



VILLAGE OF DOBBS FERRY

Building Department

112 Main Street, Dobbs Ferry, NY 10522

Phone: (914) 231-8509 | Fax: (914) 693-3470

Ed Manley

Building Inspector

RECEIVED

MAY 17 2021

Village of Dobbs Ferry
Building Department

Permit Application

Application Number AT2021-0043

Date 04/21/2021

Job Location 111 LEFURGY AVE

Lot # 3.50-17-4

Owner: ROCK EDYTHE N
111 LEFURGY AVE
DOBBS FERRY, NY 10522

Applicant: ROCK EDYTHE N
111 LEFURGY AVE
DOBBS FERRY, NY 10522

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

Description of Work: Parcel owner at 111 Lefurgy Avenue (3.50-17-4) seeks to remove **four (4) trees** from property: two (2) declining Black Oak trees, one (1) declining Red Oak tree, and one (1) dying/hazardous Wild Cherry tree.

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	mkfsj@optonline.net
Parcel Owner Phone	914-441-5294

Job Location: 111 LEFURGY AVE
85 11 11

Parcel Id: 3.50-17-4

AFFIDAVIT OF APPLICANT

I ARON SCHMIDT being duly sworn, depose and says: That s/he does business as: ARBORIST with offices at: 120 VALLEYVIEW ROAD, IRVINGTON NY 10533 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 16 day of April of 2021

Notary Public / Commission of Deeds

TIMOTHY W. LEWIS
NOTARY PUBLIC, STATE OF NEW YORK
NO. 02LE4994199
QUALIFIED IN WESTCHESTER COUNTY
COMMISSION EXPIRES MARCH 30, 2022

Applicant's Signature

OWNER'S AUTHORIZATION

I Kathleen Ruck 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 914.441.244 Owner email address MKF5J1@OPTONLINE.NET

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 20 day of April of 2021

Notary Public / Commission of Deeds

LIM KIM A.
Notary Public, State of New York
No. 01L16144154
Qualified in Westchester County
Commission Expires Apr. 24, 2022

Applicant's Signature

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

WHITE PLAINS LANDSCAPING, INC.

FELIX TREE SERVICE

114 NORTH BROADWAY

WHITE PLAINS, NY-10603

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-05824-H94



Date of Expiration

03/25/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2021

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 have **ADDITIONAL INSURED** provisions or 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 John M. Glover Agency Insurance Services 45 Knollwood Road Elmsford NY 10523	CONTACT NAME: Janice Caldararo	
	PHONE (A/C, No, Ext): 914-829-9077 FAX (A/C, No): 203-274-9471	
	E-MAIL ADDRESS: jcaldararo@johnmglover.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Acadia Insurance Company	31325
INSURED White Plains Landscaping Inc. 114 North Broadway White Plains NY 10603	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 1904612383**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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CLA5468843-10	2/20/2021	2/20/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CAA5468844	2/20/2021	2/20/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
Village of Dobbs Ferry is included as an additional insured under the General Liability Policy.

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 <i>John D. Forlino</i>
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

^^^^^ 133524873
WHITE PLAINS LANDSCAPING INC
114 NORTH BROADWAY
WHITE PLAINS NY 10603

POLICYHOLDER
WHITE PLAINS LANDSCAPING INC
114 NORTH BROADWAY
WHITE PLAINS NY 10603

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

POLICY NUMBER W1163 543-0	CERTIFICATE NUMBER 677170	POLICY PERIOD 06/29/2020 TO 06/29/2021	DATE 5/17/2021
------------------------------	------------------------------	---	-------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1163 543-0, 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



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

<p>1a. Legal Name & Address of Insured (use street address only) WHITE PLAINS LANDSCAPING INC 114 NORTH BROADWAY WHITE PLAINS, NY 10603</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured 914-949-1214</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 133524873</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Village of Dobbs Ferry 112 Main Street Dobbs Ferry, NY 10522</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL382197</p> <p>3c. Policy effective period 07/17/2020 to 07/16/2021</p>

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 10/15/2020 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.**





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) WHITE PLAINS LANDSCAPING INC 114 NORTH BROADWAY WHITE PLAINS, NY 10603 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	1b. Business Telephone Number of Insured 914-949-1214 1c. Federal Employer Identification Number of Insured or Social Security Number 133524873
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 ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL382197 3c. Policy effective period 07/17/2020 to 07/16/2022

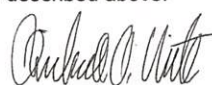
4. Policy provides the following benefits:

- ☒ 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 5/17/2021 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.





