



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

JUL 13 2022

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Date 07/13/2022

Permit Application

Application Number AT2022-0070

Job Location 10 LISA CT

Lot # 3.130-119-15

Owner: ALLISON HORN
10 LISA CT
DOBBS FERRY, NY 10522
914-806-5724

Applicant: ALLISON HORN
10 LISA CT
DOBBS FERRY, NY 10522
914-806-5724 alliedrummer@gmail.com

Application Type: Tree Removal

Estimated Cost of Construction: \$ 2250⁰⁰

Description of Work: Removal of ~~two~~ two Austrian Pines in rear yard
thru

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	<u>alliedrummer@gmail.com</u>
Parcel Owner Phone	<u>914.806.5724</u>

AFFIDAVIT OF APPLICANT

I Allison Horn being duly sworn, depose and says: That s/he does business as: Allison Horn with offices at: 10 Lisa Ct Dobbs Ferry NY 10522 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 13th day of July of 2022

Notary Public/Commission of Deeds

ELIZABETH A. DREAPER
Notary Public, State of New York
No: 01DR6177050

Applicant's Signature

PROPERTY OWNER'S AUTHORIZATION

Allison Horn as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

914 806 5724 alliedrummer@gmail.com
Owner phone number .Owner email address

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 13th day of July 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

1. Name of the organization

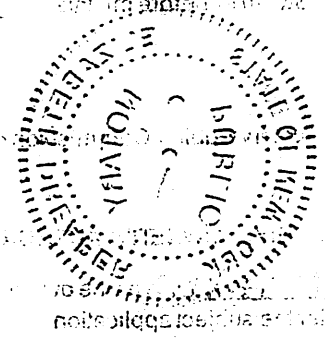
2. The purpose of the organization is to provide a safe and secure environment for the children of the organization.

3. The organization is a non-profit organization with the following purposes:
a. To provide a safe and secure environment for the children of the organization.
b. To provide a safe and secure environment for the children of the organization.

4. The organization is a non-profit organization with the following purposes:
a. To provide a safe and secure environment for the children of the organization.
b. To provide a safe and secure environment for the children of the organization.

5. The organization is a non-profit organization with the following purposes:
a. To provide a safe and secure environment for the children of the organization.
b. To provide a safe and secure environment for the children of the organization.

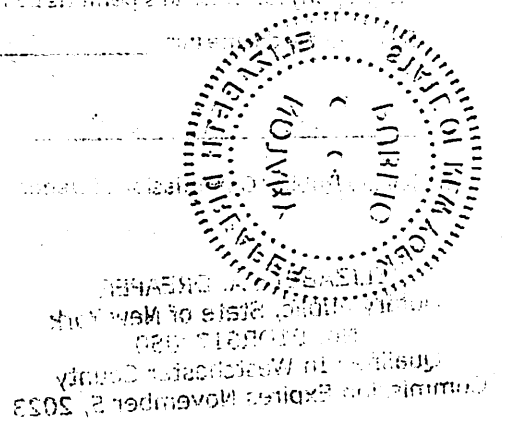
6. The organization is a non-profit organization with the following purposes:
a. To provide a safe and secure environment for the children of the organization.
b. To provide a safe and secure environment for the children of the organization.



7. The organization is a non-profit organization with the following purposes:
a. To provide a safe and secure environment for the children of the organization.
b. To provide a safe and secure environment for the children of the organization.

8. The organization is a non-profit organization with the following purposes:
a. To provide a safe and secure environment for the children of the organization.
b. To provide a safe and secure environment for the children of the organization.

9. The organization is a non-profit organization with the following purposes:
a. To provide a safe and secure environment for the children of the organization.
b. To provide a safe and secure environment for the children of the organization.





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Applicant: ALLISON HORN
10 LISA CT
DOBBS FERRY, NY 10522
914-806-5724 alliedrummer@gmail.com

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

Description of Work: Removal of two Austrian Pines in rear yard

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	
Parcel Owner Phone	

VILLAS ON THE RIDGE HOMEOWNERS' ASSOCIATION
Manor House Lane and Lisa Court
VillasontheridgeHOA@gmail.com

July 13, 2022

Dan Roemer
Sarah Collins
Village of Dobbs Ferry
Building Department
112 Main Street
Dobbs Ferry, New York 10522

Dear Mr. Roemer and Ms. Sarah Collins,

The HOA at Villas on the Ridge reviewed the request by Allison Horn at 10 Lisa Court to remove two Austrian Pines in her rear yard due to a fungus. New trees will be planted in their place.

Removal of the two Austrian Pines was approved by the Homeowner Association, Board of Directors.

Sincerely,

A handwritten signature in black ink, appearing to read "Elaine Dolgin". The signature is fluid and cursive, with the first name "Elaine" written in a larger, more prominent script than the last name "Dolgin".

