

VILLAGE OF DOBBS FERRY

Building Department 112 Main Street, Dobbs Ferry, NY 10522 Phone: (914) 231-8509 | Fax: (914) 693-3470

Permit Application

Daniel Roemer

Building Inspector



JUN 02 2022

VILLAGE OF DOSBS FERRY **BUILDING DEPARTMENT**

Date 05/29/2022

Lot # 3.140-125-5

Job Location_79 OGDEN AVE

Application Number AT2022-0053

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

The owner of the property des	ITE VIIINS, W and that sine is:	
	-	
The	of the New York Corporation	with offices at
	duly authorized by resolution o	
said corporation is duly autho	orized 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, d	luly authorized by the owner to make this applic	ation.
The Architect of Engineer duly a	authorized by the owner to make this applicatio	n.
The contractor authorized by the	e owner to make this application.	
Notary Public / Commission of Deeds	VOTARY PUBLIC, STATE OF NEW YORK Registration No. 01CE6191224 APP Qualified in Westchester County	olicant's Signature
ROPERTY OWNER'S AUTHORIZATIONas the owner of the subj	Commission Expires October 16, 202	
as the owner of the subject application.	Commission Expires October 16, 202	or named above to perform the work
as the owner of the subject application. Owner phone number 9142177737.Own to ensure that if the permit (if issued if a Final Certificate of Approval is not a subject as a subject and the permit of	ject premises and have authorized the contract reference email address bottlengierproperty@gmail.coI hereby acknowledge that it is my res d) receives a Final Certificate of Approval from the construction	or named above to perform the work om sponsibility as the property owner the Building Department and further th
as the owner of the subject application. Owner phone number 9142177737.Ow to ensure that if the permit (if issued)	ject premises and have authorized the contract reference email address bottlengierproperty@gmail.coI hereby acknowledge that it is my res d) receives a Final Certificate of Approval from the construction	or named above to perform the work om sponsibility as the property owner the Building Department and further the n, a property violation may be placed of

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





41 Lincoln Ave.
White Plains, NY
United States
10606

BILL TO:

Rosaura (Kika) Bollengier

79 Ogden Ave. DOBDS FERRY

White Plains, NY

United States

10605

INVOICE #

00000002

DATE

6/02/20

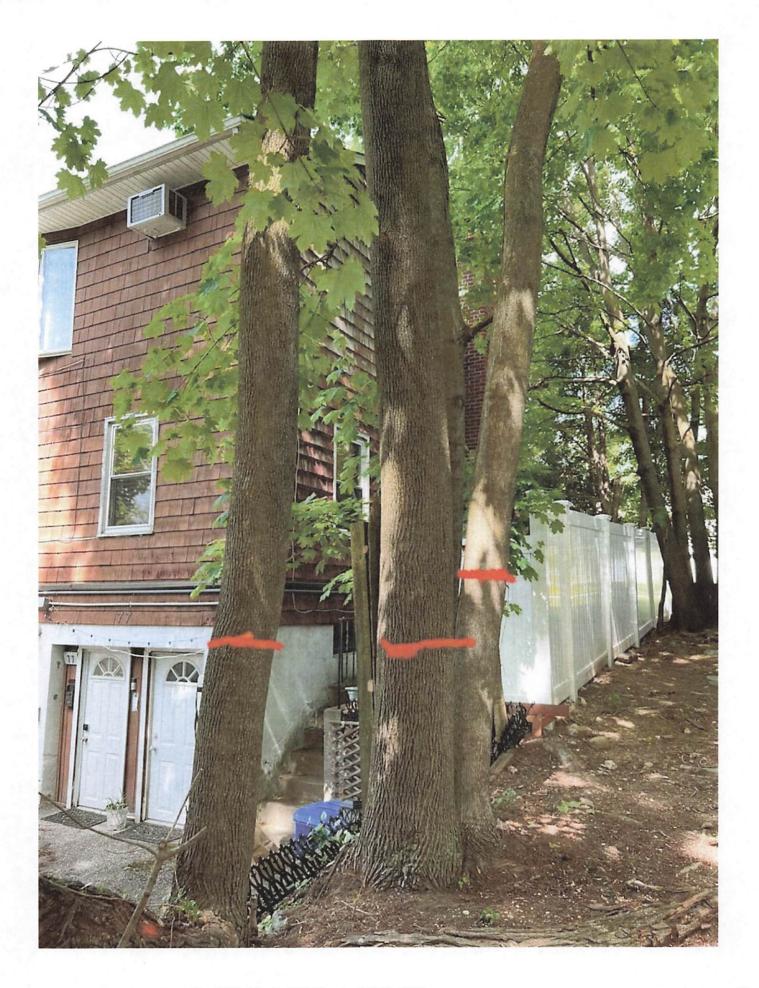
ITEMS	DESCRIPTION	QUANTITY
ITEM 1	Remove 2 Norway Maple - left side, backyard closer to the house -12" and 11"	1
ITEM 2	Remove 3 Norway Maple - Left side, backyard closer to the street - 9", 12", 14"	1
ІТЕМ З	Remove 1 Norway Maple - Right side, backyard - 13"	1
ITEM 4	Remove 3 Norway Maple - Right side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

