



## 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 29 2023**

**VILLAGE OF DOBBS FERRY  
BUILDING DEPARTMENT**

### Permit Application

Application Number AT2023-0084

Date 08/24/2023

Job Location 184 WASHINGTON AVE Lot # 3.50-12-7

Owner: ROBERTBIOLSI  
184 WASHINGTON AVE ATTN: ROBERT  
BIOLSI  
DOBBS FERRY, NY 10522

Applicant: Rafael Motolinia  
2240 Saw Mill River Road  
Elmsford, NY 10523  
914-565-7445 jsokich@bartlett.com

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

Description of Work: 184 Washington Avenue - Removal of 2 <sup>white</sup> Ash trees - 18" & 14"

#### Form Questions:

#### Application Parcel Owner Contact:

|                    |                    |
|--------------------|--------------------|
| Parcel Owner Email | ebjavier@gmail.com |
| Parcel Owner Phone | 917-902-4367       |

Job Location: 184 WASHINGTON AVE

Parcel Id: 3.50-12-7

**AFFIDAVIT OF APPLICANT**

I Michael Errich being duly sworn, depose and says: That s/he does business as: contractor with offices at: 2240 Saw Mill River Road 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.

X 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 17<sup>th</sup> day of August of 2023

Notary Public / Commission of Deeds

Applicant's Signature

**PROPERTY OWNER'S AUTHORIZATION**

I ERIC JAVIER 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 917-902-4367. Owner email address ebjavier@gmail.com

\_\_\_\_\_ 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 17 day of August of 2023

[Signature]

Notary Public / Commission of Deeds

[Signature]  
PROPERTY OWNER's SIGNATURE

NO. 01V6419233

Qualified in New York County  
Commission expires 8/9/2025











George Latimer  
Westchester County Executive



James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

THE F. A. BARTLETT TREE EXPERT COMPANY

2240 SAW MILL RIVER ROAD

ELMSFORD, NY-10523

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-05518-H93



Date of Expiration

09/07/2023



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/6/2022

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 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).

|  |   |                                    |
|--|---|------------------------------------|
| <b>PRODUCER</b><br>York International Agency, LLC<br>Attn: bartlettcert@yorkintl.com<br>500 Mamaroneck Avenue<br>Harrison NY 10528 | <b>CONTACT NAME:</b>  |                                    |
|  | <b>PHONE (A/C, No, Ext):</b> 914-376-2200                     | <b>FAX (A/C, No):</b> 914-376-2891 |
| <b>INSURED</b><br>The F.A. Bartlett Tree Expert Company<br>1290 East Main Street<br>Stamford CT 06902                              | <b>E-MAIL ADDRESS:</b> info@yorkintl.com                      |                                    |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                          |                                    |
|  | <b>INSURER A:</b> Travelers Property & Casualty Co of America |                                    |
|  | <b>INSURER B:</b> Travelers Indemnity Company                 |                                    |
|  | <b>INSURER C:</b>   |                                    |
|  | <b>INSURER D:</b>   |                                    |
|  | <b>INSURER E:</b>   |                                    |
| <b>INSURER F:</b>  |   |                                    |

**COVERAGES** **CERTIFICATE NUMBER:** 769555169 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                 |          | TC2J-GLSA-1005A129-TIL-22                  | 12/1/2022               | 12/1/2023               | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 5,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS          |                                 |          | TC2J-CAP-1005A130-TIL-22                   | 12/1/2022               | 12/1/2023               | COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |                                 |          |  |                         |                         | OCCUR CLAIMS-MADE<br>EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| B<br>A   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> | N/A      | UB-7N673715-22-51-R<br>UB-7N781486-22-51-K | 12/1/2022<br>12/1/2022  | 12/1/2023<br>12/1/2023  | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Village of Dobbs Ferry is included as additional insured as respect, Commercial General Liability and Automobile Liability for work performed by The F.A. Bartlett Tree Expert Company.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| Village of Dobbs Ferry<br>112 Main Street<br>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. |
|   | <b>AUTHORIZED REPRESENTATIVE</b><br>   |

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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

|   |   |
|---|---|
| 1a. Legal Name & Address of Insured (use street address only)<br>The F.A. Bartlett Tree Expert Co.<br>P O Box 3067<br>Stamford, CT 06905<br><br>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy) | 1b. Business Telephone Number of Insured<br>203-323-1131<br><br>1c. Federal Employer Identification Number of Insured<br>or Social Security Number<br>06-0254490  |
| 2. Name and Address of Entity Requesting Proof of Coverage<br>(Entity Being Listed as the Certificate Holder)<br>The Village of Dobbs Ferry<br>112 Main street<br>Dobbs Ferry, NY 10522   | 3a. Name of Insurance Carrier<br>Lincoln Life & Annuity Company of New York<br><br>3b. Policy Number of Entity Listed in Box 1a<br>GS4-810-B872C1-NY<br><br>3c. Policy Effective Period<br>1/1/2023 to 12/31/2023 |

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 03/14/2023

By Cheryl Smithson  
(Signature of Insurance carrier's authorized representative or NYS licensed insurance agent of that Insurance carrier)

Telephone Number 800-423-2765

Name and Title Statutory Contract Analyst

**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.

