

### 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** 

### RECEIVED

JUN 0 9 2022

VILLAGE OF DOBBS FERRY BUILDING DEPARTMENT

Date 06/10/2022

Lot #3.80-41-12

Job Location 14 CEDAR ST

Owner: 14 CEDAR STREET REALTY CO

14 CEDAR ST

Application Number\_AT2022-0055

DOBBS FERRY, NY 10522

914-497-8192

Applicant: 14 CEDAR STREET REALTY CO

14 CEDAR ST

DOBBS FERRY, NY 10522

914-497-8192

robertpietronuto@gmail.com

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

Description of Work: I Henry Marroquin will be removing 2 dead trees and also I will be removing bamboo

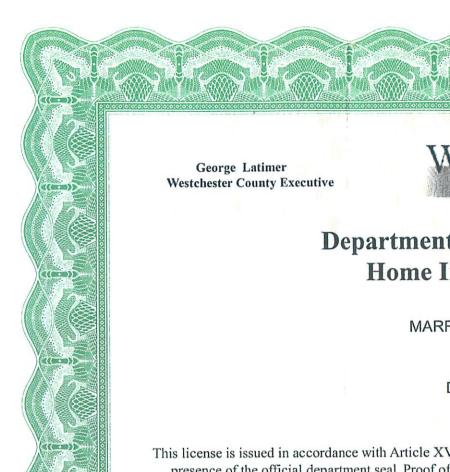
and putting down seed.

Form Questions:

### **Application Parcel Owner Contact:**

Parcel Owner Email	thomasfarley1104@gmail.com
Parcel Owner Phone	1 (516) 587-2325







James Maisano Director, Consumer Protection

## **Department of Consumer Protection Home Improvement License**

MARROQUIN JR CONSTRUCTION 343 BROADWAY

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 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-28184-H15



Date of Expiration 11/10/2023

#### KSAVIANO



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/3/2022

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). CONTACT The Robert C. Mangi Agency Inc. 950 Franklin Ave. STE 100 Garden City, NY 11530 PHONE (A/C, No, Ext): (516) 294-1072 FAX (A/C, No): (516) 294-1764 E-WAIL ADDRESS: service@contractorsinsurance.org INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: UTICA FIRST INSURANCE COMPANY 15326 INSURED INSURER B: HENRY MARROQUIN DBA MARROQUIN JR. CONSTRUCTION INSURER C: **343 BROADWAY** INSURER D: **DOBBS FERRY, NY 10552** INSURER E INSURER F: **REVISION NUMBER: COVERAGES** CERTIFICATE 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. ADDL SUBR POLICY EFF POLICY EXP INSR LTR LIMITS POLICY NUMBER TYPE OF INSURANCE 1,000,000 Α X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 50,000 CLAIMS-MADE | X OCCUR 10/13/2022 ART507684106 10/13/2021 X 5,000 MED EXP (Any one person) 1.000.000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2.000.000 PRO: X POLICY Loc PRODUCTS - COMPIOP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY **BODILY INJURY (Per accident** PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONEY OCCUR UMBRELLA LIAB **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ 알 PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: JOHN DILALLO, 56 PALISADE ST, DOBBS FERRY, NY 10522. VILLAGE OF DOBBS FERRY IS LISTED AS ADDITIONAL INSURED. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **VILLAGE OF DOBBS FERRY** 

ACORD 25 (2016/03)

112 MAIN STREET Dobbs Ferry, NY 10622

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AUTHORIZED REPRESENTATIVE

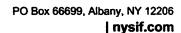


# CERTIFICATE OF INSURANCE COVERAGE NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

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) HENRY MARROQUIN DBA MARROQUIN JR CONSTRUCTION	1b. Business Telephone Number of Insured 914-217-3467			
343 BROADWAY DOBBS FERRY, NY 10522  Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 086941811			
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  VILLAGE OF DOBBS FERRY  112 MAIN STREET  DOBBS FERRY, NY 10522	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company  3b. Policy Number of Entity Listed in Box "1a"  DBL643446  3c. Policy effective period  07/15/2021 to 07/14/2023			
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 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 R	Richard White, Chief Executive Officer			
IMPORTANT: If Boxes 4A and 5A are checked, and this form is si Licensed Insurance Agent of that carrier, this certific	gned by the insurance carrier's authorized representative or NYS cate 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' Compensat	ion 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

^^^^ 086941811

ROBERT C MANGI AGENCY INC

950 FRANKLIN AVE STE 100

GARDEN CITY NY 11530



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

HENRY MARROQUIN
DBA MARROQUIN JR CONSTRUCTION
343 BROADWAY
DOBBS FERRY NY 10522

CERTIFICATE HOLDER

VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W2412 850-6	974386	03/30/2022 TO 03/30/2023	6/3/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2412 850-6, 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, 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 POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

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