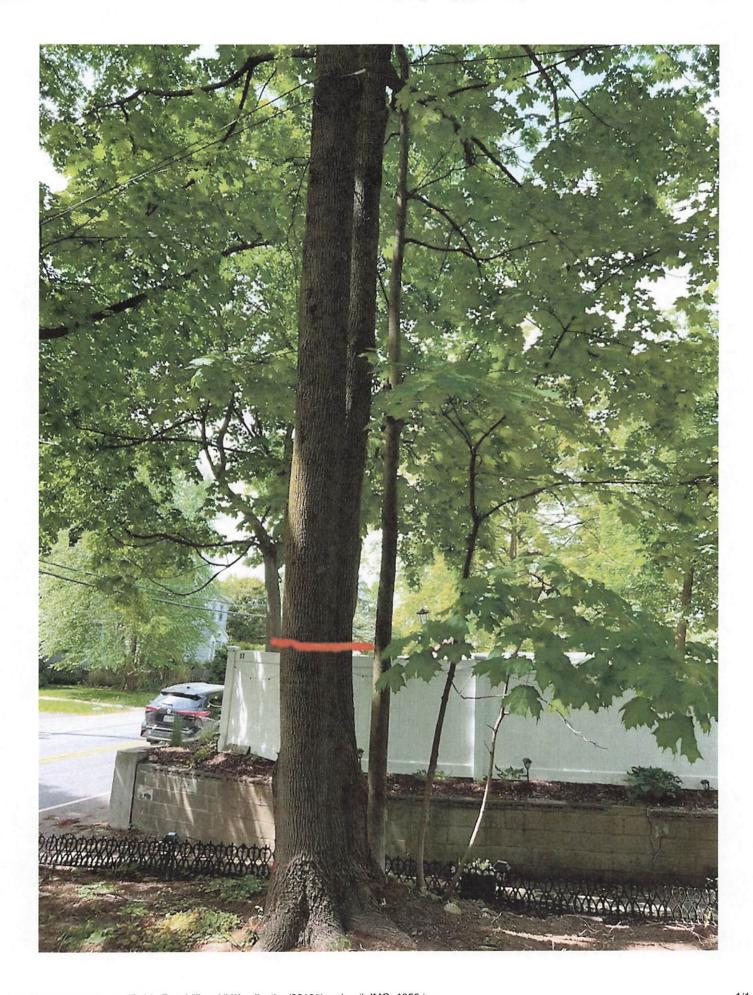
NOTES:

