



## 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 AT2022-0053

Date 05/29/2022

Job Location 79 OGDEN AVE Lot # 3.140-125-5

Owner: MARY D. ARTHUR  
79 OGDEN AVE  
DOBBS FERRY, NY 10522

Applicant: Rosaura Bollengier  
61 Hickory Hill Drive  
Dobbs Ferry, NY 10522  
9142177737  
rosaurabusnello@hotmail.com

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

Description of Work: Remove 2 Norway Maple - left side, backyard closer to the house - 12" and 11"  
Remove 3 Norway Maple - Left side, backyard closer to the street - 9", 12", 14"  
Remove 1 Norway Maple - Right side, backyard - 13" Remove 3 Norway Maple - Right  
side yard - 12", 14", 9" All trees growing over/leaning over the home. Trunk decay.

#### Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	bollengierproperty@gmail.com
Parcel Owner Phone	9142177737

Job Location: 79 OGDEN AVE

Parcel Id: 3.140-125-5

**AFFIDAVIT OF APPLICANT**

I EMERSON MOLIVEL being duly sworn, depose and says: That s/he does business as: GENESIS TIME with offices at 91 LINCOLN AVENUE, WHITE PLAINS, NY 10606 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 7<sup>th</sup> day of June of 2022

  
Notary Public / Commission of Deeds

**ALEIDY CEPEDA**  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01CE6191224 Applicant's Signature  
Qualified in Westchester County  
My Commission Expires October 16, 2024

**PROPERTY OWNER'S AUTHORIZATION**

I \_\_\_\_\_ 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 9142177737. Owner email address bollengierproperty@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 2<sup>nd</sup> day of June of 2022

  
Notary Public / Commission of Deeds

  
PROPERTY OWNER'S SIGNATURE

**ELIZABETH A. DREAPER**  
Notary Public, State of New York  
No: 01DR6177050  
Qualified In Westchester County  
Commission Expires November 5, 2023



Genesis Tree Service and Landscaping Inc.

41 Lincoln Ave.

White Plains, NY

United States

10606

# Invoice

**BILL TO:**

**Rosaura (Kika) Bollengier**

79 Ogden Ave. *DOBBS FERRY*  
~~White Plains, NY~~  
United States  
10605

**INVOICE #**

00000002

**DATE**

6/02/20

ITEMS	DESCRIPTION	QUANTITY
ITEM 1	Remove 2 Norway Maple - left side, backyard closer to the house - 12" and 11"	1
ITEM 2	Remove 3 Norway Maple - Left side, backyard closer to the street - 9", 12", 14"	1
ITEM 3	Remove 1 Norway Maple - Right side, backyard - 13"	1
ITEM 4	Remove 3 Norway Maple - Right side yard - 12", 14", 9"	1
ITEM 5	All trees growing over/leaning over the home. Trunk decay.	1