Tree ID#s: 1, 2, 3, 4
(as per Arborist Report)

111 Lefurgy Avenue

Dobbs Ferry, NY

1 inch = 40 Feet



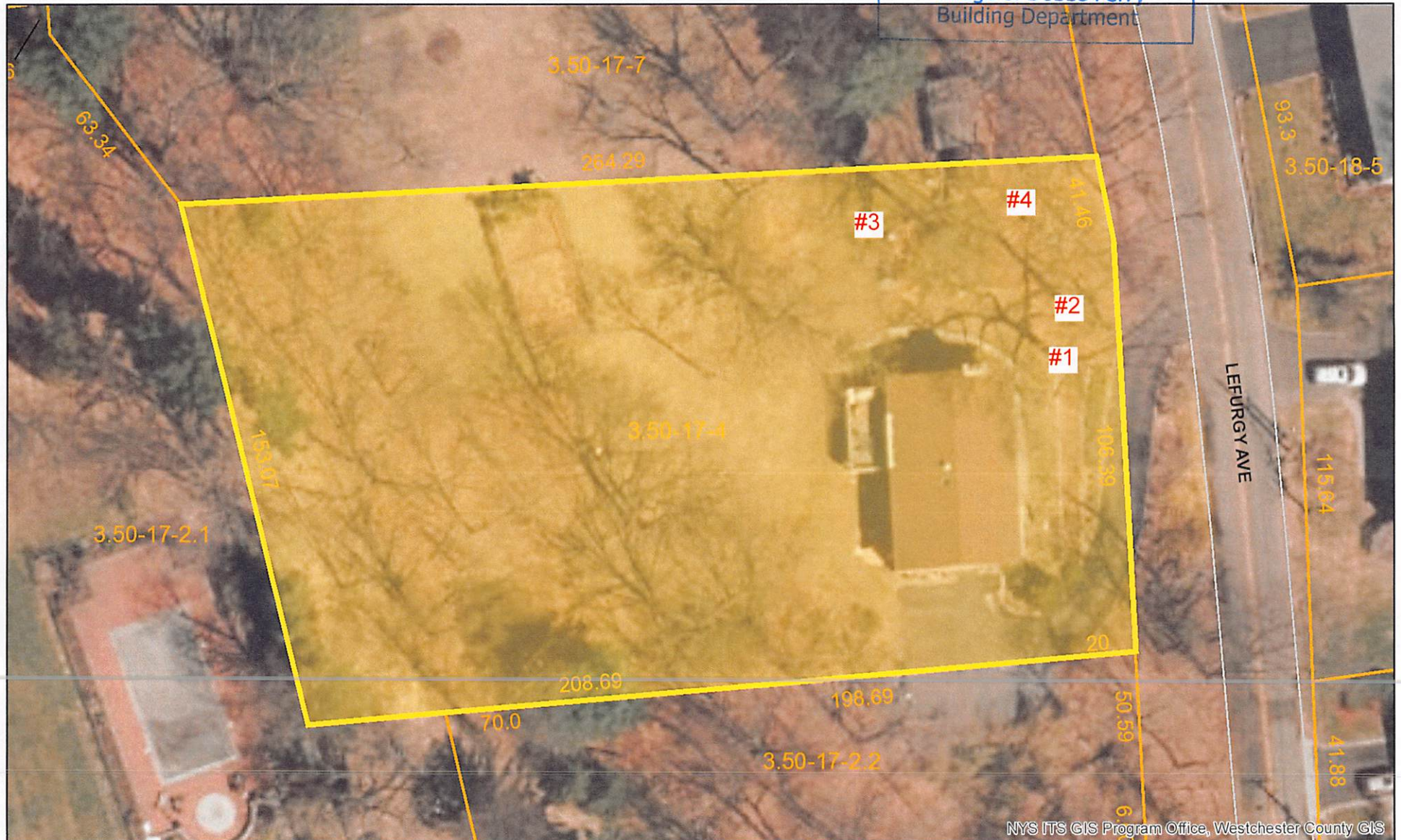
Tree locations are approximate

RECEIVED CAI Technologies
Precision Mapping | Geospatial Solutions

MAY 17 2021

April 9, 2021

Village of Dobbs Ferry
Building Department



NYS ITS GIS Program Office, Westchester County GIS

Data displayed on this map is for informational purposes only. Most layers originate from 3rd parties and cannot be verified by the Tax Assessor's office or CAI Technologies. Please consult with department or organization where data originates in order to verify accuracy. Any questions, call Town Assessor's Office: 1-914-989-1520.



RECEIVED

MAY 17 2021

Village of Dobbs Ferry
Building Department

Tree Assessment and Report

Aaron J. Schmidt
ISA Certified Arborist NY-5607A

120 Valleyview Road
Irvington, NY 10533
Phone 914-439-7215
ajschmidt78@gmail.com

DATE: APRIL 18, 2021

Site Inspection Conducted:
Friday, April 2, 2021 – 2:30-3:15 pm

To: Ms. Karen Rock Jones
111 Lefurgy Avenue
Dobbs Ferry, NY 10522

Below please find my report concerning the five (5) trees I inspected at the property known as 111 Lefurgy Avenue, Dobbs Ferry, NY, on Friday, April 2, 2021. Please feel free to contact me with any questions.

Tree #1 – 34" Black Oak (*Quercus velutina*), located in the front yard of the property, approximately 20-feet from the existing residence

Tree Health Observations:

This tree was observed to be in moderate, though declining health. Fungal spores were observed along the north side base of the trunk, a sign of internal decay. Water sprouts exist along portions of the main trunk, a sign of tree stress. New twig and bud formation was observed in the canopy.