Elaine Dolgin, Secretary
Villas on the Ridge Homeowners' Association

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

POTANOVIC & SONS INC.
32 FULLERTON AVENUE
YONKERS, NY-10704

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-06409-H94



Date of Expiration

11/22/2022

IMPORTANT PAYMENT INFORMATION

- It is important to use the remittance stub and envelope provided since both contain computer encoding that will help ensure prompt and accurate posting of payments. Always include your loan number on your check or money order. However, should you not receive your statement, DO NOT DELAY PAYMENT. Simply write your loan number on your check or money order and mail to the payment address as provided in the **Contact Information** section below.
- Do not send cash or correspondence as this could delay processing. Correspondence should be sent to the address provided in the **Contact Information** section below.
- Please be advised that if your account is delinquent or if there are fees and charges due, your account may not be paid ahead nor may principal reduction payments be applied. When Mr. Cooper receives a remittance that is in excess of a payment amount, that excess is applied to your account in accordance with a predetermined sequence: 1) Principal and Interest due; 2) Applicable Escrow amounts; 3) Fees and other charges assessed to your account. Once this sequence has been satisfied, you may give specific instructions as to how you would like excess amounts to be applied to your account by noting your preference on the face of your remittance stub.
- Any lump sum received that is not accompanied by a payoff quote will be applied according to our standard payment application rules. This will not result in satisfaction and reconveyance/release unless amount tendered satisfies all amounts due and owing on the account.
- A Schedule of Fee for Select Services may be found on our website at www.mrcooper.com.

SERVICEMEMBERS CIVIL RELIEF ACT

The Servicemembers Civil Relief Act (SCRA) may offer protection or relief to members of the military who have been called to active duty. If you are a member of the military who has been called to active duty or received a Permanent Change of Station order and you have not already made us aware, please forward a copy of your orders to us at: Mr. Cooper, Attn: Military Families, P.O. Box 619098, Dallas, TX 75261-9741, fax 855-856-0427 or email MilitaryFamilies@mrcooper.com. Be sure to include your loan number with the copy of the orders. Please visit our website at www.mrcooper.com for complete details regarding Legal Rights and Protections Under the SCRA.

LATE CHARGES AND OVERDRAFT FEES

Payments received and posted after a grace period will be assessed a late charge. The late charge rate and number of grace days are shown on your Note. Please allow adequate time for postal delays as the receipt and posting date will govern the assessment of a late charge. Partial payments cannot be applied. If a payment is credited to your account and subsequently dishonored by your bank, Mr. Cooper will reverse that payment and assess your loan account an insufficient funds fee of up to \$50.00, as permitted by applicable law. (This fee may vary by state.)

HOMEOWNER COUNSELING NOTICE

If your loan is delinquent, you are entitled to receive homeownership counseling from an agency approved by the United States Department of Housing and Urban Development (HUD). A list of the HUD-approved, nonprofit homeownership counseling agencies may be downloaded from the Internet at: <https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or by calling the HUD toll free number 1-800-569-4287 (toll free TDD number 1-800-877-8339) to obtain a list of approved nonprofit agencies serving your residential area.

NEW YORK STATE RESIDENTS

For those customers who reside in the state of New York, a borrower may file complaints about the Servicer with the New York State Department of Financial Services or may obtain further information by calling the Department's Consumer Help Unit at 1-800-342-3736 or by visiting the Department's website at www.dfs.ny.gov. Mr. Cooper is registered with the New York Superintendent of Financial Services.

You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

PAYMENT OPTIONS

AUTOPAY Allows you to have your payment automatically debited, each month, from the checking or savings account of your choice. Mr. Cooper does not charge a fee to activate this service. Call 888-480-2432 for more information or visit our website at www.mrcooper.com.

ONLINE PAYMENT Allows you to sign in to your account anytime to make a payment. There is no charge for this service. Sign in to www.mrcooper.com.

AUTOMATED PHONE PAYMENT Is a pay-by-phone service provided through our automated phone system. There is no charge for this service. Call 888-480-2432.

AGENT ASSISTED PAYMENT Is a pay by phone service provided by a customer service agent. Call 888-480-2432 and speak with an agent. There may be a fee of up to \$19 for this service.

PAY BY MAIL Detach the coupon provided with this statement and mail it with your check or money order in the envelope provided. Please write your loan number on your payment and allow adequate time for postal delays as the receipt and posting date will govern the assessment of late charges. Send payment via express or overnight mail to Mr. Cooper, Attn: Payment Processing - 650783, 3000 Kellway Drive, Suite 120, Carrollton, TX 75006.

WIRE Allows you to send payoff/reinstatement funds via wire transfer. Visit our website www.mrcooper.com or refer to your payoff statement for wiring instructions.

MONEYGRAM EXPRESSPAYMENT Ensures same-day delivery of your payment to Mr. Cooper. Visit your local MoneyGram Agent. Call 1-800-926-9400 to locate the one nearest you. Complete the ExpressPayment form, providing your name and Mr. Cooper loan number. The MoneyGram Receive Code is ***1678***. All ExpressPayment transactions require cash. The agent will charge a fee for this service.

