



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 3 2022

**VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT**

Permit Application

Application Number AT2022-0016

Date 02/22/2022

Job Location 136 CLINTON AVE

Lot # 3.120-110-5

Owner: MICHAELMOORE
136 CLINTON AVE
DOBBS FERRY, NY 10522

Applicant: Michael Moore
136 Clinton Ave
Dobbs Ferry, NY 10522
9143650843 mjm4356@gmail.com

Application Type: Tree Removal Estimated Cost of Construction:

Description of Work: A large beech tree alongside my driveway is diseased (phytophthora). After treating it, the tree is dying and has begun dropping large limbs. I've been advised by multiple tree companies, including Tigre Tree Care, to have it removed for safety's sake.

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	mjm4356@gmail.com
Parcel Owner Phone	9143650843

Job Location: 136 CLINTON AVE

Parcel Id: 3.120-110-5

AFFIDAVIT OF APPLICANT

I Michael Moore being duly sworn, depose and says: That s/he does business as:
N/A with offices at: _____ and that s/he is:

X 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.

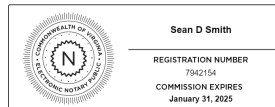
Sworn to before me this 2nd day of May of 2022

STATE OF Virginia City of Alexandria

Notary Public / Commission of Deeds



Sean D Smith EXP: 01/31/2025 7942154



Michael James Moore
Applicant's Signature

Notarized online using audio-video communication

PROPERTY OWNER'S AUTHORIZATION

I Michael Moore 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 9143650843. Owner email address mjm4356@gmail.com

Michael Moore 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 2nd day of May of 2022

STATE OF Virginia City of Alexandria

Notary Public / Commission of Deeds



Sean D Smith EXP: 01/31/2025 7942154

Notarized online using audio-video communication

Michael James Moore

PROPERTY OWNER'S SIGNATURE





Sarah Ball Moore <sarah.ball.moore@gmail.com>

Fwd: Tigre Tree Care letter

1 message

Michael Moore <mjm4356@gmail.com>
To: Sarah Ball Moore <sarah.ball.moore@gmail.com>

Mon, May 2, 2022 at 9:03 PM

----- Forwarded message -----

From: **rafael tigre** <rtigre24@gmail.com>
Date: Fri, Apr 29, 2022 at 6:28 PM
Subject: Tigre Tree Care letter
To: Michael Moore <Mjm4356@gmail.com>

To whom it may concern,

The beech tree located by the driveway at 136 Clinton Street is currently diseased, rotted and dangerous to the surrounding homes and property. There is visible decay on the canopy and is filled with dead wood as well. it is highly recommend that the tree should come down before it is unsafe to even bring it down.

Rafael Tigre
Tigre Tree Care and Landscaping
(914)356-6000



Sarah Ball Moore <sarah.ball.moore@gmail.com>

Fwd: Invoice

Michael Moore <mjm4356@gmail.com>
To: Sarah Ball Moore <sarah.ball.moore@gmail.com>

Wed, Apr 27, 2022 at 10:13 PM

----- Forwarded message -----

From: **Daniel Kinsinger** <dan@lawnology.biz>
Date: Fri, Dec 21, 2018 at 12:40 AM
Subject: Re: Invoice
To: Michael Moore <mjm4356@gmail.com>

Hi Michael,

Ultimately phytophthora will kill the tree. Beech trees tend to be highly susceptible for some particular reason, perhaps due to their smooth bark. The disease enters the bark and gets into the "veins" that transport water and nutrients, the disease clogs up these pathways. An ounce of prevention is worth a pound of cure in the world of Arboriculture. Looking at about \$400 for the entire season for 2 spring treatments and 2 fall treatments (\$100 each), I would skip out on the fertilization next year if your looking to cut expenses but definitely need the bark disease treatments.

Here is some info on the disease from Umass: <https://ag.umass.edu/landscape/fact-sheets/phytophthora-bleeding-canker>

Happy Holidays!

Dan Kinsinger
ISA Certified Arborist, NY 5175A
Lawnology/Treeology
384 Depot Hill Road
Poughquag, NY 12570
845-705-3099

www.GetLawnology.com - From Web Page Click On Customer Portal To Access Your Account



Photograph showing extent of phytophthora
bleeding canker/fungal colonization up trunk.