**NOTES:**

Scope of the work

TOTAL: \$-.-

\$-.-

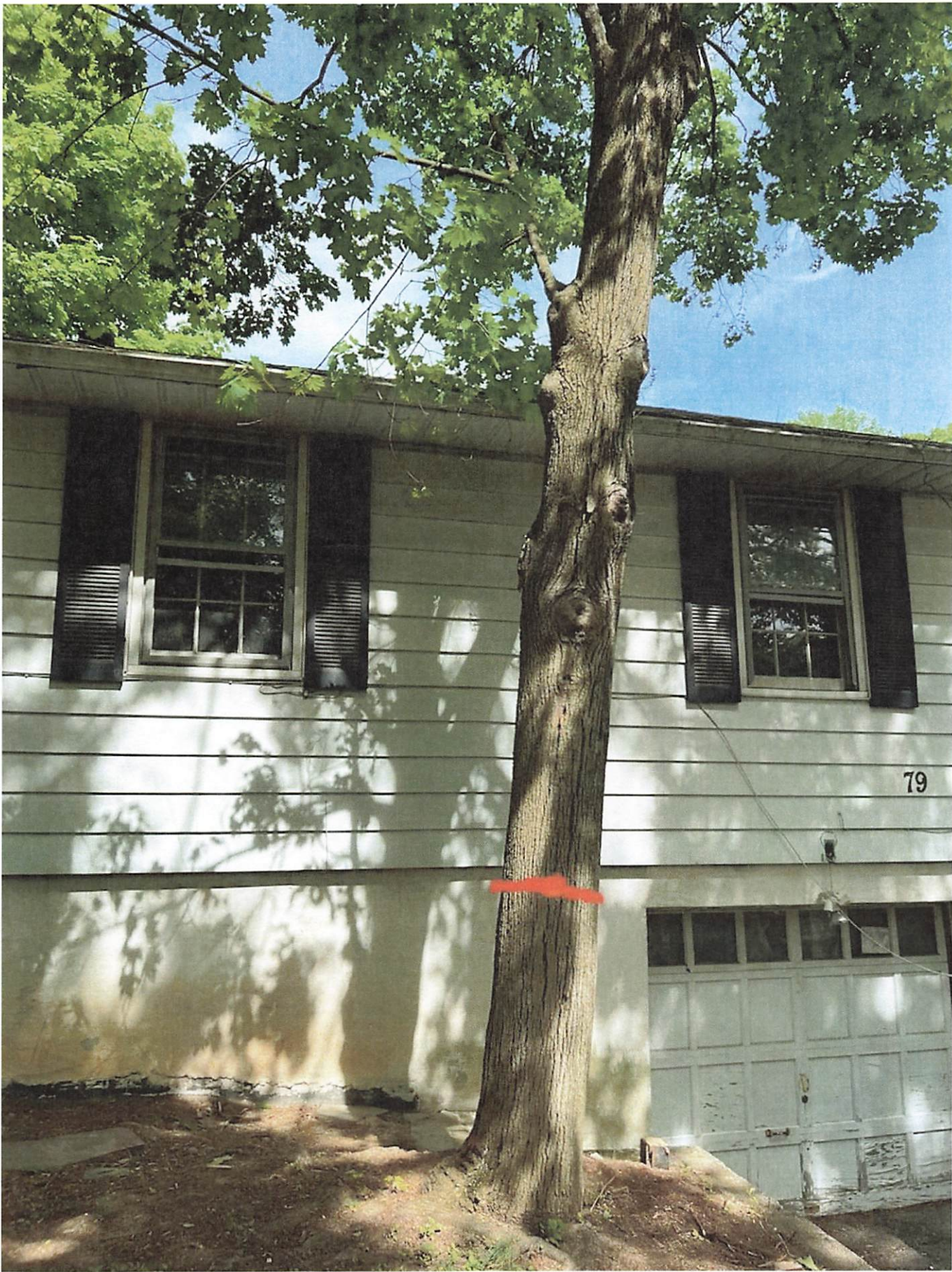
















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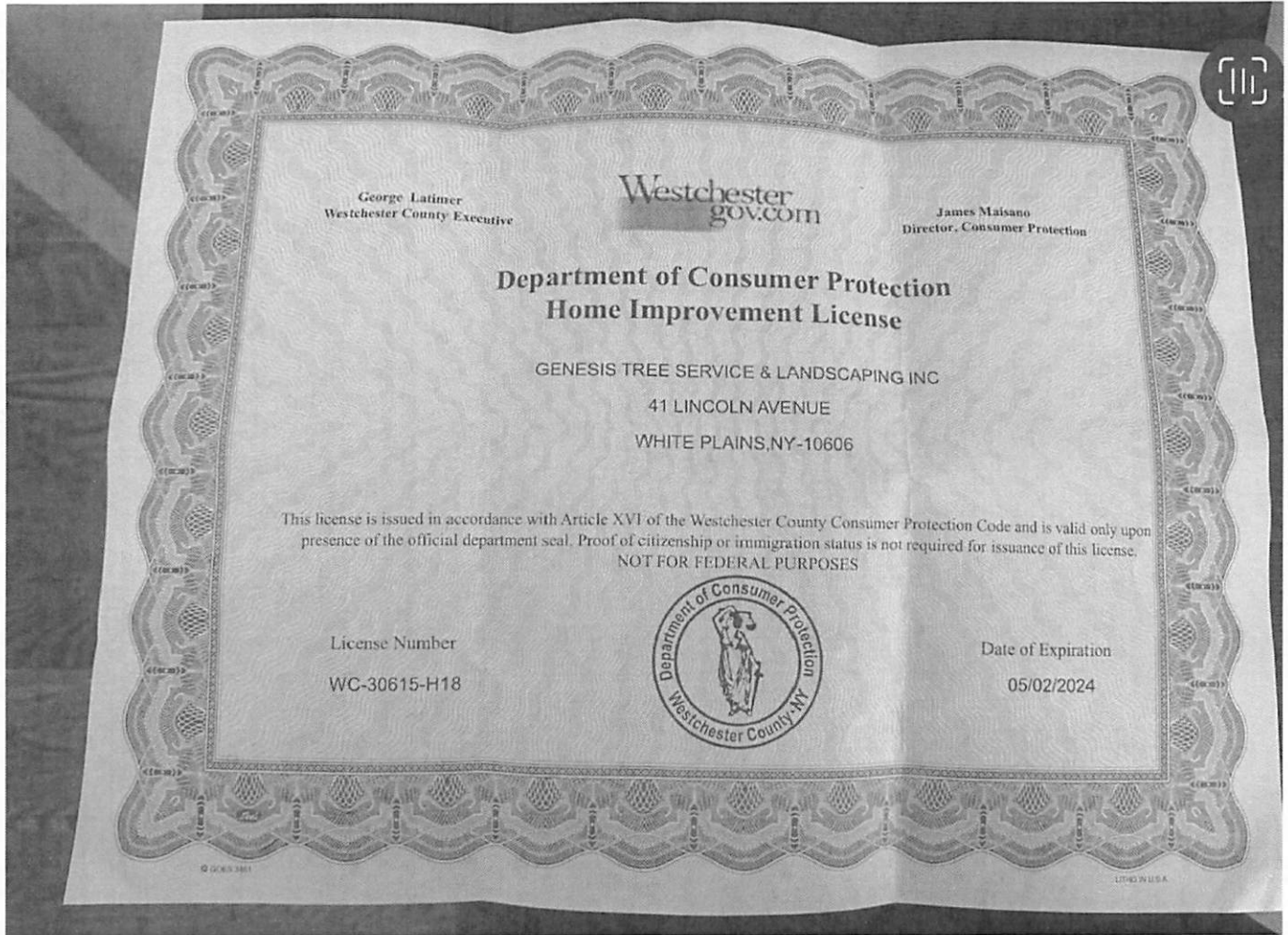