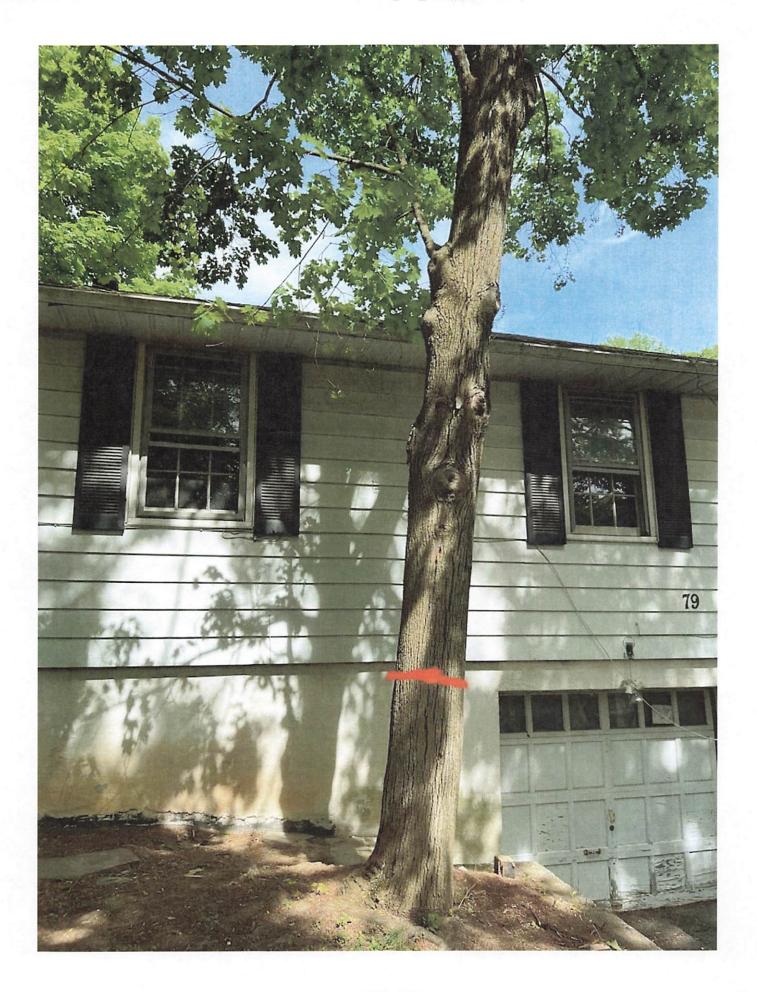
Scope of the work

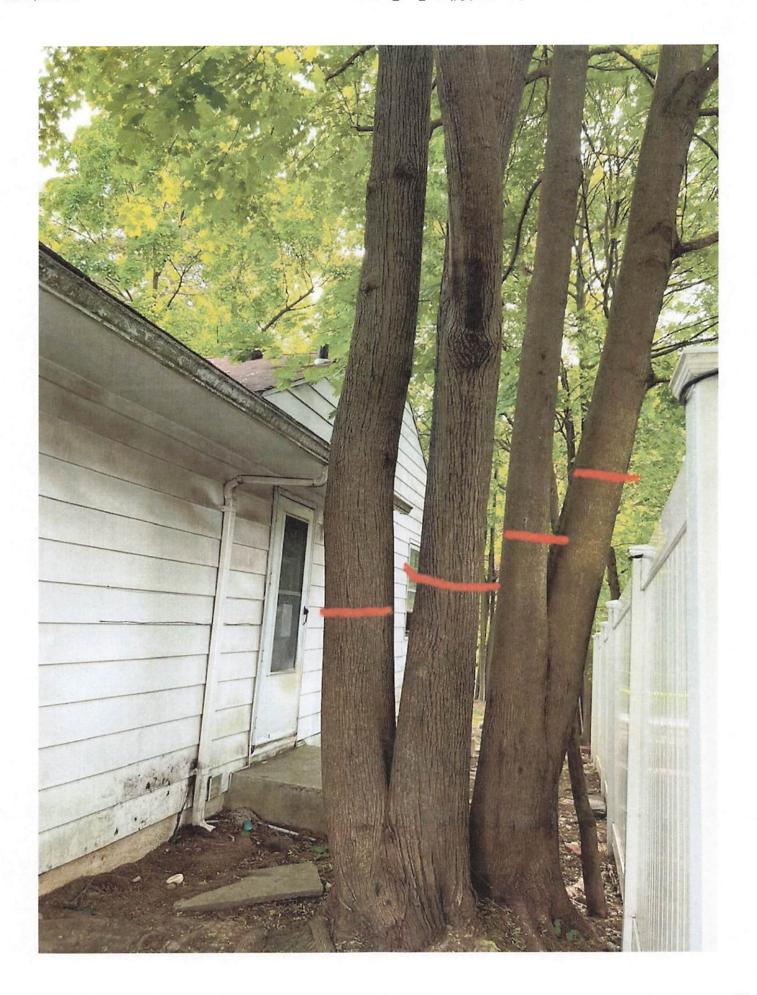
TOTAL: \$-.--

\$-.--











٠.			ICATE OF LIAE					ö	V18/2022
딿	IS CERTIFICATE IS ISSUED AS A M RTIFICATE COES NOT AFFIRMATIVI LOW THIS CERTIFICATE OF MISU PRESENTATIVE OR PRODUCES, AND	ELY OR RANCE	NEGATIVELY AMEND, E DOES NOT CONSTITUTE	KTEND	OR ALTER	THE COVER	RADE AFFORDED BY	THE P	CLICHES
	PORTANT: If the contribute header is	an AOO	TOTAL DESURED ON por	melica e	تعقمو وندارها	CONTIONAL	MeSURED provinces dre un andersonaut	or ber or A state	ndersyd Daeit of
-	a destificada glassa met ponder rigida ha : Acam					PHERL	ARR		
	RISTOPHER J TARR				en 843-73	1-0101		. 015	125-0011
	ROUTE 32 BOX 1014			-	ia Heghlai	DIKLLSO	ffice@americal	HATI	
	HEAND MILE, NY 10030						MILY INS CO		29963
	a						BUALTY INS CO		13803
	GENESIS TREE BERVICE &	LANDS	CAPING INC	PER TO	31				
	41 LINCOLN AVE			222					-
	WHITE PLAINS, MY 10008								+
ä	TRAGES CENT	PICATE	MUMBER		44		REVISION NUMBER:		
×	IS IS TO CERTIFY THAT THE POLICES O DICATED. NOTWITHSTANDING MAY REG STENICATE MAY SE WOLED ON MAY PE	P BOLDA MEDIEN MEMBER	MOR LITTED BELOW HAVE TERM OR CONSITION OF SE BIQUILARIOS APPORTIED	SEETA SE ANN CO BY THE	SUPPLY TO THE SHERACT OF POLICIES DE	MOLPETI NA OTMER DOCK		CLICY D RHE L THE	PERIOD Dr THES TERMES
