VILLAGE OF DOBBS FERRY

Building Department
112 Main Street, Dobbs Ferry, NY 10522
Phone: (914) 231-8509 | Fax: (914) 693-3470

Ed Manley
Building Inspector

RECEIVED
AUG 27 2021
VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Permit Application

Application Number AT2021-0126 **Date** 08/24/2021

Job Location 49 CLINTON AVE **Lot #** 3.120-111-1

Owner: MASTERS SCHOOL
49 CLINTON AVE
DOBBS FERRY, NY 10522

Applicant: Kevin Wyatt
51 Cliff Street
New Rochelle, NY 10801
914-469-9876 info@emeraldtreecare.com

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

Description of Work: 37 inch diameter Leaning Pin Oak Tree located at the North Side of the running track. This tree has excessive lean over the running track and has multiple bleeding cankers along the trunk. This tree has a high probability of failure and required removal. Perform complete tree removal to grade.

Form Questions:

Application Parcel Owner Contact:

Parcel Owner Email	craig.dunne@mastersny.org
Parcel Owner Phone	914-255-5647

EMERALD TREE & SHRUB CARE

146 Summerfield Street
Scarsdale, NY 10583
Phone 914 725-0441 Fax 914 725-0672

August 24, 2021

Mr. Dan Periera
Director of Operations
The Masters School
49 Clinton Avenue
Dobbs Ferry, NY 10522

Dear Dan,

Per your request, I came by to visit the campus on 8/23/2021 to inspect the 37 inch diameter Leaning Pin Oak Tree located at the North Side of the track.

This tree has excessive lean over the running track and has multiple bleeding cankers along the trunk.

This tree has a high probability of failure and requires removal. I recommend complete tree removal to grade.

Most Sincerely Yours,

Kevin W. Wyatt
Vice President of Arboricultural Services
Office 914-725-0441
Cell 914-469-9876
kevin@emeraldtreecare.com
Board Certified Master Arborist
Connecticut Licensed Arborist
TRAQ Qualified
Member of American Society of Consulting Arborists

Emerald Tree & Shrub Care, Inc.

146 Summerfield Street

Scarsdale, NY 10583

914 725-0441 | 203 422-2441

Work Order

Customer
The Masters School Craig Dunne

Worksite
49 Clinton Avenue Dobbs Ferry, NY 10522

Mobile: 914-255-5647 Craig

Fax: 693-8141

Job Name: GTC 2021 - The Masters School 202108

Crew:

Scheduled:

Salesperson: Kevin Wyatt

Customer Code: 309155

District: Dobbs Ferry 10522

#	Item	Description	Qty
1	Pin Oak	**Removal cut flush to grade** 37" Diameter Leaning Pin Oak Tree located at the north side of the track between the track and Broadway. This tree has an excessive lean over the track and has multiple bleeding cankers along the trunk. This tree has a high probability of failure and requires removal. Perform complete tree removal to grade.	1

