



## 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 17 2022**

**VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT**

### Permit Application

Application Number AT2022-0026

Date 03/25/2022

Job Location 300 BROADWAY

Lot # 3.80-46-8

Owner: 300 BROADWAY LLC  
97-77 QUEENS BLVD. SUITE 710 C/O  
SAMSON MGT LLC/300 BWY  
REGO PARK, NY 11374

Applicant: Jason Sokich  
2240 Saw Mill River Road  
Elmsford, NY 10523  
914-565-7445 jsokich@bartlett.com

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

Description of Work: Remove the leaning Spruce located at the in-between Builds A & C, across from unit A11-A12. Leave the stump as close to grade as practical and remove the resulting debris.

#### Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	gregory@samsonmanagement.com
Parcel Owner Phone	(718)830-0131

Job Location: 300 BROADWAY

Parcel Id: 3.80-48-8

**AFFIDAVIT OF APPLICANT**

I JASON SOKICH being duly sworn, depose and says: That s/he does business as: ARBORIST with offices at 2345 SAUNDERS RIVER RD., ELMSFORD, 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.

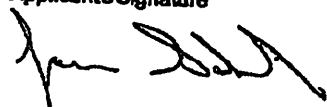
That the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. The undersigned hereby agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Dobbs Ferry Building Code, 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 28 day of March of 2022

  
Notary Public/Commission of Deeds

**CHARLES W. KING**  
Notary Public, State of New York  
Registration #01K4966231  
Qualified in Westchester County  
Commission Expires July 24, 2022

Applicant's Signature



**PROPERTY OWNER'S AUTHORIZATION**

I Brian J. McCarthy a designated representative of the owner 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 (718)830-0131. Owner email address gregory@samsonmanagement.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 28th day of March of 2022

  
Notary Public/Commission of Deeds

**SHAWNA L. FOWLER**  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01FO8283957  
Qualified in Queens County  
My Commission Expires 08-17-2025

  
**PROPERTY OWNER'S SIGNATURE**  
Samson Management LLC, as agent  
Brian J. McCarthy, Executive Vice President

Village of Dobbs Ferry  
112 Main Street  
Dobbs Ferry, NY 10522

Samson Management  
97-77 Queens Blvd  
Rego Park, NY 11374  
T-718-830-0131, F- 718-897-4387

Dear Tree Committee,

The Norway spruce located at Building A across from Units A11 & A12 has a 20% lean from vertical toward the structure. Although the soil is undisturbed, the tree has very small buttress roots particularly on the tension side. Minimal correction is evident only at the top of the crown. The density of the canopy is greater on the side of the lean. Due to the lack of reaction wood and canopy imbalance, the tree has a greater potential for failure. The location has a past history of complete tree failure.

