



## 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 27 2022**

VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT

### Permit Application

Application Number AT2022-0059

Date 06/27/2022

Job Location 468 BROADWAY

Lot # 3.50-16-29

Owner: GELMAKA REALTY CORP  
468 BROADWAY  
DOBBS FERRY, NY 10522

Applicant: Juan Carlos Silva  
29 Ellis Place  
Ossining, NY 10562  
(914)468-6400 teresagelsi@yahoo.com

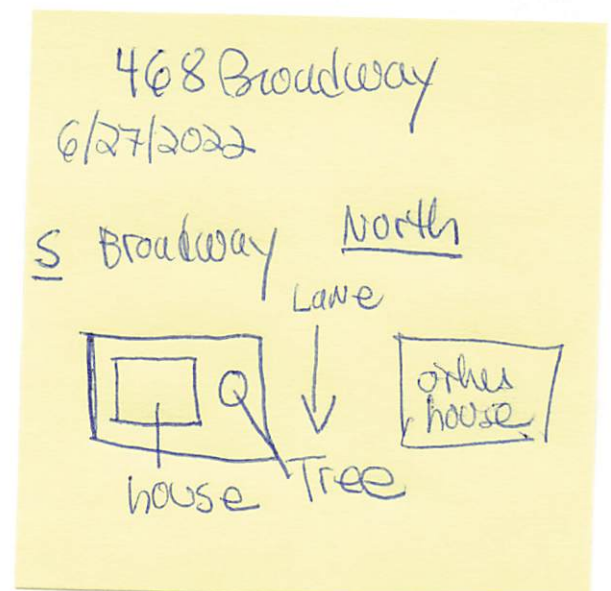
Application Type: Tree Removal Estimated Cost of Construction: \$

Description of Work: need to remove a large tree that is close to the house

#### Form Questions:

#### Application Parcel Owner Contact:

Parcel Owner Email	teresagelsi@yahoo.com
Parcel Owner Phone	9142757191



Job Location: 468 BROADWAY

Parcel Id: 3.50-16-29

### 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 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 \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_

Notary Public / Commission of Deeds

Applicant's Signature

### PROPERTY OWNER'S AUTHORIZATION

I teresa gelsi 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 9142757191. Owner email address teresagelsi@yahoo.com

Teresa Gelsi 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 20th day of June of 2022

  
Notary Public / Commission of Deeds  
ELIZABETH A. DREAPER

Notary Public, State of New York  
No: 01DR6177050

Qualified In Westchester County  
Commission Expires November 5, 2023

Teresa Gelsi  
PROPERTY OWNER's SIGNATURE

George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

SILVA GARDENING & TREE SERVICE II INC.

29 ELLIS PLACE

OSSINING, NY-10562

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-34016-H21



Date of Expiration

05/13/2023





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/20/2022

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 GENESIS INSURANCE AGENCY 171 Grand Street White Plains, NY 10601	CONTACT NAME: Ingrid Martinez	FAX (A/C, No): (866) 780-5006	
	PHONE (A/C, No, Ext): (914) 468-6400	E-MAIL ADDRESS: insurance158@aol.com	
INSURED Silva Gardening & Tree Service II Inc. 29 Ellis Place Ossining, NY 10562	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Atlantic Casualty Insurance Company		
	INSURER B:		
	INSURER C:		
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	L036009443-3	4/2/2022	4/2/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:					\$
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>					BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
						\$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holders are listed as additionally insured,

Job Site: Teresa Gelsi 468 Broadway, Dobbs Ferry NY 10522

## CERTIFICATE HOLDER

## CANCELLATION

VILLAGE OF DOBBS FERRY  
112 MAIN ST  
DOBBS FERRY NY 10522

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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New York State Insurance Fund

PO Box 66699, Albany, NY 12206

| nysif.com

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE  
AND SUBSCRIBE

\*\*\*\*\* 833927474  
GENESIS INSURANCE AGENCY  
171 GRAND ST  
WHITE PLAINS NY 10601

**POLICYHOLDER**

SILVA GARDENING & TREE SERVICE II  
INC  
29 ELLIS PLACE  
OSSINING NY 10562

**CERTIFICATE HOLDER**

VILLAGE OF DOBBS FERRY  
112 MAIN ST  
DOBBS FERRY NY 10522

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W2469 788-0	997496	04/03/2022 TO 04/03/2023	6/20/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2469 788-0, 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](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.

PRESIDENT  
JUAN CARLOS SILVA  
SILVA GARDENING & TREE SERVICE II  
INC  
1 OF 1

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: 520713373





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)</p> <p>SILVA GARDENING &amp; TREE SERVICE II INC JUAN CARLOS SILVA 29 ELLIS PLACE OSSINING, NY 10562</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</p> <p>914-646-6167</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p>833927474</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>VILLAGE OF DOBBS FERRY 112 MAIN ST DOBBS FERRY NY 10522</p>	<p>3a. Name of Insurance Carrier</p> <p>ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>DBL553838</p> <p>3c. Policy effective period</p> <p>04/03/2022 to 04/02/2023</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 6/10/2022 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.