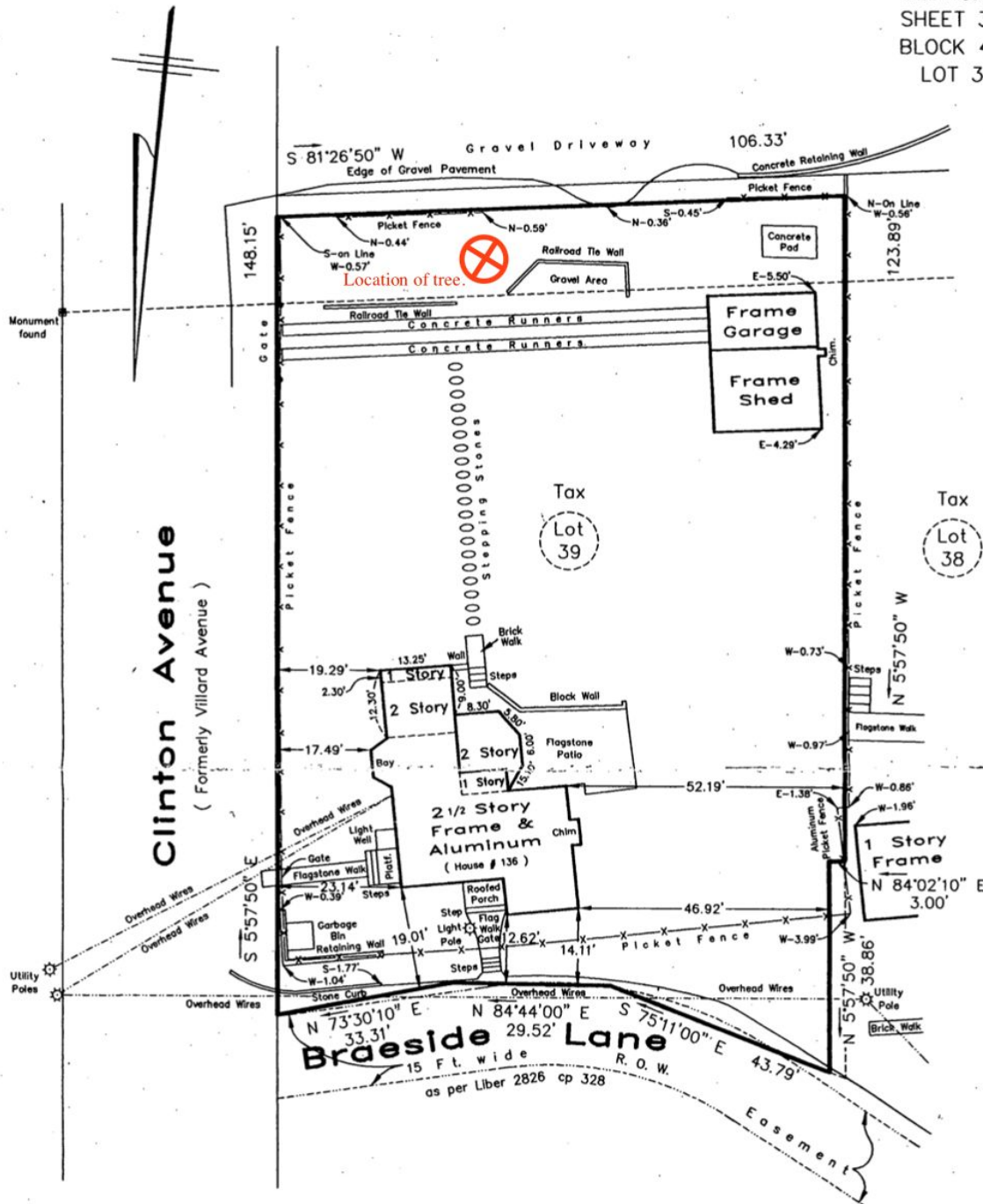


Photograph of tree.



Street view of the property and tree.

SECTION 9
SHEET 30B
BLOCK 492
LOT 39



SURVEY OF PORTIONS OF TAX LOT 39 IN BLOCK 492 IN SECTION 9 SHEET 30B
AS SHOWN ON THE TOWN OF GREENBURGH TAX ASSESSMENT MAPS.