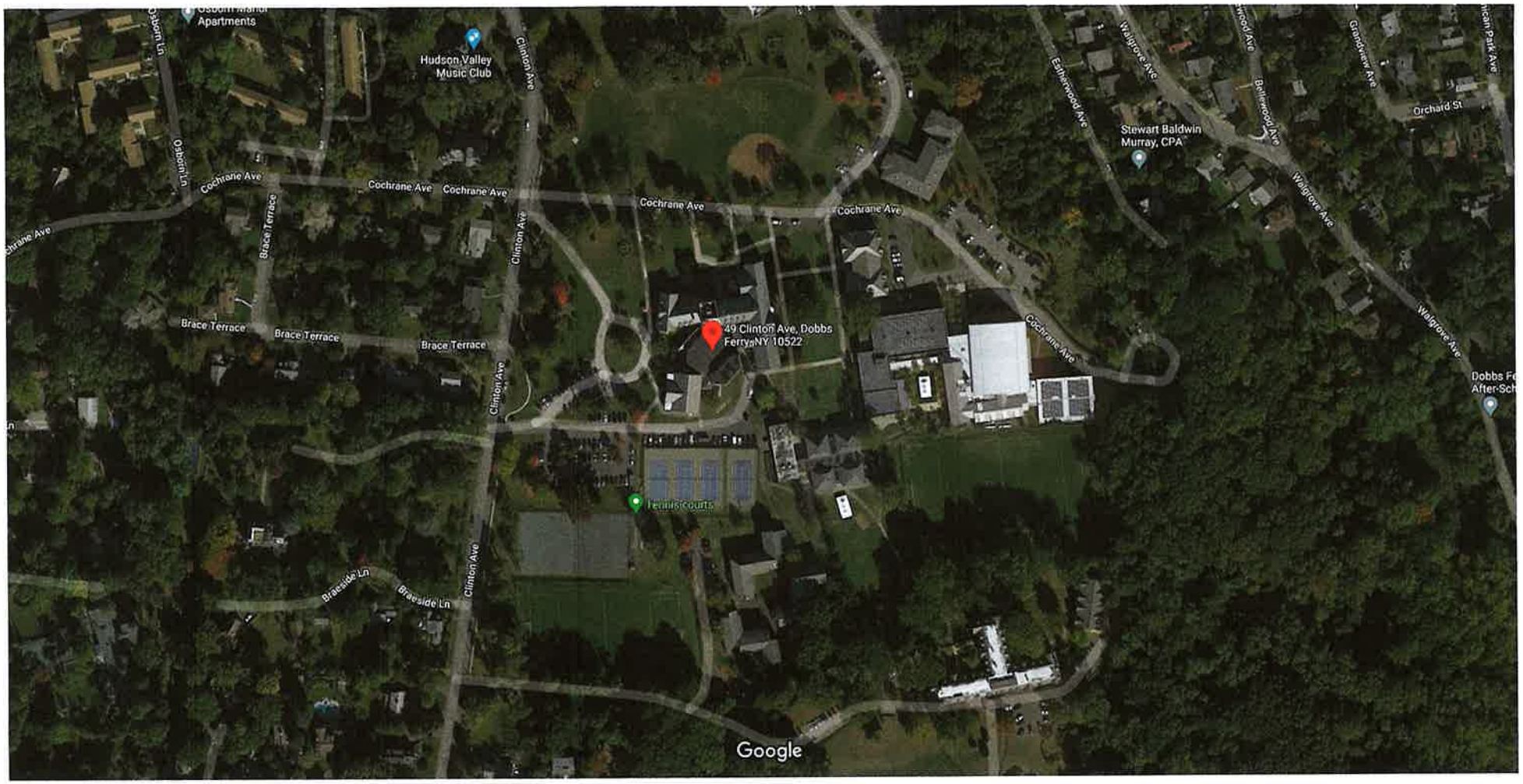
Signature

Date

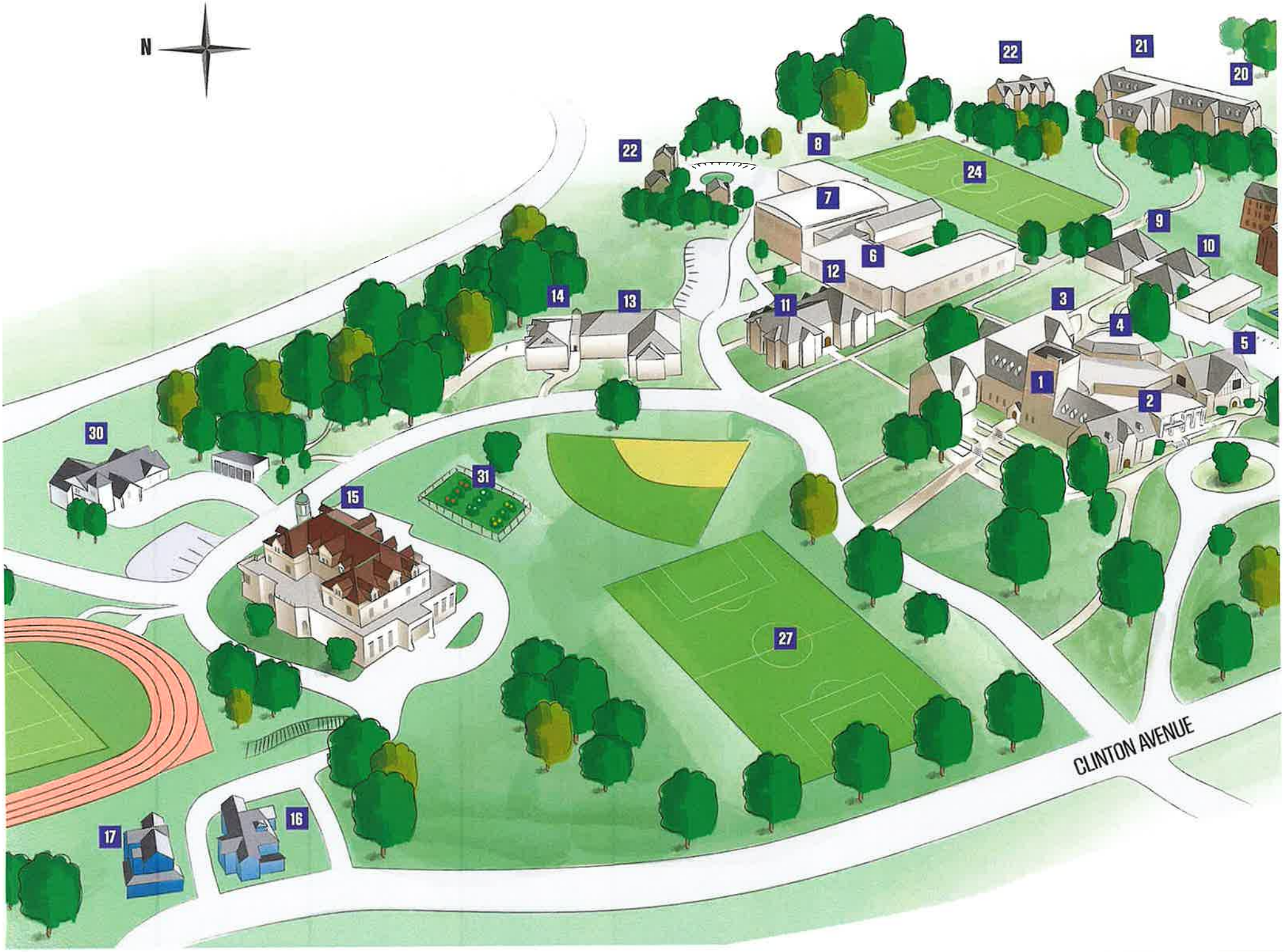
Work was completed to my satisfaction.