Ī	CLUSIONS AND CONDITIONS OF SUCH PO		MITS DOCUMENT WATER	EN PRZ		EKTIY.	T		
1	X COMMENCE CENTRAL LANGUETY	-	3102X3144		03/08/22	03/08/23	PACH DODAMINE	7.	1,000,000
1	съевьнике Ж оксан		2.42.4			******	PACH SCORPHINGS COLLEGE TO SERVED	1.	100,000
ı	A SELECT BUSINESS PKG						Milliones.		5.000
ł		1	1				PERSONAL PROPERTY.		1,600,000
ł	X roug ZP. Due						MICHAEL SOMEON NO.		2,000,000
t	577	1	1				· · · · · · · · · · · · · · · · · · ·	-	
1	ANTENESIA MANGETY						STATE OF THE PARTY OF	•	
I	ALL AUTO						N.S. 7 HLST & 1		
ł	CHARTE MCHETYPES		}				MARKET MARTS ON PARKET	' 	
ł	NUTUR COL, RUTUR COL.						·	1:	
I	MANAGET VALUE DESCRIP						SACH DECOMPRISE	1	
١	\$21226 LING 3,49% WICK					İ	MITTERS TO	<u></u>	
+	ATT PATRICE L		 				UT44 1 184	+-	
Ę	STATES CONTRACTOR AND THE STATES AND		3103W9185		04/17/22	04/17/23	X PANTE IN	+	1,000,000
-	discountry to test	***	l				In the Angelon	41	1,000,000
4	THE PART OF THE PARTY AND THE		ļ				IN DESCRIPTION OF THE		1,900,900
	DSCAPE DESIGN	paraments	Adding Senior bounce of				•		
_									
K	TRYCATE HOLDER			CANC	ELLATION.				
VILLAGE OF DOBBS FERRY 112 MAIN ST			SMOULD MAY OF THE MEDINE DESCRIBED POLICIES BE CAMEDILED REPORT THE COPHILITION DATE RECEION, NOTICE WILL BE COLMICIED IN ACCORDANCE WITH THE POLICY PROVIDENCE.						
	DOESS FERRY, NY 1052	2		-	-	73°44			
							andi 😙	_	

