



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

MAY 05 2023

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Permit Application

Application Number AT2023-0027

Date 05/05/2023

Job Location 65 MYRTLE AVE Lot # 3.90-53-6

Owner: THOMASSENITTA
65 MYRTLE AVE
DOBBS FERRY, NY 10522
(914)693-5024

Applicant: SENITTA, THOMAS & SUSAN, PUCHIR
65 MYRTLE AVE
DOBBS FERRY, NY 10522
914-693-5024
kingsman159bb@yahoo.com

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

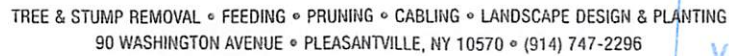
Description of Work: remove dead trees 6 one tree by street over 60 feet tall is at 60 degree angle trim
live tree damaged by storm

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	kingsman159bb@yahoo.com
Parcel Owner Phone	cell 914-330-6498

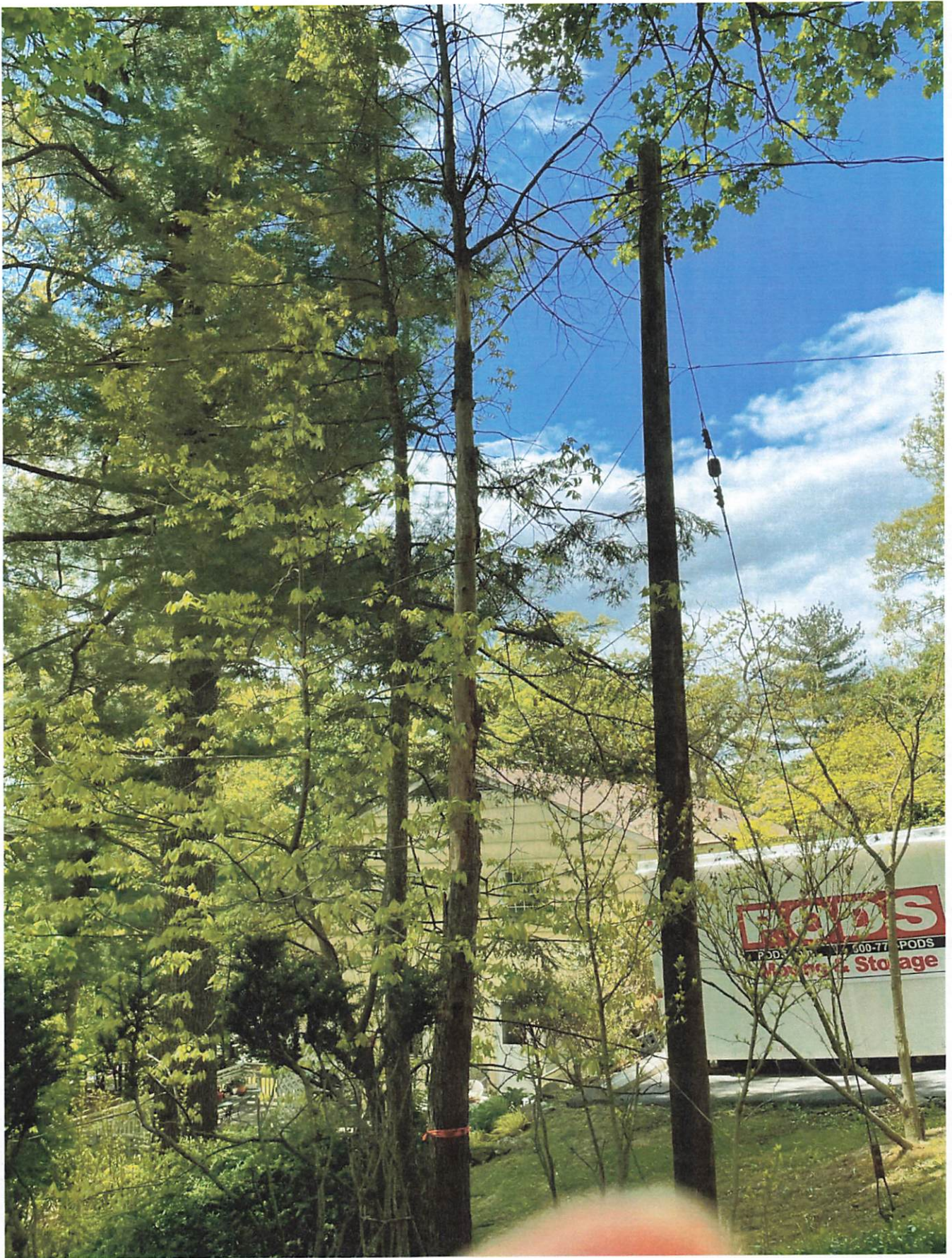
TREE & LANDSCAPE CONSULTANT

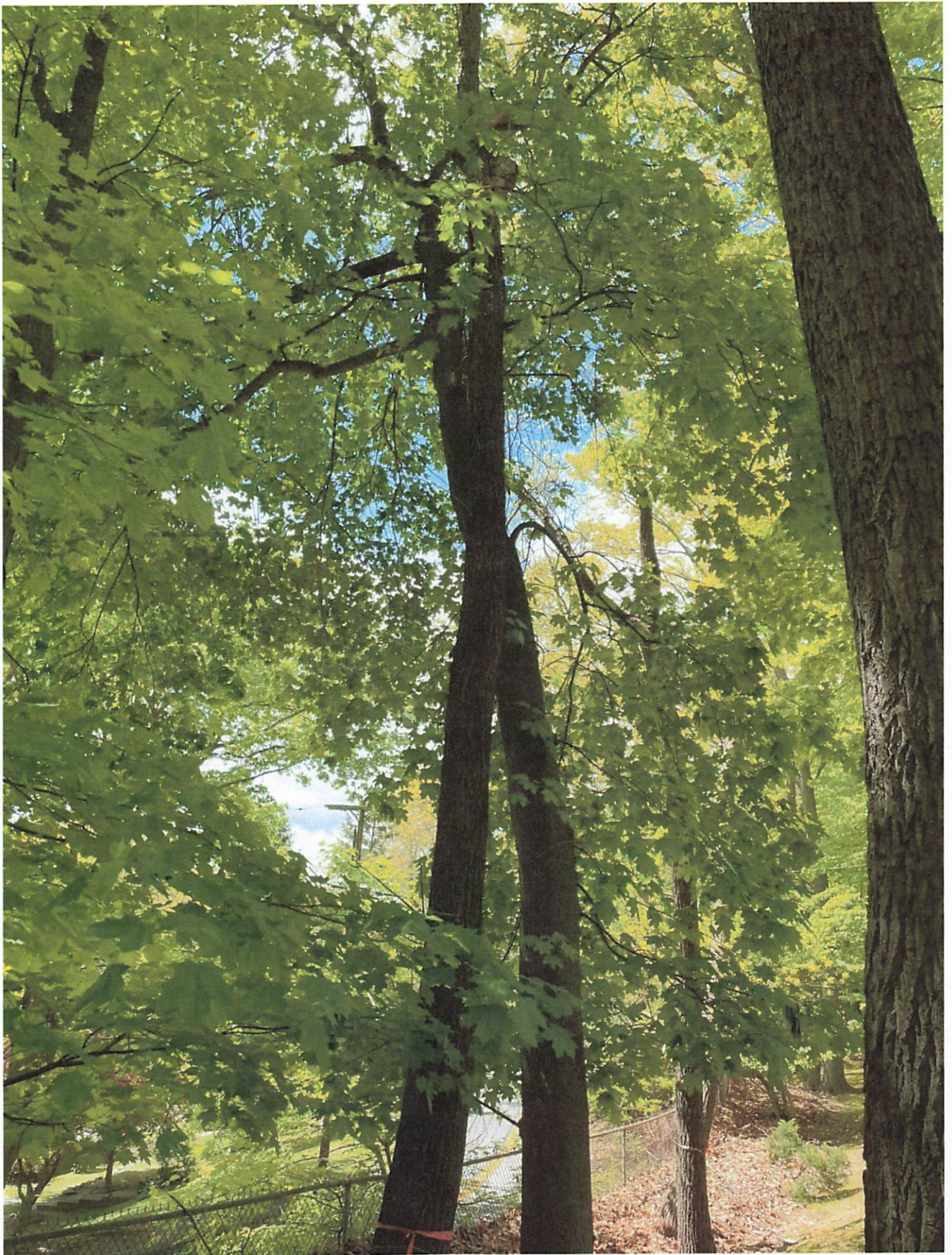


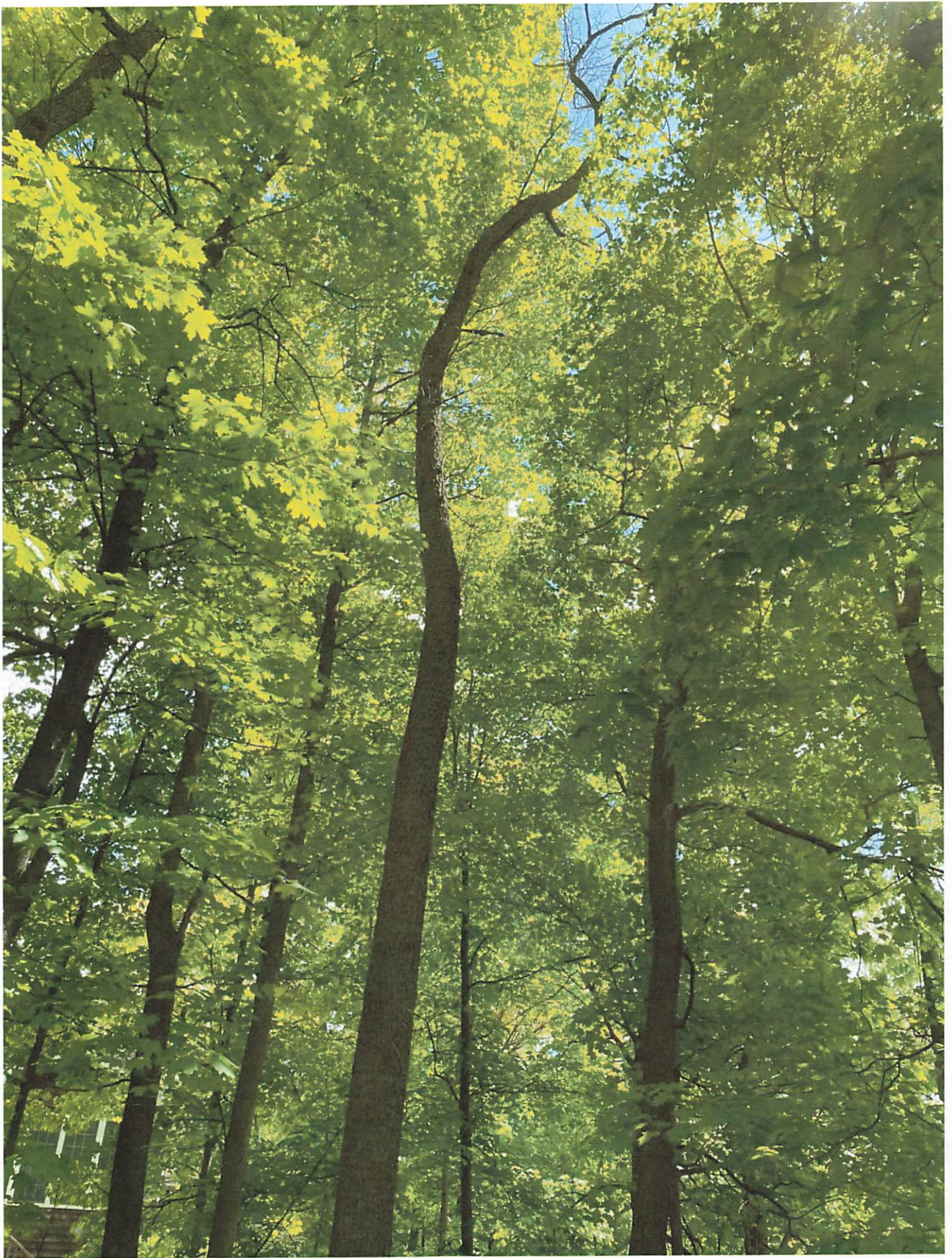
VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

