



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

MAY 12 2021

Permit Application

Application Number AT2021-0072

Date 05/12/2021

Job Location 37 GOULD AVE

Lot # 3.100-80-6

Owner: GENEROBINS TRUST
37 GOULD AVE
DOBBS FERRY, NY 10522

Applicant: Brian Robins
37 Gould Avenue
Dobbs Ferry, NY 10522
(914)830-1409
brianrobins914@gmail.com

Application Type: Tree Removal

Estimated Cost of Construction: \$

5,675

Description of Work: From Almstead: * Take down one (1) 22" Ash located in rear right corner by garage, due to visible decline. Recommend to be removed to remove risk. * Take down one (1) 17" Black Walnut located on the right-side border of drive & neighboring property. Tree will be a problem as it becomes larger. Customer will be replanting in

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	brianrobins914@gmail.com
Parcel Owner Phone	914-830-1409

B. Robins
BRIAN ROBINS



Brian Robins <brianrobins914@gmail.com>

Your Tree Removal Application was submitted successfully.

1 message

Do Not Reply <noreply@sca-corp.com>
To: brianrobins914@gmail.com

Wed, May 12, 2021 at 9:02 AM

MAY 12 2021

Municipity 5: Village of Dobbs Ferry Notification

Hello Brian Robins,

You submitted an Tree Removal Application on 5/12/2021 for work to be performed at 37 GOULD AVE. This is to confirm that your Application has been received and will be reviewed shortly.

To see the full details of your Application, follow this link: <https://www.citysquared.com/app/DobbsFerryVillageNY/entity/Application/4669>

Department: Tree

Detailed Description: * Take down one 22" Ash located in rear right corner by garage, due to visible decline to remove risk. * Take down one 17" Black Walnut located on the right-side border of driveway. Tree will be a problem as becomes larger. Customer will be replanting w/ more suitable plantings.

Parcel Owner Email: brianrobins914@gmail.com

Parcel Owner Phone: 914-830-1409

Permit Application Type: Tree Removal

**PLEASE NOTE FOR BUILDING PERMITS: YOU MUST SUBMIT
YOUR SIGNED APPLICATION TO THE BUILDING DEPARTMENT**

PLEASE NOTE FOR PARKING PERMITS: Once you have paid the permit fee, your application and documents will be reviewed. Once approved, you will receive an email notification to collect your permit at the police department window at 112 Main Street, any time between 7am and 3pm, Monday to Friday.

DOBBS FERRY VILLAGE: This message contains confidential information and is intended for the individual named. If you are not the addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake And delete this e-mail from your system.

Job Location: 37 GOULD AVE

Parcel Id: 3.100-80-6

AFFIDAVIT OF APPLICANT

I BRIAN ROBINS 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 7 day of May of 2021

Notary Public / Commission of Deeds

CHRISTIAN D CASTILLO
Notary Public - State of New York
NO. 01CA6395551
Qualified in Westchester County
My Commission Expires Jul 29, 2023

Applicant's Signature

OWNER'S AUTHORIZATION

I JEFFREY E. SHUMAN 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 914-257-9200 Owner email address JEFF@SHUMAN-ENG.COM

ROB'S FAMILY TRUST 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 27th day of April of 2021

Thomas R. Kain

Notary Public / Commission of Deeds

THOMAS R. KAIN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01KA8128343
Qualified in Westchester County
Commission Expires 6/13/21

Applicant's Signature

TRUSTEE

Westchester
gov.com

James Maisano
Director, Consumer Protection

George Latimer
Westchester County Executive

Department of Consumer Protection Home Improvement License

ALMSTEAD TREE & SHRUB CARE COMPANY LLC
58 BEECHWOOD AVENUE
NEW ROCHELLE, NY-10801

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.



Date of Expiration
06/22/2021

License Number
WC-16727-H05



ALMSTRE-01

LGARCIA2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/23/2021

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 License # 0757776 Santa Barbara, CA - HUB International Insurance Services Inc. PO Box 3310 Santa Barbara, CA 93130-3310		CONTACT NAME: PHONE (A/C, No, Ext): (805) 682-2571 FAX (A/C, No): E-MAIL: ADDRESS:		
INSURED Almstead Tree & Shrub Care Co., LLC 58 Beechwood Avenue New Rochelle, NY 10801		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Arch Insurance Company		11150
		INSURER B : Merchants Mutual Insurance Company		23329
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

