

Daniel Roemer
Building Inspector



VILLAGE OF DOBBS FERRY

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



Permit Application

Application Number AT2023-0029 Date 05/12/2023

Job Location 401 ASHFORD AVE Lot # 3,100-86-22

Owner: 401 ASHFORD AVE LLC
74 N MOUNTAIN DR
DOBBS FERRY, NY 10522
408 621 0777

Applicant: Shannon Saltos
74 N Mountain Dr
Dobbs Ferry, NY 10522
6106397357
spatterson17@gmail.com

Tree Removal

Application Type: _____ Estimated Cost of Construction: \$

Description of Work: Dead hollow tree on property must be removed

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email spatterson17@gmail.com

Parcel Owner Phone 6106397357

Job Location: 401 ASHFORD AVE Parcel Id: 3.100-86-22

AFFIDAVIT OF APPLICANT

I John Spallone being duly sworn, depose and says: That s/he does business as: _____ with offices at: _____ 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 _____ day of _____ of _____

Notary Public / Commission of Deeds

Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

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

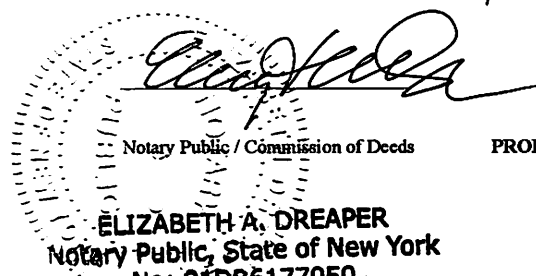
Owner phone number 6106397357 .Owner email address spatterson17@gmail.com

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 12th day of May of 2023

Notary Public / Commission of Deeds

PROPERTY OWNER'S SIGNATURE


ELIZABETH A. DREAPER
Notary Public, State of New York
No: 01DR6177050
Qualified In Westchester County
Commission Expires November 5, 2023