NYS DISABILITY AND F	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 carri		
ta Legal Name & Address of Insured (use street address only) GENESIS TREE SERVICE & LANDSCAPING INC	1b. Business Telephone Number of Insured 914-830-1675		
41 LINCOLN AVENUE WHITE PLAINS, NY 10808	1c. Federal Employer Identification Number of Insured		
Work Location of Insured (Chris required Ficherage in specifically limited to contain (scations in New York State, i.e., Wrigh-Up Policy)	or Social Security Number 262087997		
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Dobbs Ferry	3a. Name of Insurance Center SheltarPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "ta"		
112 Main St.	DBL634254		
Dobbs Ferry, NY 10522	3c. Policy effective period 03/01/2022 to 02/28/2023		
B. Only the following class or classes of employer's employees.	and Paid Femily Leave Benefits Law		
Under penalty of perjury, I certify that I am an authorized representative insured has NYS Disability and/or Paid Family Leave Benefits insurence	or licensed agent of the insurance carrier referenced above and that the name		
Under penalty of perjury, I certify that I am an authorized representative	or bonnied agent of the insurance carrier referenced above and that the name coverage as described above. [MMILL] U.A.		
Under penalty of perjuny, I certify that I am an authorized representative insured has NYS Disability and/or Peat Family Leave Benefits insured the NYS Disability and/or Peat Family Leave Benefits insurence. Date Signed 5/18/2022 By Committee of Insure	or bonnied agent of the insurance confer referenced above and that the nam- coverage as described above. [Millis]		
Under penalty of portury, I certify that I am an authorized representative insured has NYS Disability and/or Paul Family Leave Benefits insurence Date Signed 5/18/2022 By Signeties of music Telephone Number 516-829-8100 Name and Title IMPORTANT If Boxes 4A and 5A are checked, and this form is	or bounsed agent of the insurance carrier referenced above and that the namicoverage as described above. Gillian William Commission of the control of the c		
Under penalty of perjury, I certify that I am an authorized representative insured has NYS Disability and/or Pad Family Leave Benefits insurence. Date Signed 5/18/2022 By Committee of Insurence Appendix Properties of Insurence Appendix Properties of Insurence Appendix Of that corrier, this certificate is Disability and Paid Family Leave Benefits Lave. If Box 4B, 4C or 58 is checked, this certificate is Disability and Paid Family Leave Benefits Lave.	or locational agent of the insurance carrier referenced above and that the name coverage as described above. William		
Under penalty of perjuny, I certify that I am an authorized representative insured has NYS Disability and/or Praid Family Leave Benefits insurence. Date Signed 5/18/2022 By Telephone Number 516-829-8100 Name and Title IMPORTANT: If Boxes 4A and 5A are checked, and this form is Licensed Insurance Agent of that cerrier, this cent if Box 4B, 4C or 58 is checked, this certificate is Disability and Paid Family Leave Benefits Law, it completion to the Workers' Compensation Board. PART 2. To be completed by the NYS Workers' Compens	or bonnied agent of the visuance carrier referenced above and that the name converses as described above. Authorized Service of the Control		
