



## 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



### Permit Application

Application Number AT2023-0028

Date 05/04/2023

Job Location 130 OGDEN AVE

Lot # 3.140-128-7

Owner: Valentin Peralta  
130 Ogden ave  
Dobbs Ferry, NY 10522-3312  
347-639-7253

Applicant: Valentin Peralta  
130 Ogden ave  
Dobbs Ferry, NY 10522-3312  
347-639-7253 valekp83@gmail.com

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

Description of Work: Outgrown, pine tree - 20" DBH

#### Form Questions:

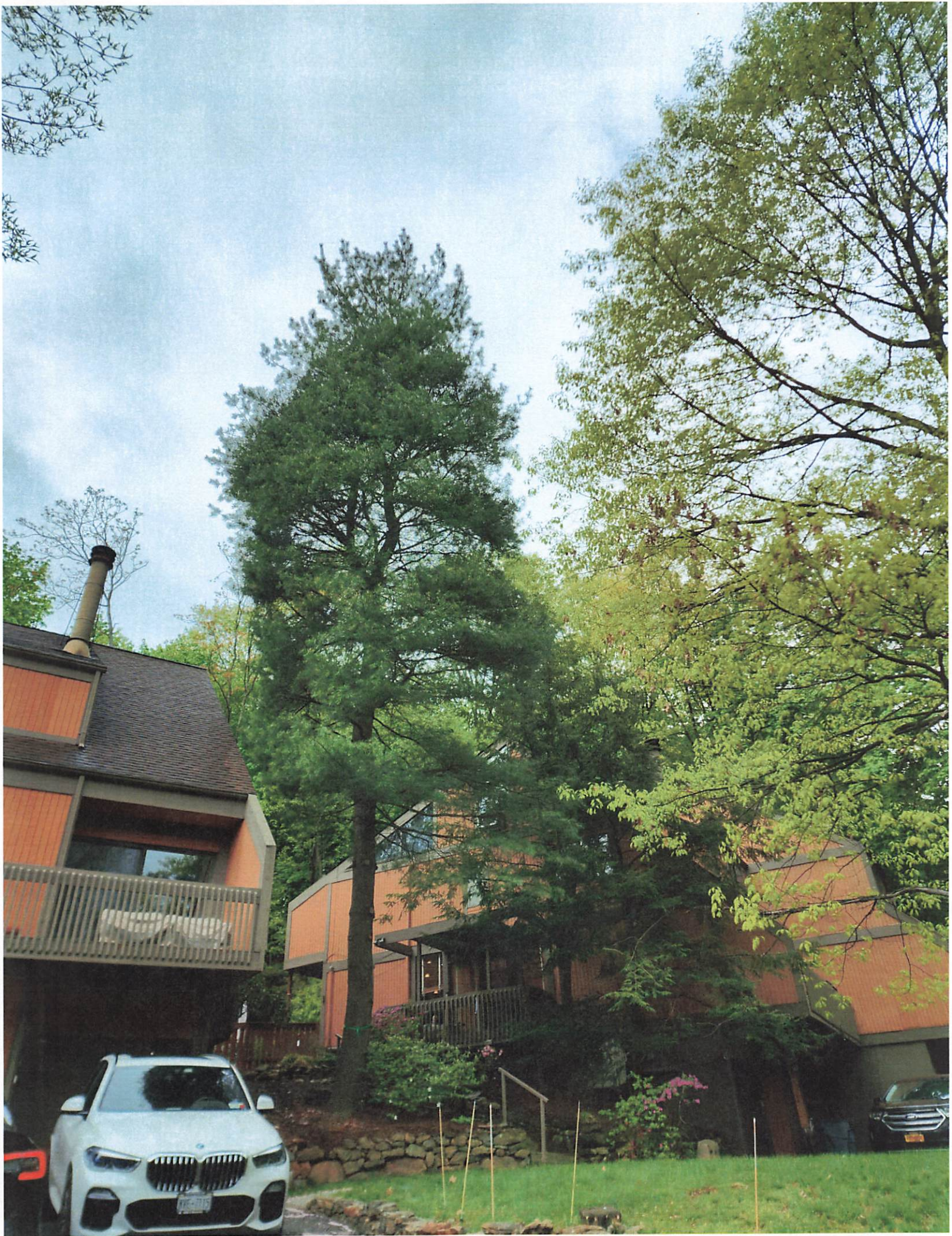
#### Application Parcel Owner Contact:

Parcel Owner Email	Valekp83@gmail.com
Parcel Owner Phone	347-639-7253











**The Ferrara Management Group, Inc., AMO®**

50 Plainfield Avenue, Bedford Hills, NY 10507  
914-888-2099 | [www.Ferraramgmtgroup.com](http://www.Ferraramgmtgroup.com)



May 03, 2023

Dobbs Ferry Building Department  
112 Main Street  
Dobbs Ferry, NY 10522

**RECEIVED**

**MAY 04 2023**

**VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT**

**Re: 130 Ogden Ave, Dobbs Ferry NY 10522**

Dear Building Inspector Roemer:

This letter is to confirm the Board of Managers of Walden Wood Homeowners Association, Inc., has reviewed the letter from Michael Orsino, Certified Arborist concerning the Pine located at the right side of the above address to be removed for safety concerns.