May 2, 2003

SURVEYED AS IN POSSESSION
THE MUNSON COMPANY
189 MAIN STREET
WHITE PLAINS, N.Y.
10601

Scale 1"=20'

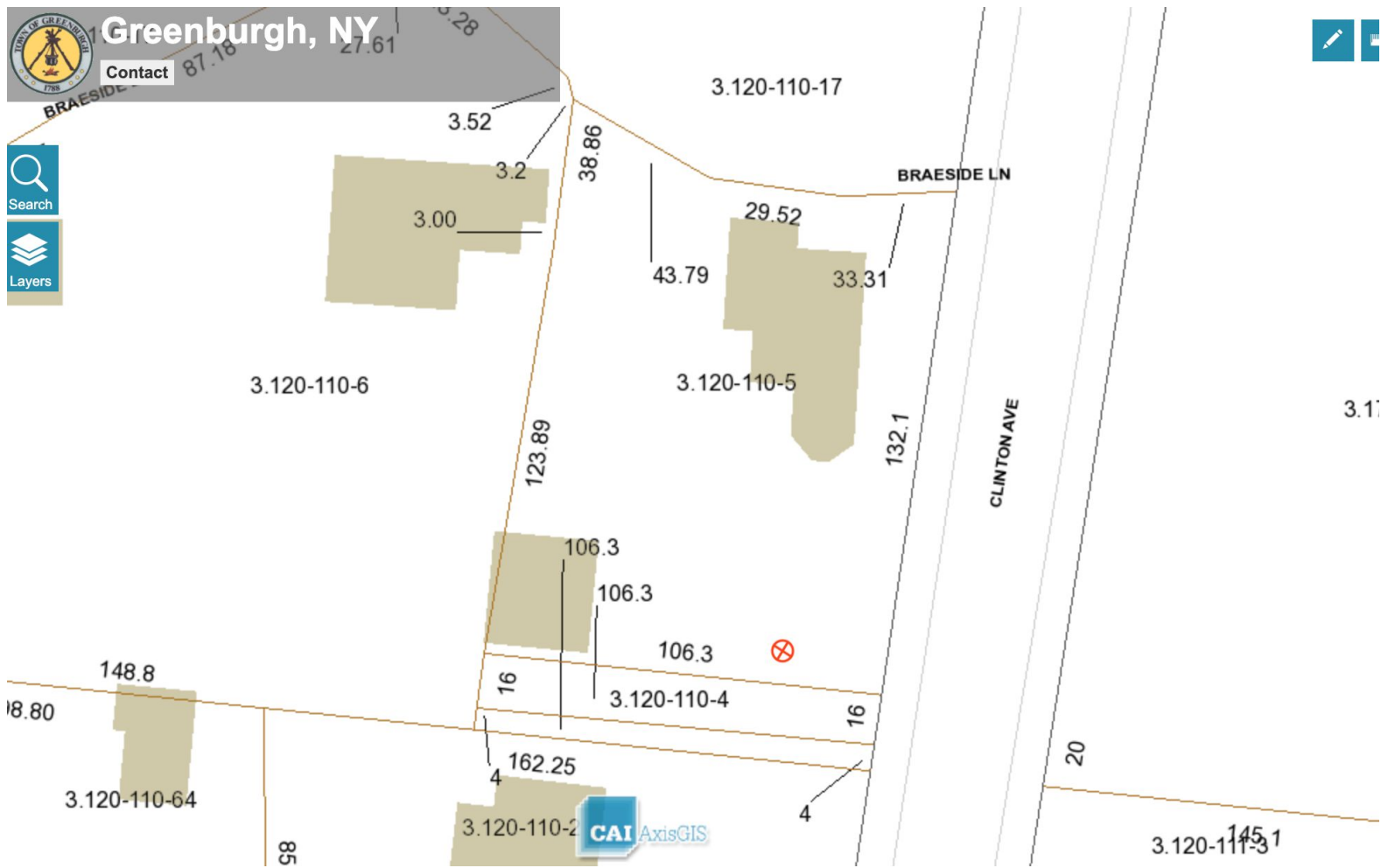
CERTIFIED TO : BERNARD S. & VIRGINIA CARREY

"Unauthorized alterations or additions to a survey map is a violation
of section 7209, sub-division 2, of the New York State Education Law."
"Only copies of the original survey marked with the land surveyor's
inked or embossed seal shall be considered a true and valid copy."

