



## 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 14 2021

Village of Dobbs Ferry  
Building Department

### Permit Application

Application Number AT2021-0068

Date 05/14/2021

Job Location 29 MAGNOLIA DR

Lot # 3.160-140-5

Owner: PETER FHELINSKI  
29 MAGNOLIA DRIVEWAY  
DOBBS FERRY, NY 10522

Applicant: HELINSKI, PETER F & HELINSKI, SUELLEN D  
29 MAGNOLIA DR  
DOBBS FERRY, NY 10522  
914-574-3929 peterhelinski@gmail.com

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

Description of Work: Remove (1) 28" DBH White Pine tree - front right corner of the property. This tree is becoming too large to be this close to the road and our house and house next door. Additionally, the branches it has been losing due to storms for the past 4-5 years

Form Questions: have been damaging the house and other trees and bushes on our property. Removal  
*Remove (1) 31" DBH Cedar tree - back of the property*

#### Application Parcel Owner Contact:

Parcel Owner Email	peterhelinski@gmail.com
Parcel Owner Phone	914-574-3929

#### Description

#### Comments

Remove (1) 28" DBH White Pine tree - front right corner of the property. This tree is becoming too large to be this close to the road and our house and house next door. Additionally, the branches it has been losing due to storms for the past 4-5 years have been damaging the house and other trees and bushes on our property. Removal of this tree will also encourage another newly planted tree nearby to grow.

Remove (1) 31" DBH Cedar tree - back of the property. This tree has been losing branches due to storms for 3-5 years that are a nuisance to our property and our neighbors property. Removing this tree will encourage another smaller nearby tree to grow.

We plan to replant with other trees on our property.

Job Location: 29 MAGNOLIA DR

Parcel Id: 3.160-140-5

**AFFIDAVIT OF APPLICANT**

I \_\_\_\_\_ 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

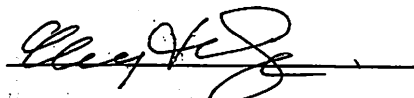
**OWNER'S AUTHORIZATION**

I Peter Helinski 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 914-574-3929 .Owner email address peterhelinski@gmail.com

Peter Helinski 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.

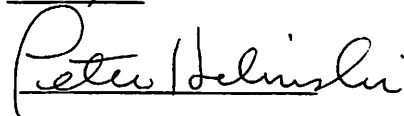
Sworn to before me this 14<sup>th</sup> day of July of 2021