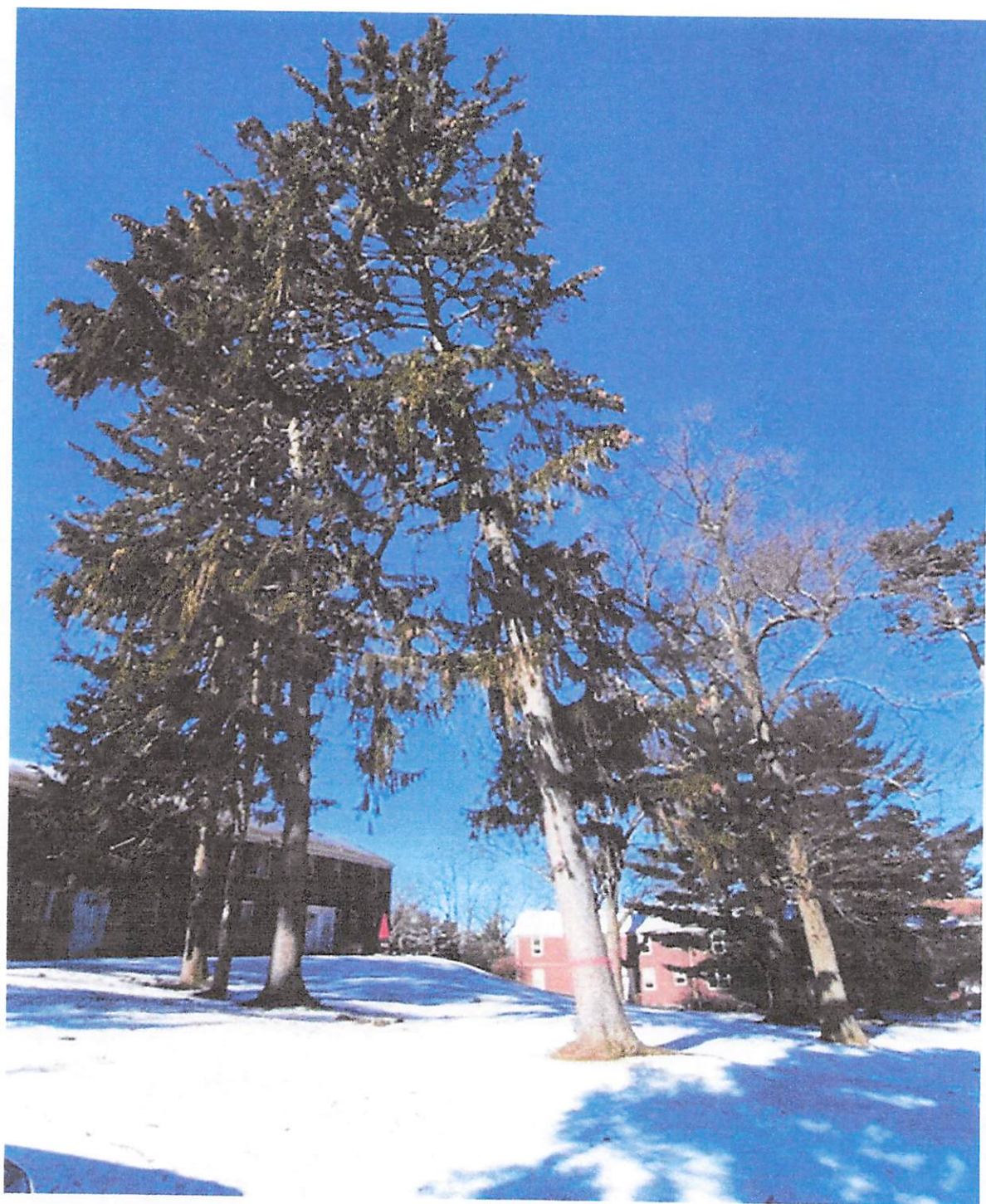
In assessing and utilizing the TRAQ risk assessment model which uses the key steps in determining the "likelihood of failure, "likelihood of impact" to target and "consequence of failure", I'm able to determine if a tree presents a High, Medium or Low level of risk. I concluded that the spruce is "Likely" to have a failure given the current structural conditions, that failure is "Very Likely" to impact the building and that the consequences of that failure will be 'Severe' and therefore the tree is High risk. Removal is recommended.

Thank you for the consideration.

Best Regards,



Jason Sokich  
Certified Arborist Representative  
NY-6345A  
Bartlett Tree Experts