If you have any questions or concerns, please contact Assistant Property Manager Greg Stoffer at 914-888-2099 or by email at [gstoffer@ferraramgmt.com](mailto:gstoffer@ferraramgmt.com).

Thank you.

Very truly yours,  
The Ferrara Management Group, Inc.;  
As Agent for Walden Wood Homeowners Association;

Robert M. Ferrara, CPM®  
Property Manager

Copy: The Board of Managers

MICHAEL ORSINO  
Certified Arborist NY#0303A  
52 Upland Street, White Plains NY 10604  
Tel. 914-498-0834  
Email: [Mikeorsino@msn.com](mailto:Mikeorsino@msn.com)

RECEIVED

MAY 04 2023

VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT

April 19<sup>th</sup>, 2023

Mr. Valentin Peralta  
130 Ogden Ave  
Dobbs Ferry, NY 10522

I reviewed the 20 inch White Pine tree located on the side of your property on April 18th, 2023. There are several issues with the Pine. First and foremost it has outgrown the location it was planted in many years ago. The pine was improperly pruned in order for it to fit its location. It now has a co-dominant top. The tree leans toward the house and street and sits on a terraced landscape with no root base on one side. The falling Pine needles also make a mess on the deck and clog the air conditioning compressor. It may be time to remove this tree since it will continue to grow and grow and grow!

Any questions please feel free to contact me.

Sincerely,

*Michael Orsino*  
Mike Orsino

MICHAEL ORSINO  
Certified Arborist NY#0303A  
52 Upland Street, White Plains NY 10604  
Tel. 914-498-0834  
Email: [Mikeorsino@msn.com](mailto:Mikeorsino@msn.com)

RECEIVED

MAY 04 2023

VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT

May 2, 2023

Mr. Valentin Peralta  
130 Ogden Ave  
Dobbs Ferry, NY 10522

Per your request, here is some additional information regarding the condition of the 20" Pine tree located on the right side of your home. This tree is a hazard tree that needs to be removed. The large 60-foot tree has a lean toward Ogden Rd with an exposed root system on a terraced landscape that will not support the weight of the tree if wet soil conditions and high wind occurrences persist. There is a danger of wires being downed if the tree falls in its leaning direction, cars will also be affected. To mitigate this from occurring immediate action should be taken!

Any questions please feel free to contact me.

Sincerely,

*Michael Orsino*

Mike Orsino-



George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

RAMIRO'S TREE SERVICE, INC.

40 PARCOT 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. Proof of citizenship or immigration status is not required for issuance of this license.  
NOT FOR FEDERAL PURPOSES

License Number

WC-13980-H03



Date of Expiration

05/12/2023



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/04/2023

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 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> BNC Insurance Agency 90 South Ridge Street Suite UL-2 Rye Brook NY 10573		<b>CONTACT NAME:</b> Mari Ruiz <b>PHONE (A/C, No, Ext):</b> (914) 937-1230 <b>FAX (A/C, No):</b> (914) 937-1124 <b>E-MAIL ADDRESS:</b> mruiz@bncagency.com	
<b>INSURED</b> Ramiro's Tree Service Inc 42 Pleasant Street New Rochelle NY 10801		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Greenwich Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 22322	

## COVERAGES

**CERTIFICATE NUMBER:** CL2342711671

**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 <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	NPC-1003562-03	05/01/2023	05/01/2024	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		NBA-1000174-04	05/01/2023	05/01/2024	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 <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		NEC-6005633-04	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	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 when required under written Contract or Agreement.

## CERTIFICATE HOLDER

## CANCELLATION

Village of Dobbs Ferry 112 Main Street  Dobbs Ferry NY 10522	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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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) <b>RAMIROS TREE SERVICE INC.</b>  <b>42 PLEASANT STREET</b> <b>NEW ROCHELLE, NY 10801</b>  Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured <b>914-576-6583</b>  1c. Federal Employer Identification Number of Insured or Social Security Number <b>820585108</b>
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) <b>VILLAGE OF DOBBS FERRY</b> <b>112 MAN STREET</b> <b>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>DBL399853</b>  3c. Policy effective period <b>01/01/2023</b> to <b>12/31/2023</b>

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 1/3/2023 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 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 (RENEWED)**

\*\*\*\*\* 820585108  
RAMIRO'S TREE SERVICE INC  
C/O RAMIRO LOPEZ  
42 PLEASANT STREET  
NEW ROCHELLE NY 10801



SCAN TO VALIDATE  
AND SUBSCRIBE

**POLICYHOLDER**

RAMIRO'S TREE SERVICE INC  
C/O RAMIRO LOPEZ  
42 PLEASANT STREET  
NEW ROCHELLE NY 10801

**CERTIFICATE HOLDER**

VILLAGE OF DOBBS FERRY  
112 MAIN STREET  
DOBBS FERRY NY 10522

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W1353 434-2	207773	04/13/2023 TO 04/13/2024	4/12/2023

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1353 434-2, 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: 1070968501