Notary Public / Commission of Deeds  
ELIZABETH A. DREAPER

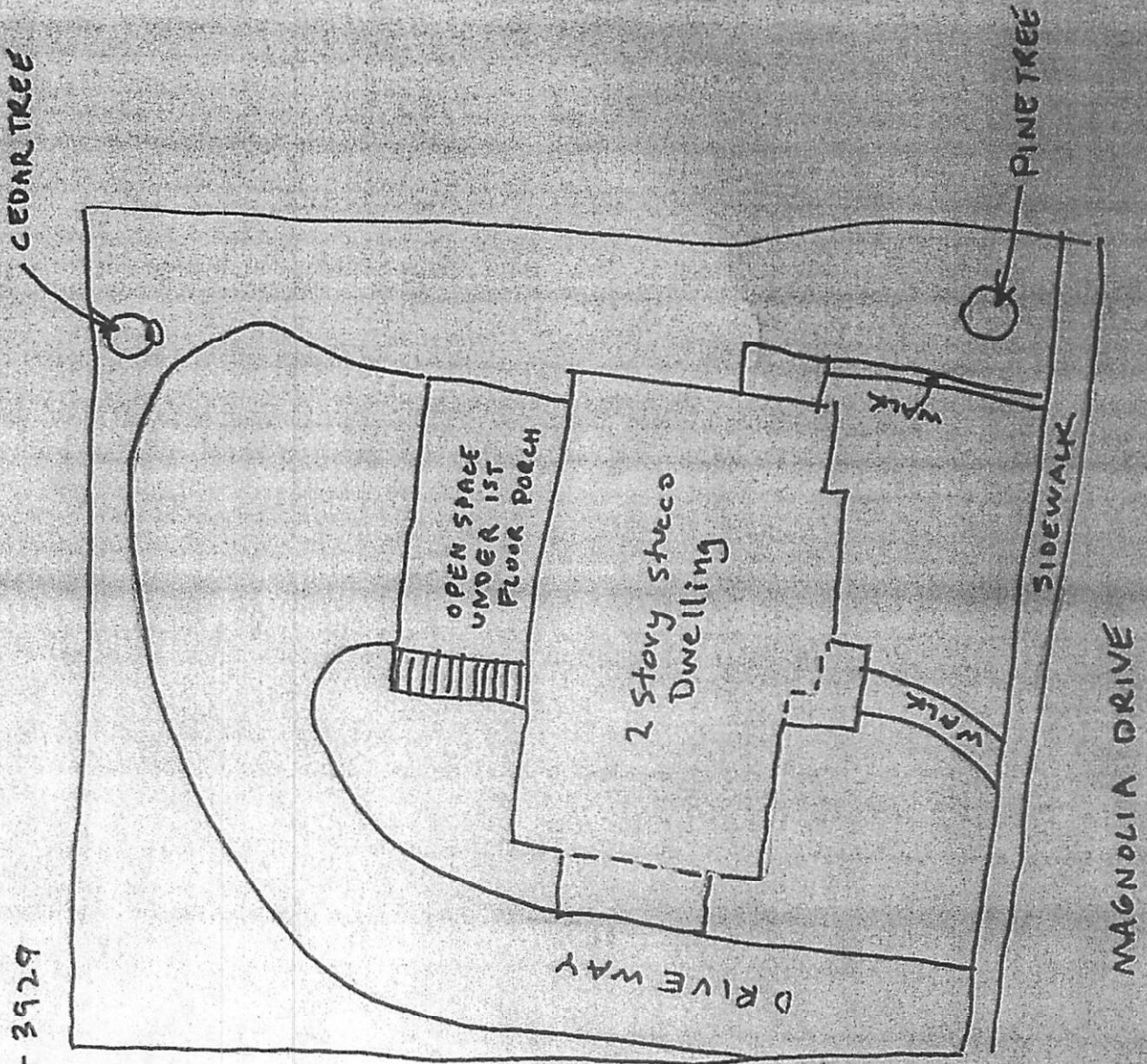
Notary Public, State of New York  
No: 01DR6177050