Under penalty of portury, I certify that I am an authorized representative insured has NYS Disability and/or Paid Family Leave Benefits insurance. Date Signed 5/18/2022 By Deposition of Insurance Disability and Paid Family Leave Benefits insurance of the IMPORTANT. If Boxes 4A and 5A are checked, and this form is Licensed insurance Agent of that corner, this corn if Box 4B, 4C or 5B is checked, this certificate is Disability and Paid Family Leave Benefits Law, it completion to the Workers' Compensation Board, PART 2. To be completed by the NYS Workers' Compensation State of Workers' Corner Cord	or licensed agent of the insurance carrier referenced above and that the new coverage as described above. We carrier a street to the content of the content		
Under penalty of portury, I certify that I am an authorized representative insured has NYS Disability and/or Paid Family Leave Benefits insurance. Date Signed 5/18/2022 By Deposition of Insurance Disability and Paid Family Leave Benefits insurance of the IMPORTANT. If Boxes 4A and 5A are checked, and this form is Licensed insurance Agent of that corner, this corn if Box 4B, 4C or 5B is checked, this certificate is Disability and Paid Family Leave Benefits Law, it completion to the Workers' Compensation Board, PART 2. To be completed by the NYS Workers' Compensation State of Workers' Corner Cord	or beenied agent of the insurance carrier referenced above and that the name converses as discribed above. All the control of		
Under penalty of perjuny, I centify that I am an authorized representative insured has NYS Disability and/or Past Family Leave Benefits insured to STR Single Strain Strai	or licensed agent of the insurance carrier referenced above and that the new coverage as described above. In content of the insurance carrier's authorized representative or NYS licensed the insurance carrier's authorized representative or NYS licensed to the certificate holder. NOT COMPLETE. Mail it directly to the certificate holder. NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS must be emailed to PAU(Bwchry gov or 8 can be mailed for PAU(Bwchry gov or 8 can be mailed for PAU(Bwchry gov or 8 can be mailed for Paul accordance Unit, PO Box 5200, Binghamton, NY 13902-5200 action Board (boyl if Box 48, 40 or 58 have been chicked) of New York mpensation Board emailed benefit of the New York most of the New York compensation Liw) with respect to all of their employee Workers' Compensation Liw) with respect to all of their employee		
Under penalty of perjuny, I centify that I am an authorized representative insured has NYS Disability and/or Paul Family Leave Benefits insurence. Date Signed 5/18/2022 By Committee of Insurence Dispersion of Insure and Title IMPORTANT. If Boxes 4A and 5A are checked, this certificate is Disability and Paul Family Leave Benefits Law, it completes to the Workers' Compensation Board. PART 2. To be completed by the NYS Workers' Compensation Board. PART 2. To be completed by the NYS Workers' Compensation Disability and Paul Family Leave Benefits Law, it completes to the Workers' Compensation Board. PART 2. To be completed by the NYS Workers' Compensation Disability and Paul Family Leave Benefits Law/Article 9 of 10 Date Signed By Name and Title N	or licensed agent of the insurance center referenced above and that the name coverage as described above. A center's authorized regressions to NTI scanned neurons Agent at the neurons center. Richard White, Chief Executive Officer signed by the insurance center's authorized representative or NYS efficials in COMPLETE. Mail it directly to the certificate holder. NOT COMPLETE for purposes of Section 220, blad, 8 of the NYS must be emailed to PAU@wcta.ny.gov or it can be mailed for Plare Acceptance Unit, PO Box 5200, Binghamton, NY 139/2-5200 attom Board (boyl if Box 48, 40 or 58 have been checked) Of New York mensation Board in the above-named employer has complete with the me Worker's Compensation Law) with respect to all of their employee. (Sgreture of Authorized NYS Worker's Compensation Roard Employee)		