Structural Observations:

From a structural standpoint, there are causes for concern associated with this tree. As mentioned above, the tree's health is in decline, with fungal spores located at/near the base of the main trunk. Further, a stress crack was observed along the main trunk, from its base up approximately 15-feet. I also identified a decayed area in the canopy of the tree, where it appears one of the main leaders was previously removed. Lastly, I note that this tree and a neighboring Oak (Tree #2 in this report) are situated atop a rock outcropping. These conditions cumulatively result in an unacceptable level of risk.

Inspection Photos:



Subject tree (Tree #1) is located at center of photo.



Stress crack along main trunk.



Fungal spores located near base of trunk.

Recommendations: As noted above, this tree was observed to be in declining health, contains structural deficiencies, and therefore represents a structural hazard. The presence of fungal spores on the main trunk, a sizable stress crack along the main trunk, a decayed area within the trunk resulting from the prior removal of a large leader, and the tree's location atop a rock outcropping, cumulatively result in an unacceptable level of risk. For these reasons, and due to nearby targets (house, roadway, and overhead wires), it is recommended that this tree be removed and replaced with a new tree elsewhere on-site.

Tree #2 – 28" Black Oak (Quercus velutina), located in the front yard of the property, approximately 25-feet from the existing residence

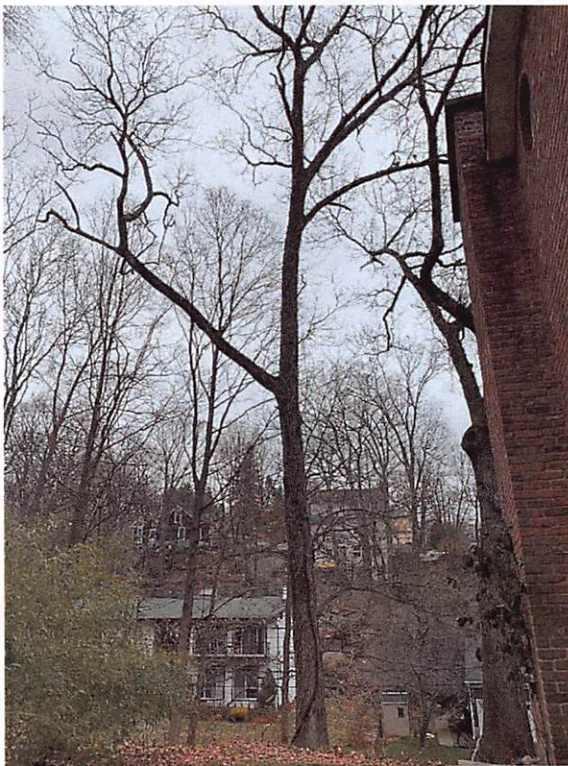
Tree Health Observations:

This tree was observed to be in moderate, though declining health. A number of dead limbs were observed within the canopy of the tree. Water sprouts exist along the main trunk, a sign of tree stress. New twig and bud formation was observed in the canopy.

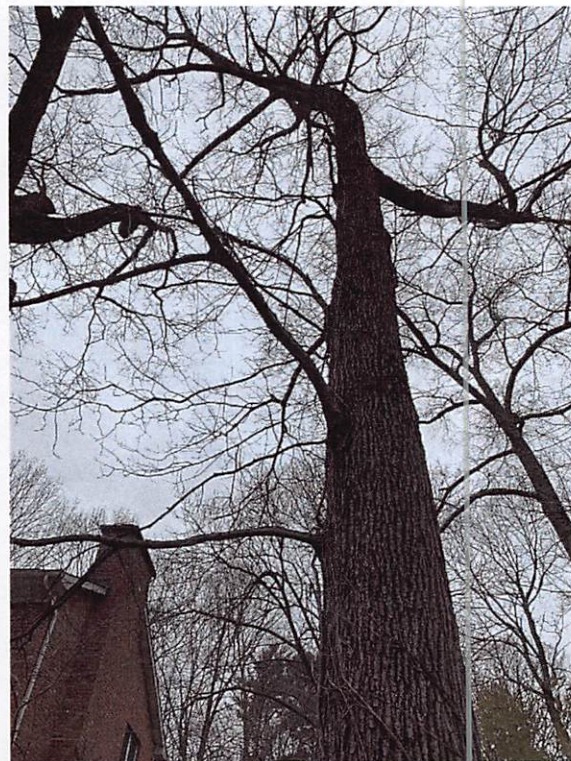
Structural Observations:

From a structural standpoint, there are causes for concern associated with this tree. As mentioned above, the tree's health is in decline, with a number of dead limbs situated within the tree's canopy. Further, the tree contains poor branching structure, with a majority of its weight situated towards the existing residence. Poison ivy vines were also observed climbing the trunk. Lastly, I note that this tree and a neighboring Oak (Tree #1 in this report) are situated atop a rock outcropping. These conditions cumulatively result in an unacceptable level of risk.

Inspection Photos:



Subject tree (Tree #2) is located at center of photo.



Imbalanced crown of tree angled towards house.

Recommendations: As noted above, this tree was observed to be in declining health, contains structural deficiencies, and therefore represents a structural hazard. The presence of numerous dead limbs within the canopy, water sprouts along the main trunk, and the tree's location atop a rock outcropping, cumulatively result in an unacceptable level of risk. For these reasons, and due to nearby targets (house, roadway, and overhead wires), it is recommended that this tree be removed and replaced with a new tree elsewhere on-site.

Tree #3 – 26” Red Oak (Quercus rubra), located in the north side yard of the property

Tree Health Observations:

This tree was observed to be in rapidly declining health. A number of large, dead limbs were observed in the upper canopy of this tree. A sizable wound was located at the base of the trunk, and loose bark with soft wood tissue was observed in other locations at/near the base of the trunk, a sign of internal decay. Some new twig and bud formation was observed in the upper canopy.

Structural Observations:

From a structural standpoint, there are causes for concern associated with this tree. As mentioned above, the tree's health is rapidly declining, with damage, loose and peeling bark, and soft wood located at/near the base of the main trunk. Further, a number of large, dead limbs were observed in the upper canopy of this tree. These conditions cumulatively result in an unacceptable level of risk.

Inspection Photos:



Subject tree (Tree #3) is located at center of photo.



