

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 08 2022

VILLAGE OF DOBBS FERRY BUILDING DEPARTMENT

Date 06/08/2022

Permit Application

Application Number AT2021-0148

Job Location 76 OGDEN PLACE WEST

Owner: CARL M.R. VAN DER ZANDT

76 OGDEN PLACE WEST DOBBS FERRY, NY 10522

646-270-3494

Applicant: Elizabeth van der Zandt

76 Ogden Place

Dobbs Ferry, NY 10522

6462703494 lizvdzandt@gmail.com

Lot # 3.130-119-3

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

Description of Work: We would like permission to remove two trees on our property: one Spruce tree and one Locust tree.

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	lizvdzandt@gmail.com
Parcel Owner Phone	6462703494

Job Location: 76 OGDEN PLACE WEST

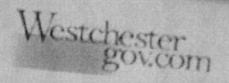
Parcel Id: 3.130-119-3

AFFIDAV	IT OF APPLICANT						
1	being duly sw	orn, depose and says: That s/he	does business as:	with offices at:			
	The owner of the property de	escribed berein					
,							
	The	of the New York Corpo	ration	with offices at:			
		duly authorized	by resolution of the Bo	pard 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 authorize	d by the Owner to make this appli	cation.				
	The Lessee of the premises,	duly authorized by the owner to m	ake this application.				
-	The Architect of Engineer duly	y authorized by the owner to make	this application.				
** **********	The contractor authorized by	with offices and that said ulthorized by the Owner to make this application. memises, duly authorized by the owner to make this application. memises, duly authorized by the owner to make this application. meer duly authorized by the owner to make this application. meer duly authorized by the owner to make this application. did in this application and on the accompanying drawings is true to the best of his knowledge and by agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Dobbs Ferry Building Code, Zoning Ordinance and all other laws pertaining to same, in the her or not shown on plans or specify in this application. May of					
Sworn Notar PROPER	y Public / Commission of Deeds	ELIZABETH A. DREAP Notary Public, State of Ne No: 01DR6177050 Qualified In Westchester Commission Expires Novemb	of 2027 PER PEW York Applicant's County er 5, 2023				
to if the S	ensure that if the permit (if issue a Final Certificate of Approval is the property for which this permit toworn to before me this	I hereby acknowledge ed) receives a Final Certificate of a not obtained upon completion of is being requested. day of	that it is my responsibil Approval from the Build the construction, a prop of 2022	perty violation may be placed on			





George Latimer Westchester County Executive



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 NOT FOR FEDERAL PURPOSES

License Number

WC-25963-H13



Date of Expiration 05/21/2023





CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

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



PO Box 66699, Albany, NY 12206

SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

TIGRE TREE CARE AND LANDSCAPING INC 70 BROADWAY DOBBS FERRY NY 10522 CERTIFICATE HOLDER ARDSLEY COUNTRY CLUB

VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W2531 885-8	825017	12/08/2021 TO 12/08/2022	4/14/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2531 885-8, 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. 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