79 Ogden Ave

83

Ogden







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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 &amp; Address of Insured (use street address only) GENESIS TREE SERVICE &amp; LANDSCAPING INC. 41 LINCOLN AVENUE WHITE PLAINS, NY 10606</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 914-830-1675</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 262087997</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Dobbs Ferry 112 Main St. Dobbs Ferry, NY 10522</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL634254</p> <p>3c. Policy effective period 03/01/2022 to 02/28/2023</p>
<p>4. Policy provides the following benefits:</p> <p><input checked="" type="checkbox"/> A. Both disability and paid family leave benefits.</p> <p><input type="checkbox"/> B. Disability benefits only.</p> <p><input type="checkbox"/> C. Paid family leave benefits only.</p> <p>5. Policy covers:</p> <p><input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law</p> <p><input type="checkbox"/> B. Only the following class or classes of employer's employees:</p>	

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 5/18/2022 By *Richard White*  
(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@web.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.

DB-120.1 (12-21)



**Additional Instructions for Form DB-120.1**

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days if a policy is cancelled due to nonpayment of premiums or within 30 days if there are reasons other than nonpayment of premiums that would result in the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may




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Genesis WC.pdf



 <b>Workers' Compensation Board</b>		<b>CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE</b>	
<b>1a. Legal Name &amp; Address of Insured (use street address only)</b> GENESIS TREE SERVICE & LANDSCAPING INC. 41 LINCOLN AVE. WHITE PLAINS, NY 10603  <b>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</b>		<b>1b. Business Telephone Number of Insured</b> (914) 330-1875  <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b>  <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b> 262087807	
<b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  Village of Dobbs Ferry 112 Main St. Dobbs Ferry, NY 10522		<b>3a. Name of Insurance Carrier</b> Farm Family Casualty Ins Co  <b>3b. Policy Number of Entity Listed in Box "1a"</b> 310399185  <b>3c. Policy effective period</b> 06/17/22 to 06/17/23  <b>3d. The Proprietor, Partners or Executive Officers are</b> <input type="checkbox"/> included (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded	

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days if a policy is canceled due to nonpayment of premiums or within 30 days if there are reasons other than nonpayment of premiums that cancel the policy or otherwise the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by: CHRISTOPHER TARR  
(Print name of authorized representative or licensed agent of named insurance carrier)

Approved by: *Christopher Tarr* 05/18/22  
(Signature) (Date)

Title: AGENT

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-738-5501

**Please Note:** Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

C-105.2 (8-17) www.wcb.ny.gov

### Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.