STATE OF New York
County of Westchester

Job Location: BELDEN AVE

Parcel Id: 3.50-15-1

AFFIDAVIT OF APPLICANT

I Brodyne Shabane being duly sworn, depose and says: That s/he does business as: Superintendent with offices at: Ardley Country Club and that s/he is:

___ The owner of the property described herein.

X The Superintendent of the New York Corporation Ardley Country Club with offices at: 50 Cricket Lane, Dobbs Ferry NY 10522 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 11th day of April of 2022

Notary Public / Commission of Deeds

Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

I Brodyne Shabane 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 3152627009. Owner email address sherbub181@gmail.com

Brodyne Shabane 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 11th day of April of 2022

Notary Public / Commission of Deeds

PROPERTY OWNER's SIGNATURE

SPENCER A. KOJA
Notary Public, State of New York
No. 01K06229894
Qualified in Westchester County
Commission Expires 12/13/2023



Proven Solutions for a Growing World

57 Valley Avenue Elmsford, NY 10523

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

www.davey.com

NYS Pesticide Business Registration: 17625

March 10, 2022

Mr. Brodie Sherburne,
Ardsley Country Club
P.O. Box 71
Ardsley, NY 10503

Dear Brodie,

As you requested, I inspected six (6) trees located on the golf course. I recommend the removal of all six (6) trees and a replanting program to replace the trees. All trees show significant decline and decay.

1. 40-inch diameter Corkscrew Willow: Tree is in decline. Dieback and decay fungus in main stems of the tree.
2. 52-inch diameter Weeping Willow: Tree has severe decay in all main stem-wood.
3. 68-inch diameter Weeping Willow: Tree is in decline. Severe damage from past storms.
4. 51-inch diameter Weeping Willow: Tree has significant decay in main trunk of tree. Severe dieback in crown.
5. 36-inch diameter Weeping Willow: Tree has significant dieback in the crown.
6. Triple leader Weeping Willow: Tree has significant dieback in the crown.

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



Corkscrew
willow

52" weeping willow





68"
weeping
willow



51"
weeping
willow



36"
weeping
willow



Triple
leader
willow





George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

TIGRE TREE CARE AND LANDSCAPING INC.

134 MAIN STREET - #2

DOBBS FERRY, NY-10522

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-25963-H13



Date of Expiration

05/21/2023



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

1a. Legal Name & Address of Insured (use street address only)
TIGRE TREE CARE AND LANDSCAPING INC
70 BROADWAY
DOBBS FERRY NY 10522

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)
ARDSLEY COUNTRY CLUB
100 N MOUNTAIN DR DOBBS FERRY NY 10522

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 NY 10522

1b. Business Telephone Number of Insured
(914) 356-6000

1c. Federal Employer Identification Number of Insured or Social Security Number

46-2504663

3a. Name of Insurance Carrier

New York State Insurance Fund (NYSIF)

3b. Policy Number of Entity Listed in Box "1a"

DBL 6332 62-2

3c. Policy effective period

05/03/2019

to

05/03/2022

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: 04-14-2022

By

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title Melissa Jensen, Director of Disability Insurance Unit

IMPORTANT: If Box 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 mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has 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 with respect to all of his/her 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.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Worker's Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, 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 certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, 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.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) 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 employment as defined in this article, 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 the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. 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 disability benefits to any such employee if so employed.

(b) 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 employment as defined in this article and 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 the payment of disability benefits, and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 462504663
J & Y ASSOCIATES OF BREWSTER
86 MAIN ST
BREWSTER NY 10509



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER TIGRE TREE CARE AND LANDSCAPING INC 70 BROADWAY DOBBS FERRY NY 10522		CERTIFICATE HOLDER ARDSLEY COUNTRY CLUB VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522	
POLICY NUMBER W2531 885-8	CERTIFICATE NUMBER 825017	POLICY PERIOD 12/08/2021 TO 12/08/2022	DATE 4/14/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2531 885-8, 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 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: 615948189