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	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		ZAGLB1100501	1/1/2021	1/1/2022	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZACAT1200801	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP0001822	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	ZAWCI5802802	8/1/2020	8/1/2021	<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

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

Brian Robins, 37 Gould Ave Dobbs Ferry, NY 10522 and Village of Dobbs Ferry are included as Additional Insured with respect to General Liability coverage as required by written contract for ongoing operations per attached endorsement CG 20 10 04 13 and for completed operations per attached endorsement CG 20 37 04 13.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
AS PER WRITTEN CONTRACT, PRIOR TO A KNOWN LOSS	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
AS PER WRITTEN CONTRACT, PRIOR TO A KNOWN LOSS	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

arbor care

lawn care organic consulting

MAY 12 2021

Village of Dobbs Ferry
112 Main Street
Dobbs Ferry NY

May 3, 2021

RE: Brian Robbins – 37 Gould Ave, Dobbs Ferry NY

Request for Tree Removal Permit

Take down one (1) 22" Ash located in the rear right corner by garage, due to visible decline observed. Also, observed emerald Ash border activity tree will continue to decline. Recommend this tree to be removed to remove risk.

Take down one (1) 17" Black Walnut located on the right-side border of drive and neighboring property. Tree is most likely not planted at this location and will outgrow this area and will be a problem as it becomes larger. Customer will be replanting in this area to fill this location with more suitable plantings.

If you should have any questions, please feel free to contact me on my cell at (914) 438-8184
Or office (914)741-1510 ext. #13.

Best Regards,



Patrick McVey
ISA Certified Arborist-NY #5385



Tree Care Proposal

15 Broadway, Hawthorne, NY 10532

P: (914) 741-1510 F: (914) 741-2202 www.almstead.com

Prepared for BRIAN Robins

Address 37 Gould Ave

Dobbs Ferry

Phone (914) 830-1409 Date 4-22-21



ALMSTEAD
arbor care
TREE & SHRUB CARE CO.

The science of preserving nature since 1964

The following proposal outlines your arborist's care recommendations to best maintain the safety, health and aesthetics of the trees and shrubs in your landscape.

General Tree Care (branches are chipped and removed; stumps are cut as close to grade as equipment will allow)

- ① Stump Grinding (1) RED Maple 36" DIA front left
Approx 6-8" below grade & visible surface roots in a
6-8ft ~~radius~~ Around the stump cost ~~400~~ 450 + TAX
Remove debris & leave level to grade

- ② Take down (1) Black Walnut 17" DBH right side of
driveway All brush to be chipped & remove debris 550 + TAX

Optional Stump Grinding (1) Black Walnut right side of
driveway approx 6-8" below grade 125 + back fill debris

- ③ Take down (1) Ash Tree 22" DBH near right corner
back of Garage & fence line
All brush to be chipped & remove debris
Crew may need to access neighbors property for
removal of some debris \$1850 + TAX

- ④ Prune to clean crowns (3) American Dogwood (1) front left
(2) right side of house by removing dead
Disposal branches 1" in dia or larger cost \$190 + TAX
with above work

Stump Grinding (stumps are ground 6-8" below grade and hole is backfilled with resulting debris, unless otherwise noted)

Total \$ _____

Cabling & Bracing _____ Total \$ _____

General Tree Care (branches are chipped and removed; stumps are cut as close to grade as equipment will allow)

① ~~Stump Grinding (1) RED Maple 36" Dia front left~~
~~Approx 6-8" below grade & visible surface roots in a~~
~~6-8ft radius Around the stump cost \$100.00 + Tax~~
~~Remove debris & leave level to grade~~

② ~~Take down (1) Black Walnut 17" DBH right side of~~
~~chance All brush to be chipped & remove debris \$550.00 + Tax~~

~~Optional Stump Grinding (1) Black Walnut right side of~~
~~chance approx 6-8" below grade \$125.00 back fill debris~~

③ ~~Take down (1) Ash Tree 22" DBH near right corner~~
~~back of Garage & fence line~~
~~All brush to be chipped & remove debris~~
~~Chew may need to access neighbors property for~~
~~removal of some debris \$1850.00 + Tax~~

④ ~~Prune to clean crowns (3) American Dogwood (1) front left~~
~~(2) right side of house by removing dead~~

~~Disposal branches 1" in dia or larger cost \$190.00~~
~~with above work~~

~~Stump Grinding (stumps are ground 6-8" below grade and hole is backfilled with resulting debris, unless otherwise noted)~~

Cabling & Bracing

Custom Care

NEED TO SCHEDULE ALL

WORK W/ BRIAN ROBINS TO WORK W/ HIS
CRAZY WORK / SLEEP SCHEDULE

Consulting Arborist

Authorization

The proposal written above and the terms and conditions listed on the reverse side meet my approval and are hereby accepted. Registration numbers may be found on the reverse side.