Qualified In Westchester County  
Commission Expires November 5, 2023



Applicant's Signature

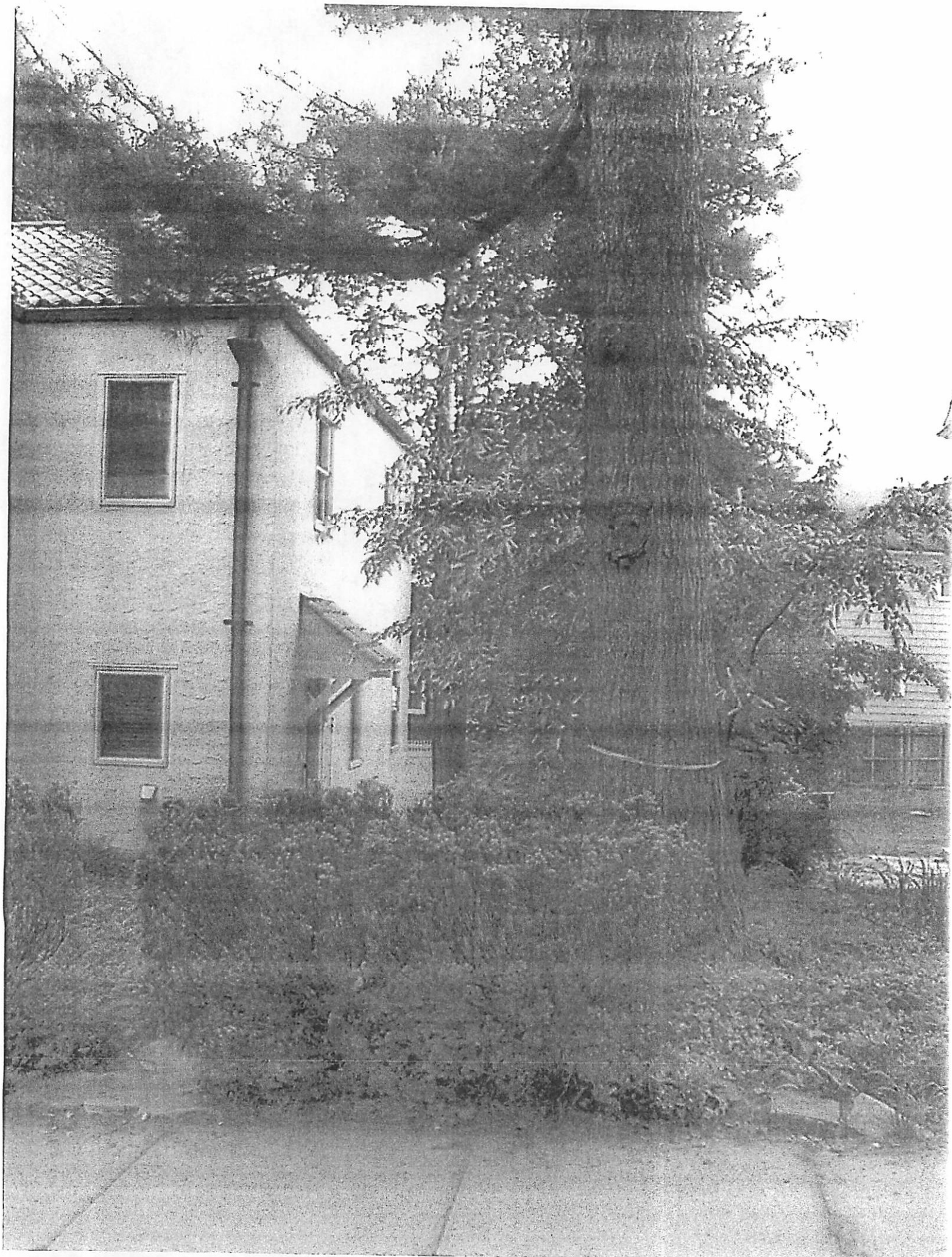
PETER HELINSKI  
29 MAGNOLIA DRIVE  
DOBBS FERRY, NY  
10522  
914-574-3929



RECEIVED  
MAY 17 2021  
Village of Dobbs Ferry  
Building Department

(FLOWER AVE)  
←









George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

WESTCHESTER TREE LIFE INCORPORATED  
480-A KING STREET  
CHAPPAQUA, NY-10514

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.

License Number  
WC-05532-H93

Date of Expiration  
09/13/2021





WESTTRE-01

JBRUNO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/13/2021

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).

<b>PRODUCER</b> Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (914) 457-4200 <b>FAX (A/C, No):</b> (914) 457-4200	
<b>INSURED</b>  Westchester Tree Life Inc. 480-A King Street Chappaqua, NY 10514	<b>E-MAIL ADDRESS:</b> info@levittfuirst.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Nova Casualty Company</b> <b>NAIC #</b> 42552	
	<b>INSURER B : New York State Insurance Fund</b> <b>36102</b>	
	<b>INSURER C : ShelterPoint</b> <b>81434</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		ARBML1000009306	4/26/2021	4/26/2022	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 OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ARBML1000009306	4/26/2021	4/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ARBUM1000002306	4/26/2021	4/26/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	08237786	4/26/2021	4/26/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
C	Disability			DBL399628	1/1/2021	12/31/2023	Statutory Limits
A	Scheduled Equipment			ARBML1000009306	4/26/2021	4/26/2022	Ded \$1,000/Limit 920,428

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Sue Ellen and Peter Helinski 29 Magnolia Drive Dobbs Ferry, NY 10522

Village of Dobbs Ferry included as Additional Insured for covered operations of the named insured,

## 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