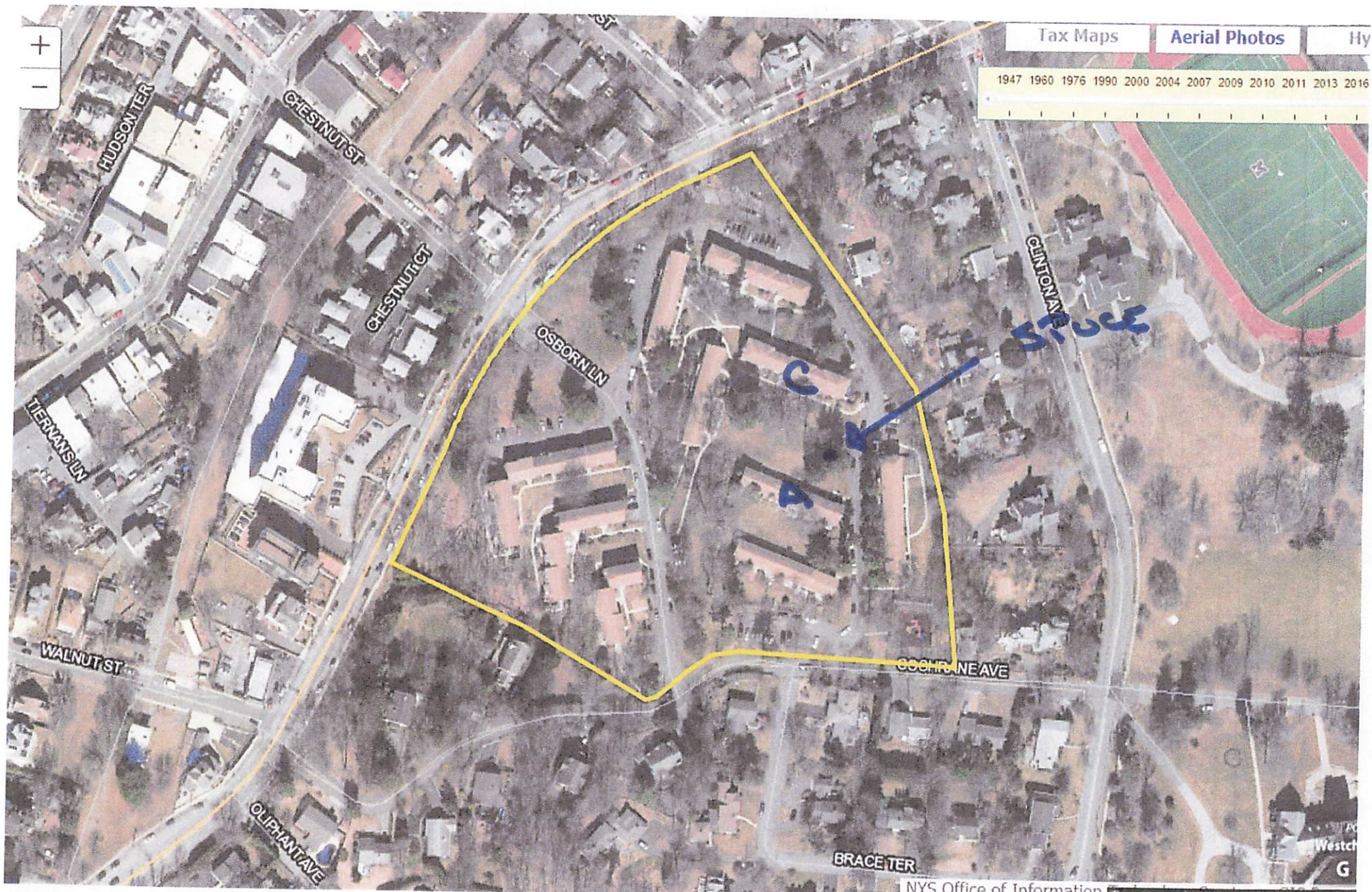


Tax Maps

Aerial Photos

Hy

1947 1960 1976 1990 2000 2004 2007 2009 2010 2011 2013 2016





George Latimer  
Westchester County Executive



James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

THE F. A. BARTLETT TREE EXPERT COMPANY

2240 SAW MILL RIVER ROAD

ELMSFORD, NY-10523

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-05518-H93



Date of Expiration

09/07/2023



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2021

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> York International Agency, LLC Attn: bartlettcert@yorkintl.com 500 Mamaroneck Avenue, Suite 220 Harrison NY 10528	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 914-376-2200	<b>FAX (A/C, No):</b>
<b>INSURED</b> The F.A. Bartlett Tree Expert Company 1290 East Main Street Stamford CT 06902	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Travelers Property & Casualty Co of America	
	<b>INSURER B:</b> Travelers Indemnity Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
<b>NAIC #</b>		
<b>25674</b>		
<b>25658</b>		

**COVERAGES****CERTIFICATE NUMBER:** 469432105**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 INSD	SUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TC2J-GLSA-1005A129-TIL-21	12/1/2021	12/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TC2J-CAP-1005A130-TIL-21	12/1/2021	12/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B A	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		UB-7N673715-21-51-R UB-7N781486-21-51-K	12/1/2021 12/1/2021	12/1/2022 12/1/2022	PER STATUTE 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

**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 as respect, Commercial General Liability and Automobile Liability for work performed by The F.A. Bartlett Tree Expert Company.

**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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Workers'  
Compensation  
Board

## 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

<b>1a. Legal Name &amp; Address of Insured (use street address only)</b> THE FA BARTLETT TREE EXPERT COMPANY  PO BOX 3067 STAMFORD, CT 06905  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b>   <b>1c. Federal Employer Identification Number of Insured or Social Security Number</b> 060254490
<b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b> THE VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY, NY 10522	<b>3a. Name of Insurance Carrier</b> ShelterPoint Life Insurance Company  <b>3b. Policy Number of Entity Listed in Box "1a"</b> DBL573018  <b>3c. Policy effective period</b> 01/01/2021 to 12/31/2022

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 10/12/2021 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 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 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.

