



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

RECEIVED

JUN 05 2023

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Date 05/24/2023

Permit Application

Application Number AT2023-0038

Job Location 87 ESTHERWOOD AVE

Lot # 3.90-63-8

Owner: JASON FISHER
87 ESTHERWOOD AVE
DOBBS FERRY, NY 10522

Applicant: Michael Emrich
2240 Saw Mill River Road
Elmsford, NY 10523
914-306-0152 memrich@bartlett.com

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

Description of Work: Sugar Maple (27" DBH) Removal

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	fishermotionpictures@gmail.com
Parcel Owner Phone	917-364-2656

Job Location: 87 ESTHERWOOD AVE

Parcel Id: 3.90-63-8

AFFIDAVIT OF APPLICANT

I Michael Emrich being duly sworn, depose and says: That s/he does business as: contractor with offices at: 2740 Saw Mill River Road 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 30th day of May of 2023


Notary Public / Commission of Deeds

CHARLES W. KING
Notary Public, State of New York
Registration #01KI4966231
Qualified in Westchester County
Commission Expires July 24, 2024

Applicant's Signature



PROPERTY OWNER'S AUTHORIZATION

I Jason Fisher 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 917-364-2656. Owner email address fishermotionpictures@gmail.com

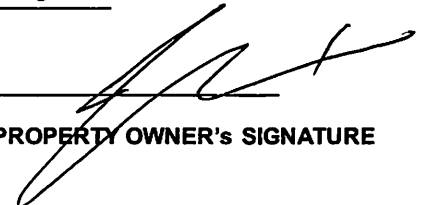
_____ I hereby acknowledge that it is my responsibility as the property owner to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for which this permit is being requested.

Sworn to before me this 30th day of May of 2023


Notary Public / Commission of Deeds

CHARLES W. KING
Notary Public, State of New York
Registration #01KI4966231
Qualified in Westchester County
Commission Expires July 24, 2024

PROPERTY OWNER's SIGNATURE





George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

THE F. A. BARTLETT TREE EXPERT COMPANY

2240 SAW MILL RIVER ROAD

ELMSFORD, NY-10523

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-05518-H93



Date of Expiration

09/07/2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/6/2022

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 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 York International Agency, LLC Attn. bartlettcert@yorkintl.com 500 Mamaroneck Avenue Harrison NY 10528	CONTACT NAME:	
	PHONE (A/C, No, Ext): 914-376-2200	FAX (A/C, No): 914-376-2891
INSURED The F.A. Bartlett Tree Expert Company 1290 East Main Street Stamford CT 06902	E-MAIL ADDRESS: info@yorkintl.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Property & Casualty Co of America	
	INSURER B: Travelers Indemnity Company	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

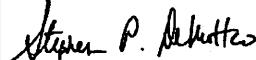
COVERAGES **CERTIFICATE NUMBER:** 769555169 **REVISION NUMBER:**

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"/> PROJECT <input type="checkbox"/> LOC OTHER:			TC2J-GLSA-1005A129-TIL-22	12/1/2022	12/1/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TC2J-CAP-1005A130-TIL-22	12/1/2022	12/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
B A	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		UB-7N673715-22-51-R UB-7N781486-22-51-K	12/1/2022 12/1/2022	12/1/2023 12/1/2023	<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)
Village of Dobbs Ferry is included as additional insured as respect, Commercial General Liability and Automobile Liability for work performed by The F.A. Bartlett Tree Expert Company.

CERTIFICATE HOLDER

Village of Dobbs Ferry 112 Main Street Dobbs Ferry NY 10522	CANCELLATION 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 

© 1988-2014 ACORD CORPORATION. All rights reserved.



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) The F.A. Bartlett Tree Expert Co. P O Box 3067 Stamford, CT 06905 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 203-323-1131 1c. Federal Employer Identification Number of Insured or Social Security Number 06-0254490
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) The Village of Dobbs Ferry 112 Main street Dobbs Ferry, NY 10522	3a. Name of Insurance Carrier Lincoln Life & Annuity Company of New York 3b. Policy Number of Entity Listed in Box 1a GS4-810-B872C1-NY 3c. Policy Effective Period 1/1/2023 to 12/31/2023
4. Policy provides the following benefits: <input checked="" type="checkbox"/> A. Both disability and Paid Family Leave benefits. <input type="checkbox"/> B. Disability benefits only. <input type="checkbox"/> C. Paid Family Leave benefits only.	
5. Policy covers: <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. <input type="checkbox"/> 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 03/14/2023 By Cheryl Smithson
(Signature of Insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 800-423-2765 Name and Title Statutory Contract Analyst

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.