Tree Care Proposal Total \$

Additional Care \$

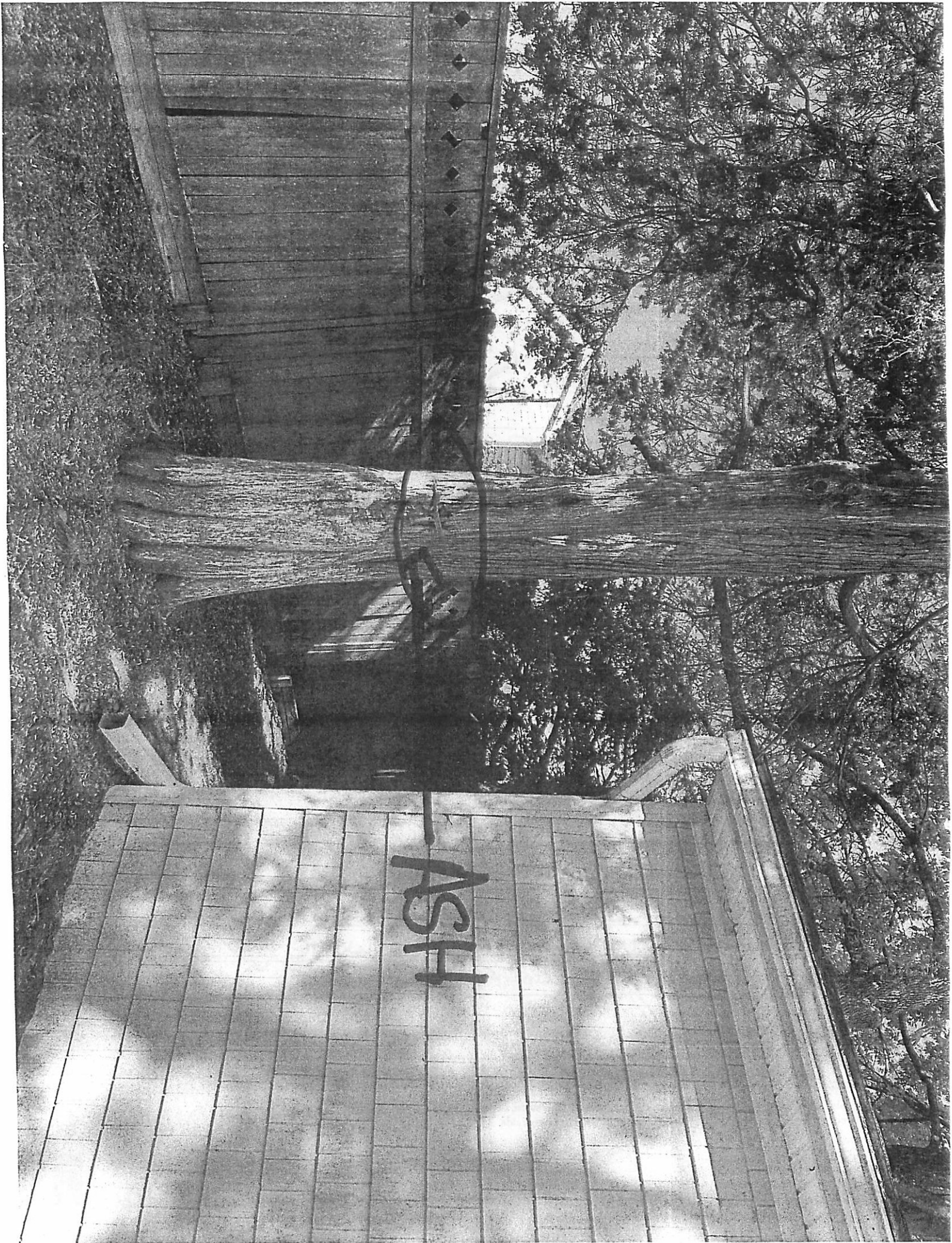
Plus Tax () \$

Total \$

Deposit () \$

Credit Cards Accepted





ASH



WALNUT
TREE