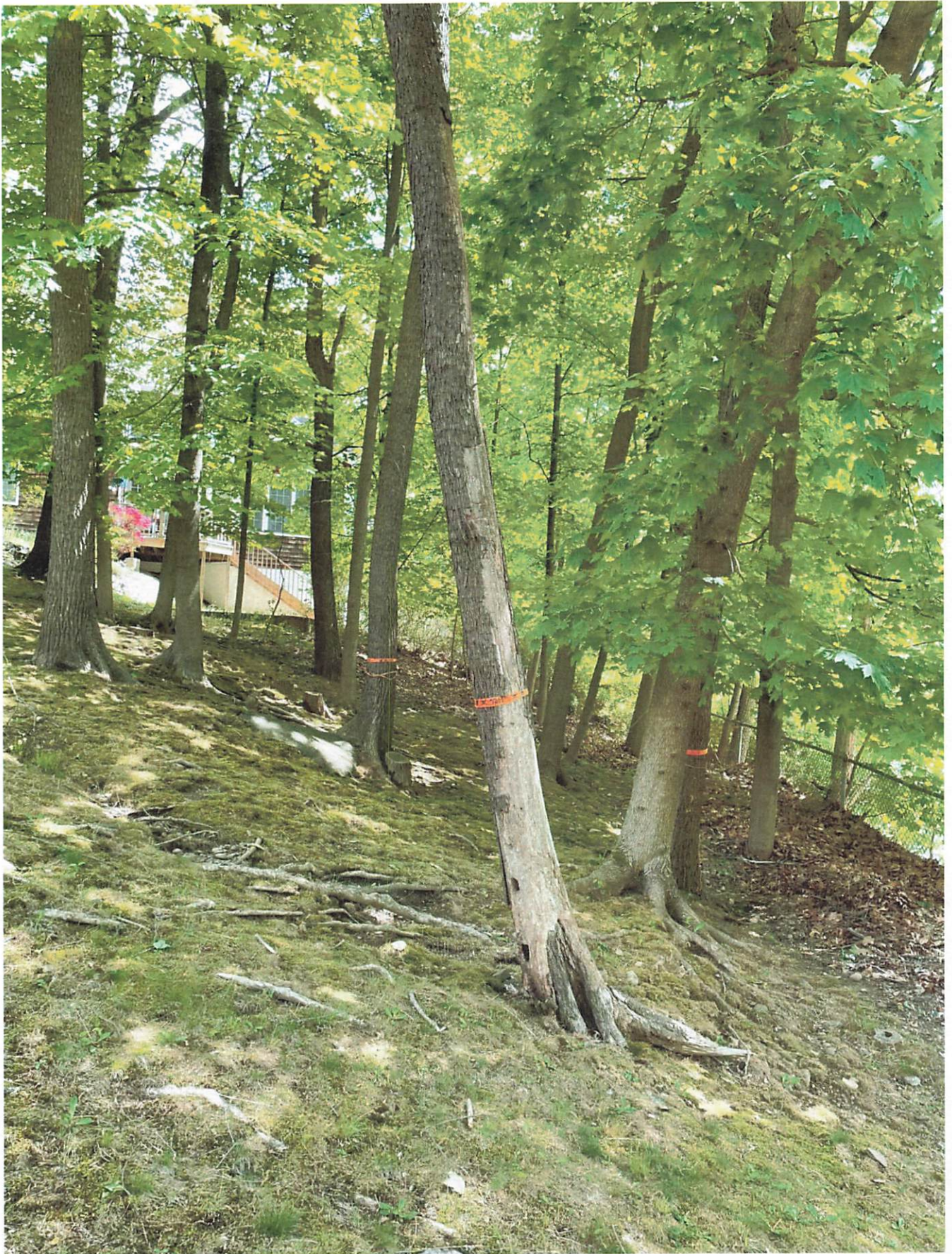
[illegible]

