



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 01 2022

**VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT**

Permit Application

Application Number AT2022-0054

Date 06/01/2022

Job Location 35 LANDING DR Lot # 3.40-4-15.12

Owner: ~~FAUSTINAD'ALISERA~~
~~35 LANDING DR~~
~~DOBBS FERRY, NY 10522~~
~~914-434-7025~~

Applicant: Allison Forstmann
35 Landing Dr
Dobbs Ferry, NY 10522
(917)209-6723
allisonforstmann@gmail.com

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

Description of Work: Two (2) Paulownia tometosa trees, 1 each: 9" and 17" DBH

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	allisonforstmann@gmail.com
Parcel Owner Phone	9172096723

Job Location: 35 LANDING DR

Parcel Id: 3.40-4-15.12

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 or 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

PROPERTY OWNER'S AUTHORIZATION

I ALLISON FORSTMANN 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 9172096723. Owner email address allisonforstmann@gmail.com

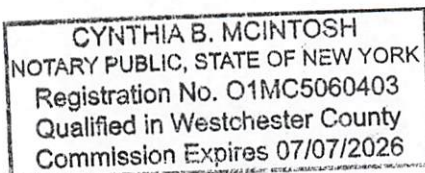
Allison Forstmann I hereby acknowledge that it is my responsibility as the property owner to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction,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

Sworn to before me this 1 day of June of 2022

Cynthia B. McIntosh

Notary Public / Commission of Deeds

[Signature]
PROPERTY OWNER's SIGNATURE



WESTCHESTER TREE LIFE, INC
480-A KING STREET
CHAPPAQUA, NY 10514
T: (914) 238-0069
F: (914) 238-0076
westtreelife@aol.com

May 23, 2022

Village of Dobbs Ferry
Attn: Building Department
One Van Wyck Street
Dobbs Ferry, NY 10522

RE: Forstmann Residence
35 Landing Drive
Dobbs Ferry, NY 10522

To Whom It May Concern:

I was recently asked to perform a property inspection for Mr. and Mrs. Forstmann who reside at 35 Landing Drive in Dobbs Ferry. While on site, I noticed two Paulownia trees in need of removal.

The two Paulownia trees measure 9" DBH and 17" DBH and are located on the hillside behind the house. Both have a heavy lean toward the house, and erosion on the bank that supports the root system has made these trees hazardous. Further, Paulownia is a highly invasive species of tree that can damage the health of the surrounding area.

It is my professional recommendation as a certified Arborist that these trees should be removed as soon as possible to eliminate the potential hazard they may cause to person and property.

If there are any questions, please feel free to contact me in the office or else I can be reached on my cell phone: (914) 490-9090.

Sincerely,



William Davies, President
Westchester Tree Life, Inc.
NYS Certified Arborist #NY-0435

















George Latimer
Westchester County Executive



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

License Number
WC-05532-H93



Date of Expiration
09/13/2023



WESTTRE-01

JBRUNO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2022

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 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 Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591	CONTACT NAME:		
	PHONE (A/C, No, Ext): (914) 457-4200 FAX (A/C, No): (914) 457-4200 E-MAIL ADDRESS: info@levittfuirst.com		
INSURED Westchester Tree Life Inc. 480-A King Street Chappaqua, NY 10514	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Nova Casualty Company		42552
	INSURER B : New York State Insurance Fund		36102
	INSURER C : ShelterPoint		81434
	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 SUBR INSD 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	ARBML1000009307	4/26/2022	4/26/2023	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		ARBML1000009307	4/26/2022	4/26/2023	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		ARBUM1000002307	4/26/2022	4/26/2023	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 type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	08237786	4/26/2022	4/26/2023	<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
C	Disability		DBL399628	1/1/2022	12/31/2025	Statutory Limits

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Village of Dobbs Ferry included as Additional Insured for covered operations of the named insured,

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
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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

<p>1a. Legal Name & Address of Insured (use street address only) <u>WESTCHESTER TREE LIFE INC</u></p> <p><u>480-A KING STREET</u> <u>CHAPPAQUA, NY 10514</u></p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured <u>914-238-0069</u></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number <u>133467594</u></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p><u>Village of Dobbs Ferry</u> <u>112 Main Street</u> <u>Dobbs Ferry, NY 10522</u></p>	<p>3a. Name of Insurance Carrier <u>ShelterPoint Life Insurance Company</u></p> <p>3b. Policy Number of Entity Listed in Box "1a" <u>DBL399628</u></p> <p>3c. Policy effective period <u>01/01/2022</u> to <u>12/31/2022</u></p>

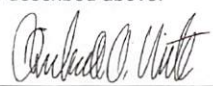
4. Policy provides the following benefits:

- ☒ 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 1/11/2022 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

***** 133467594
LEVITT FUIRST ASSOCIATES LTD
520 WHITE PLAINS RD 2ND FLR
TARRYTOWN NY 10591



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER WESTCHESTER TREE LIFE INC 480-A KING STREET CHAPPAQUA NY 10514		CERTIFICATE HOLDER VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522	
POLICY NUMBER W 823 778-6	CERTIFICATE NUMBER 987857	POLICY PERIOD 04/26/2022 TO 04/26/2023	DATE 6/7/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 823 778-6, 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.

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 POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

WILLIAM R DAVIES - PRESIDENT
REMINGTON ARNOLD - VICE PRESIDENT
OF WESTCHESTER TREE LIFE INC

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: 866294782