Photo of base of trunk depicting damage, loose bark, and soft woody tissue.

Recommendations: As noted above, this tree's health was observed to be in a rapidly declining state. This tree contains structural deficiencies, and therefore represents a structural liability. The presence of numerous dead limbs in the canopy, and damage, loose bark, and soft woody tissue at/near the base of the tree, cumulatively result in an unacceptable level of risk. For these reasons, and due to nearby targets (house and shed), it is recommended that this tree be removed.

Tree #4 – 12" Black Cherry (*Prunus serotina*), located in the north side yard of the property

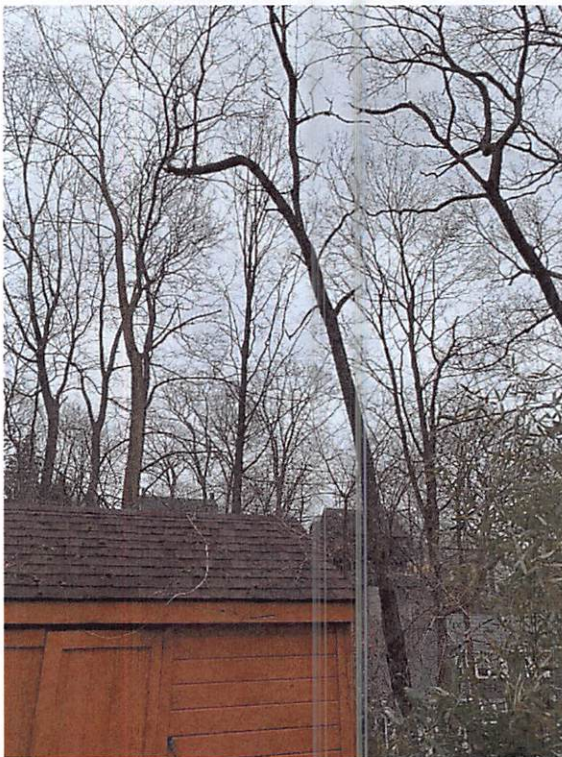
Tree Health Observations:

This tree was observed to be in rapidly declining health. A number of dead limbs were observed in the canopy of this tree. Cankers were observed along portions of the main trunk, and indicator that the tree is diseased. Only very minor new twig and bud formation was observed in the upper canopy.

Structural Observations:

From a structural standpoint, there are causes for concern associated with this tree. As mentioned above, the tree's health is rapidly declining, with a number of dead limbs in the canopy, and the presence of cankers along the main trunk. Further, this tree is leaning towards an on-site shed, and would likely strike this target if it were to fail. These conditions cumulatively result in an unacceptable level of risk.

Inspection Photos:



Subject tree (Tree #4) located at center right of photo.



Photo showing cankers along main trunk.

Recommendations: As noted above, this tree's health was observed to be in a rapidly declining state. This tree also contains structural deficiencies, and therefore represents a structural liability. The presence of numerous dead limbs in the canopy, and a number of cankers along the main trunk, which are indicative of disease, cumulatively result in an unacceptable level of risk. For these reasons, and due to a nearby target (shed) which this tree is leaning towards, it is recommended that this tree be removed.

Tree #5 – 20” Pignut Hickory (Carva glabra), located in the west rear yard of the property

Tree Health Observations:

This tree was observed to be in moderate overall health. A few broken, likely storm damaged limbs were observed in the upper canopy. The main trunk and root system appeared to be intact and free of any major defects. New twig and bud formation was observed in the upper canopy.

Structural Observations:

This tree appeared to be structurally sound. No major defects were observed within the canopy, main trunk, or root system. It is noted the tree is perched atop a slope.

Inspection Photos:



Subject tree (Tree #5) located at center of photo.



Photo showing broken limbs on canopy.

Recommendations: Due to this tree being in good overall health with no major defects observed, it is recommended that it be crown cleaned of all deadwood greater than 1” in diameter, to reduce potential risk. Further, this tree should be monitored on an annual basis and after major wind storms, to identify if any additional limbs have been damaged, and to confirm that the root plate has not shifted.

Aaron J. Schmidt
AARON J. SCHMIDT

- END OF REPORT -