UNDERGROUND PIPES, WIRES, STRUCTURES,
ETC., IF ANY ARE NOT SHOWN

J-1166 ENV-60

Property survey with location of tree **marked in red.**



Greenburgh tax parcel / property view with location of tree **marked in red.**

Westchester County
Geographic
Information
Systems

Municipal Tax Parcel Viewer

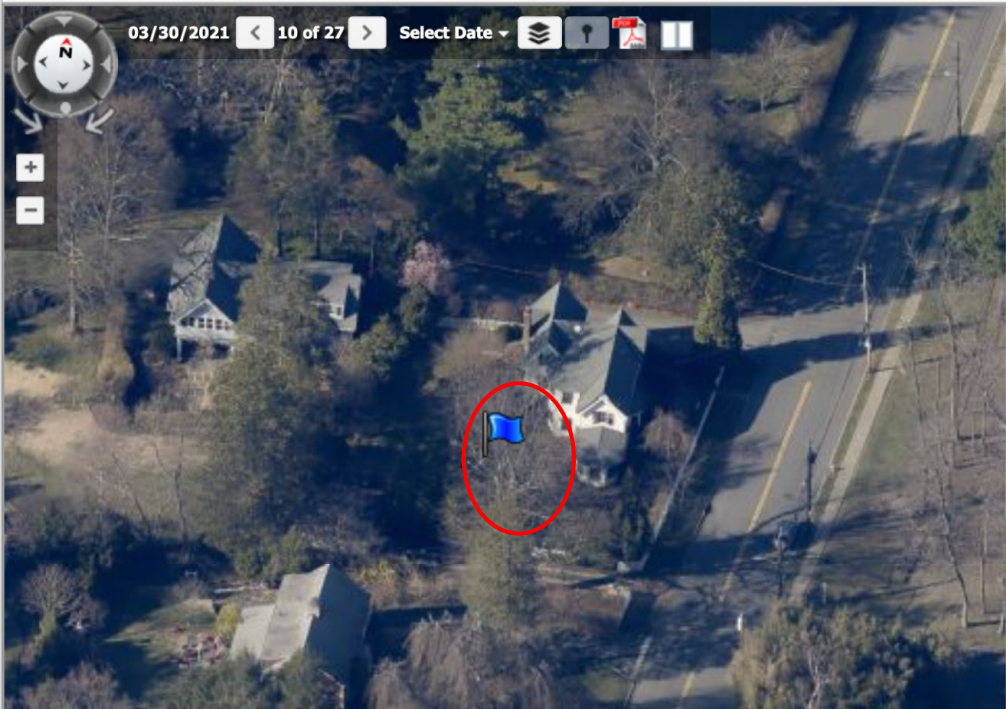
More Data | Export Map | Print | Feedback

Johns Ferry Tax Parcel Viewer (Data: 2019)

eagleview

[Open in Big Window](#) [Close Window](#)

03/30/2021 | 10 of 27 | Select Date | [Layers] [Full Screen] [Print]



Parcel SBL: 003

Tax Maps

Aerial Photo

Owner Name: n/a

Property Class: n/a

Other Maps: [eagleview] [Google Maps] [Mapbox]

Mailing Labels Using: Property Address

For Buffer Distance 250 Ft (Max.1000), **OR**

☐ For adjacent parcels only [Create Labels](#)

[Print Labels \(PDF\)](#)

[Export to CSV File](#)

Aerial view of property with tree circled.

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

TIGRE TREE CARE AND LANDSCAPING INC.

134 MAIN STREET - #2

DOBBS FERRY, NY-10522

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-25963-H13



Date of Expiration

05/21/2023

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
02/18/2022

PRODUCER AND THE NAMED INSURED
North America Chemical Users and Applicators Association, Inc. Inc., A Risk Retention Purchasing Group qualified under the Risk Retention Act of 1986;
Federal Law 97-45.
P.O. Box 469
Sandy, UT 84091-0469
800-433-6162

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Tigre Tree Care & Landscaping Inc

INSURER A:
INSURER B:
INSURER C:
INSURER D:

NOTICE: Coverage is being provided as part of a Master Group Policy issued to members of the North America Chemical Users and Applicators Association, Inc., a Risk Retention 'Purchasing Group' authorized under the Risk Retention Act of 1986: Federal Law 97-45.