Directions: _____













George Latimer
Westchester County Executive



James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

BERNARD GLINSKI, INC.
90 WASHINGTON AVENUE
PLEASANTVILLE, NY-10570

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-09963-H99



Date of Expiration
04/15/2025



CERTIFICATE OF LIABILITY INSURANCE

GLINS-1

OP ID: PN

DATE (MM/DD/YYYY)

05/09/2023

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 Nicolaysen Agency Inc. P.O. Box 108 Chappaqua, NY 10514 ERIK NICOLAYSEN	CONTACT NAME: ERIK NICOLAYSEN PHONE (A/C, No, Ext): 914-238-4455 FAX (A/C, No): 914-238-7961 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: WESCO INSURANCE CO. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Bernard Glinski Inc 90 Washington Avenue Pleasantville, NY 10570	

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 <input type="checkbox"/> OTHER		WPP114379301	03/23/2023	03/23/2024	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 \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> BUSINESS A <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		WPP114379301	03/23/2023	03/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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)

Additional Insured: Village of Dobbs Ferry. Client: Tom Senitta 85 Myrtle Avenue Dobbs Ferry NY 10522.

CERTIFICATE HOLDER**CANCELLATION**

Village of Dobbs Ferry 112 Main Street Dobs 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 ERIK NICOLAYSEN
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Workers'
Compensation
Board

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) BERNARD GLINSKI INC 90 WASHINGTON AVE PLEASANTVILLE, NY 10576 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy) tomsenitta 85 myrtle ave. dobbs ferry, ny 10522	1b. Business Telephone Number of Insured 1c. Federal Employer Identification Number of Insured or Social Security Number 132708156
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of dobbs ferry 112 main st. dobbs ferry, ny 10522	3a. Name of Insurance Carrier HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY 3b. Policy Number of Entity Listed in Box 1a LN317804 3c. Policy effective period 01-01-2023 to 12-31-2023
4. Policy provides the following benefits: <input checked="" type="checkbox"/> A. Both disability and Paid Family Leave benefits. <input type="checkbox"/> B. Disability benefits only. <input type="checkbox"/> C. Paid Family Leave benefits only. 5. Policy covers: <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. <input type="checkbox"/> 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 05-08-2023	By <i>Elizabeth Tello</i> (Signature of Insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)
Telephone Number (212) 553-8074 Name and Title: ELIZABETH TELLO -- ASSISTANT DIRECTOR, STATUTORY SERVICES	
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.



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 132708156
BERNARD GLINSKI INC
90 WASHINGTON AVE
PLEASANTVILLE NY 10570

POLICYHOLDER
BERNARD GLINSKI INC
90 WASHINGTON AVE
PLEASANTVILLE NY 10570

CERTIFICATE HOLDER
VILLAGE OF DOBBS FERRY
112 MAIN ST.
DOBBS FERRY NY 10522

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W 435 823-0	289609	11/28/2022 TO 11/28/2023	5/8/2023

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 435 823-0, 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: 423925631