



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

AUG 18 2023

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Date 08/18/2023

Permit Application

Application Number AT2023-0081

Job Location 37 GOULD AVE Lot # 3.100-80-6

Owner: Brian Robins/
GENEROBINS TRUST
37 GOULD AVE
DOBBS FERRY, NY 10522

Applicant: Frank Jaros
418 Adams Street
Bedford Hills, NY 10507
(914)414-9300
evartstreecare@gmail.com

Application Type: Tree Removal Estimated Cost of Construction: **\$500**

Description of Work: Need to remove a SICKLY/UNEALTHY cedar tree to the LEFT of MY garage (RED ribbon tied around it), that poses a DANGER to property, as diagnosed by Evarts Tree Service.

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	BrianRobins914@gmail.com
Parcel Owner Phone	914-830-1409

Job Location: 37 GOULD AVE

Parcel Id: 3.100-80-6

AFFIDAVIT OF APPLICANT

I Frank Jaras being duly sworn, depose and says: That s/he does business as: Everts Tree Service with offices at: 418 Adams St Bedford Hills NY 10507 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 15 day of August of 2023



Notary Public / Commission of Deeds

LIM KIM A.
Notary Public, State of New York
No. 01L16144154
Qualified in Westchester County
Commission Expires Apr. 24, 2026

Applicant's Signature



PROPERTY OWNER'S AUTHORIZATION

I **Brian Robins** as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

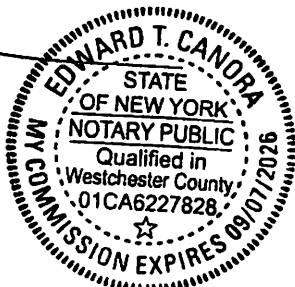
Owner phone number 914-830-1409. Owner email address BrianRobins914@gmail.com

Brian Robins 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 July of 2023



Notary Public / Commission of Deeds



PROPERTY OWNER's SIGNATURE







George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

JADE LAWNS LLC
EVART'S TREE AND LAWN SERVICE
PO BOX 25
BEDFORD HILLS, NY-10507

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-33411-H20



Date of Expiration

11/16/2024



**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

1a. Legal Name & Address of Insured (use street address only) Jade Lawns LLC DBA Everts Tree and Lawn Service 418 Adams Street Bedford Hills, New York 10507 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 914-414-9300 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 81-4267167
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town Of Dobbs Ferry 112 Main Street Dobbs Ferry, New York 10522	3a. Name of Insurance Carrier Biberk 3b. Policy Number of Entity Listed in Box "1a" N9WC506267 3c. Policy effective period 03/09/2023 to 03/09/2024 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input 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 eliminate 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.

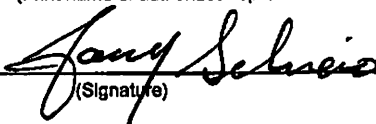
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

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: Tony Schiero
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  7/20/23
(Signature) (Date)

Title: President

Telephone Number of authorized representative or licensed agent of insurance carrier: 914-530-3877

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.