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

Prime Insurance Company

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	LSC4423-21070033	07/22/2021	07/22/2022	EACH OCCURRENCE \$ \$50,000.00 FIRE DAMAGE (Any one fire) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL ADV INJURY \$ N/A GENERAL AGGREGATE \$ \$100,000.00 PRODUCTS - COMP/OP AG \$ Per Person \$ \$0.00
AUTO LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> DRIVE AWAY				ANNUAL AGGREGATE \$ BODILY INJURY (Per Person) \$ \$0.00 BODILY INJURY (Per Accident) \$ \$0.00 PROPERTY DAMAGE (Per Accident) \$ \$0.00
GARAGE LIABILITY/MANUSCRIPT FORM SCHEDULE AUTO <input type="checkbox"/> G.K.L.L. <input type="checkbox"/> O.T.R.P.D. <input type="checkbox"/> D.O.C. <input type="checkbox"/> CARGO <input type="checkbox"/> ON HOOK <input type="checkbox"/> EMPLOYEE DISHONESTY <input type="checkbox"/> WRONGFUL REPOSSESSION				PER PERSON \$ \$0.00 PER ACCIDENT \$ \$0.00 AGGREGATE \$ PROPERTY DAMAGE \$ \$0.00
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$

LIMITATION OF COVERAGE FOR ADDITIONAL INSURED

Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed. Shrub Planting, Tree Planting, Tree Removal, Chipping, Landscaping (EXC-XCU) (Excluding Irrigation), Tree Trimming, Landscape Gardening, Mowing & Raking.

☐ CERTIFICATE HOLDER ☒ ADDITIONAL INSURED ☐ LOSS PAYEE

Village of Dobbs Ferry

112 Main St
Dobbs Ferry, NY 10522

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Fax Number:

AUTHORIZED REPRESENTATIVE



ADDITIONAL INSURED ENDORSEMENT

RAP-99-12

This Endorsement changes the terms and conditions of the Coverage Contract issued. Please read it carefully!

The following requirements govern coverage under the Coverage Contract and must be adhered to for coverage to be provided to the Participating Member under the Coverage Contract. No activities conducted by the Participating Member are covered under the Coverage Contract unless they are conducted in full compliance with all of the requirements specified below and in the Coverage Contract. The Participating Member must advise its employees, agents, contractors, and/or subcontractors of these requirements and ensure that they also abide by them for coverage to be provided. The Participating Member agrees and understands that any noncompliance with the following specified requirements and/or the terms and conditions set forth in the Coverage Contract will result in the denial of coverage under the Coverage Contract meaning the Insurer will not be obligated to indemnify or defend you.

Master Coverage Contract Number: LSC4423

Certificate Number: 21070033

Participating Member: Tigre Tree Care & Landscaping Inc

Effective Date: 2/18/2022

Additional Insured: Village of Dobbs Ferry

112 Main St
Dobbs Ferry, NY 10522

The "Who is a Participating Member" provision of the Coverage Contract shall be amended to include the person or organization scheduled in this Endorsement as an Additional Insured for the limited purpose of liability arising from Your Work, as that term applies to the Participating Member only, and subject to all other terms and conditions of the Coverage Contract and this Endorsement.

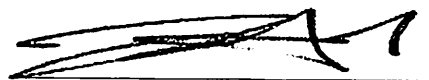
The coverage provided by this Endorsement only extends to cover the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Participating Member and only to the extent the Participating Member would have been liable and coverage would have been afforded to the Participating Member under the terms and conditions of this Coverage Contract had such Claim been made against the Participating Member.

The Coverage Contract expressly provides that coverage is to be construed and enforced in accordance with the laws of the State of Utah, and the Participating Member has consented to the jurisdiction of the courts of the State of Utah and has agreed that those courts shall be the exclusive forum to hear and decide disputes consisting of or relating to coverage issues.

The Additional Insured is subject to all of the terms, provisions, conditions, exclusions, definitions, limitations, representations, and Endorsements of the Master Group Policy issued to the Insured Association, the participating member Coverage Contract, and all related documents providing coverage to the Participating Member. The failure of the Participating Member to adhere to any such provisions will also defeat coverage under the Coverage Contract for all Additional Insureds.

A copy of the Participating Member Coverage Contract may be obtained from the Participating Member or by contacting the Industry Association Purchasing Group office in Salt Lake City, Utah, during normal business hours.

Endorsement No.: 0


Evolution Insurance Brokers, LC
EX-1122907



New York State Insurance Fund

PO Box 66699, Albany, NY 12206

| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 462504663
J & Y ASSOCIATES OF BREWSTER
86 MAIN ST
BREWSTER NY 10509



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER TIGRE TREE CARE AND LANDSCAPING INC 70 BROADWAY DOBBS FERRY NY 10522		CERTIFICATE HOLDER 136 CLINTON AVE VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522	
POLICY NUMBER W2531 885-8	CERTIFICATE NUMBER 483421	POLICY PERIOD 12/08/2021 TO 12/08/2022	DATE 2/18/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2531885-8, 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: 1061575214