WESTERN UNION QUICKCOLLECT* Ensures same-day delivery of your payment to Mr. Cooper. Visit your local Western Union Agent. Call 1-800-325-6000 to locate the one nearest you. Complete the QuickCollect form with your name and Mr. Cooper loan number, indicating:

Pay to: Mr. Cooper Code City: MRCOOPER State: TX

All QuickCollect transactions require cash. Western Union will charge a fee for this service.

NOTICE TO CUSTOMERS MAKING PAYMENTS BY CHECK

Authorization to Convert Your Check: If you send us a check to make your payment, your check may be converted into an electronic fund transfer. An electronic fund transfer is the process in which your financial institution transfers funds electronically from your account to our account. By sending your completed signed check to us, you authorize us to copy your check and use the information from your check to make an electronic funds transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic fund transfer from your account will usually occur within 24 hours of our receipt of your check. If the electronic fund transfer cannot be completed because of insufficient funds, you may be assessed an NSF fee in connection with the attempted transaction.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. You will not receive your original check back from your financial institution. For security reasons, your original check will be destroyed, but we will keep a secured copy of the check for record keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your statement was not properly authorized or is otherwise incorrect. Consumers have protections under the Electronic Fund Transfer Act for any unauthorized or incorrect electronic fund transfer.

CONTACT INFORMATION

CUSTOMER SERVICE: 888-480-2432, Monday through Thursday 7 a.m. to 8 p.m. (CT), Friday 7 a.m. to 7 p.m. (CT), and Saturday 8 a.m. to 12 p.m. (CT) [Calls may be monitored and/or recorded for quality assurance purposes].

24-HOUR AUTOMATED ACCOUNT INFORMATION: Sign in to www.mrcooper.com OR call 888-480-2432.

MAILING ADDRESSES: For Mr. Cooper are listed below. Please carefully select the address suited to your needs and remember, sending payments to any address other than the one specifically identified for payments will result in delays and may result in additional fees being assessed to your account.

PAYMENTS:	NOTICE OF ERROR/ INFORMATION REQUEST/QWR*:	OVERNIGHT DELIVERY CORRESPONDENCE:	INSURANCE RENEWALS/ BILLS:	TAX NOTICES/ BILLS:	BANKRUPTCY NOTICES/ PAYMENTS:
PO Box 60516 City of Industry, CA 91716-0516	PO Box 619098 Dallas, TX 75261-9741	Lake Vista 4 800 State Highway 121 Bypass Lewisville, TX 75067	PO Box 7729 Springfield, OH 45501-7729 Fax (800) 687-4729	PO Box 9225 Coppell, TX 75019 Fax (817) 826-1861	PO Box 619094 Dallas, TX 75261-9741

*PURSUANT TO RESPA, A "QUALIFIED WRITTEN REQUEST" (QWR) REGARDING THE SERVICING OF YOUR LOAN, A NOTICE ASSERTING THAT AN ERROR OCCURRED WITH RESPECT TO YOUR LOAN OR A NOTICE REQUESTING INFORMATION WITH RESPECT TO YOUR LOAN MUST BE SENT TO THIS ADDRESS: Mr. Cooper PO Box 619098, Dallas, TX 75261-9741, Attn: Customer Relations Officer. A "qualified written request" must comply with the requirements of RESPA, as follows: Qualified written request; defined. A qualified written request means a written correspondence (other than notice on a payment coupon or other payment medium supplied by the servicer) that includes, or otherwise enables the servicer to identify, the name and account of the borrower, and includes a statement of the reasons that the borrower believes the account is in error, if applicable, or that provides sufficient detail to the servicer regarding information relating to the servicing of the loan sought by the borrower. A QWR, notice of error or request for information is not timely if it is delivered to a servicer more than 1-year after either the date of transfer of servicing or the date that the mortgage loan is discharged, whichever date is applicable.

Mr. Cooper, its affiliates, successors or its assigns or their officers, directors, agents, or employees, are neither liable nor responsible for, or make any representation regarding the products or services offered on any enclosed inserts.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/05/2022

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 Selective Associates, Inc. 1687 Merrick Avenue, P.O. Box 704 Merrick NY 11566	CONTACT NAME: Robert Chuber PHONE (A/C, No, Ext): (516) 546-5500 FAX (A/C, No): (516) 546-5535 E-MAIL ADDRESS: Robert@saiinsurance.com
INSURED Potanovic & Sons Inc 32 Fullerton Avenue Yonkers NY 10704	INSURER(S) AFFORDING COVERAGE INSURER A: Associated Industries Ins CO INSURER B: Progressive Casualty Insurance INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 2021-2022 Master **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AES1203674 01	11/03/2021	11/03/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			02258608-1	06/18/2021	06/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)

Tree Landscape Contractor - State of New York

CERTIFICATE HOLDER

CANCELLATION

Allison Horn 10 Lisa Court 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 <i>Katherine Chuber</i>
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