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 1s 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 passed the notice or aliminate the insurant time powers individual on this Conflicta. (These notices may

3:22

... LTE 3



Genesis WC.pdf





Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

ta. Lugal frame & Address of Insured tose sheet address only) GENESIS TREE SERVICE & LANDSCAPING INC	To Business Telephone Number of Insured (914.030-1675
61 LINCOLN AVE YOMTE PLANE, NY 10006	1c. NYS Unangroyment Insurance Employer Registration Number of Visualid
Work Location of Internet (Only required if coverings is appoilibility timbed to curlate bocations of New York State, i.e., a White-Lip Policy)	Ld. Fedural Employer Identification Flumber of Innured or Social Becurity Flumber 287087897
2 Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Cestificate Holder)	In Name of Insurance Center Farm Family Casualty Inn Co
Village of Dobbs Ferry 112 Man Ct Debbs Ferry MY 10522	3b. Policy Humber of Ently Lated in Box "La" 3103999165
	3c. Palicy effective period
	QW17/22 to QW17/23
	3d The Proprietor, Pertners or Esscutive Officers are
	The production of the product of the purpose of the product of the purpose of the
	at excluded or certain pathway/officers excluded

This certifies that the insurance carrier indicated above in loca "2" makes the business referenced above in loca "1a" for workers' compensation under the New York (NY) social be based under Rem JA, on the BPFORDIATION PAGE of the workers' compensation line (To use this form, New York (NY) social be based under Rem JA, on the BPFORDIATION PAGE of the workers' compensation insurance policy). The insurance Carrier or its increased agent will send the Certificate of Insurance to the critiquate above as the certificate holder in loca "2".

The seurance center must notify the above certificate holder and the Workers' Compensation Board within 10 days if a pokey is canceled due to nonpayment of premiums or widen 30 days if there are reasons other than nonpayment of premiums that cancel the policy or assesses the insured from the coverage indicated on this Cortificate (Those notices may be sent by regular mad) Otherwise, this Certificate is valid for one year either that forms is approved by the insurance center or its ficensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is assured as a matter of information only and confers no injute upon the certificate hotter. This certificate does not amend, extend or state the coverage afforded by the policy fisced, 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 white the underlying policy is in effect.

Please flots: Upon carcellation of the workers' conpensation policy indicated on this form, if the business continues to be named on a permit, license or contract leaved 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 mendatory coverage requirements of the New York State Workers' Compensation Low.

Under penalty of parjury, I cartify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named income has the coverage as desicted on this form.

Approved by	CHRISTOPHER TARR	
	(Fred reprise of exchanges) 400	herring than its primaring Whitel at band itsen cityate,
Approved by:	Chush	05/18/22

Telephone Number of authorized representative or Econesid agent of Incurance carrier: 845-738-880

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-195.2. Insurance brokers are MD

C-105.2 (9-17)

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 lew to Issue any permit for on connection with any work involving the employment of employees in a hazardous employment defined by this chepter, and notwitistanding any general or special statute requiring or euthorizing the issue of such permits, shall not issue such permit unless proof duly subsorted by an insurance carrier is produced in a form settifactory to the chair, that compensation for all employees has been societed as provided by this chapter. Nothing herein, however, shall be constitued as creating any listality on the part of such state or municipal department, board, construction or diffice 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 anothering the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special standar requiring or subchrozing any such contract, shall not enter into any such contracts proof day subscribed by an ensurance center is produced in a form solicitaciony to the chair, that compensation for all employees has been secured as provided by this chapter.