The Masters School
37" diameter leaning Pin Oak

Google Maps 49 Clinton Ave



Imagery ©2021 Maxar Technologies, New York GIS, USDA Farm Service Agency, Map data ©2021 100 ft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CLINTON AVENUE

Job Location: **49 CLINTON AVE** Parcel Id: **3.120-111-1**

AFFIDAVIT OF APPLICANT

I Craig Dunne 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: 49 Clinton Ave 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 10TH day of AUGUST of 2021

Notary Public / Commission of Deeds

ANNA M. DELAHANTY
Notary Public, State of New York
No. 01DE6109861
Qualified in Westchester County
Commission Expires May 24, 2024

Applicant's Signature

OWNER'S AUTHORIZATION

I Craig Dunne 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 914-479-6605.Owner email address craig.dunne@mastersny.org

CRAIG DUNNE 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 10TH day of AUGUST of 2021

Notary Public / Commission of Deeds

Applicant's Signature

ANNA M. DELAHANTY
Notary Public, State of New York
No. 01DE6109861
Qualified in Westchester County
Commission Expires May 24, 2024

CERTIFICATE OF LIABILITY INSURANCE

06/07/2021

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
Enforce Coverage Group, LLC
One Penn Plaza, 36th Floor
New York, NY 10119

CONTACT NAME: Patrick William Scanlon
PHONE (A/C, No, Ext): FAX (A/C, No): (631) 418-8423
E-MAIL ADDRESS: pscanlon@enforcecoverage.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Northfield Insurance Company	27987
INSURER B: Century Surety Company	36951
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Emerald Tree and Shrub Care Service, Inc.
51 Cliff Street,
New Rochelle, NY 10801

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		W9489589	04/26/2021	04/26/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE	X		CCP981221	5/14/2021	5/14/2022	AGGREGATE	$
	X DED RETENTION $ 0							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N/A					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)
PROOF OF INSURANCE

ADDITIONAL INSURED:

Village of Dobbs Ferry 112 Main Street Dobbs Ferry, NY 10522

CERTIFICATE HOLDER

Village of Dobbs Ferry

112 Main Street

Dobbs Ferry, NY 10522

CANCELLATION

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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NYSIF
New York State Insurance Fund

199 CHURCH STREET, NEW YORK, N.Y. 10007-1150
| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

A A A A 464496397

LOVELL SAFETY MGMT CO., LLC
110 WILLIAM STREET 127H FLR
NEW YORK NY 10038

SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER	CERTIFICATE HOLDER
EMERALD TREE & SHRUB CARE INC 54 CLIFF STREET NEW ROCHELLE NY 10801	VILLAGE OF DOBBS FERRY 112 MAIN STREET DOBBS FERRY NY 10522

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
Z 2329 646-0	106828	04/01/2021 TO 04/01/2022	03/05/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2329 646-0, 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.

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 CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT
STEFANIA FARRELLY
VICE PRESIDENT
STEVEN FARRELLY
2 OF 2
EMERALD TREE CARE INC

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

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: 378597840

Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
EMERALD TREE CARE INC

51 CLIFF STREET
NEW ROCHELLE, NY 10801

Work Location of Insured (Only required if coverage is specifically limited to service locations in New York State, i.e., Wrap-Up Policy)

1b. Business Telephone Number of Insured
914-725-0441

1c. Federal Employer Identification Number of Insured or Social Security Number
134014486

2. 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"
DSL471026

3c. Policy effective period
08/03/2019 to 09/02/2021

4. Policy provides the following benefits:
- [x] A. Both disability and paid family leave benefits.
- [ ] B. Disability benefits only.
- [ ] C. Paid family leave benefits only.

5. Policy covers:
- [x] 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 5/26/2020 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 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 4C or 5B of Part 1 has 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 with respect to all of his/her 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.

George Latimer
Westchester County Executive

Westchester gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection
Home Improvement License

EMERALD TREE & SHRUB CARE INC.

51 CLIFF STREET

NEW ROCHELLE,NY-10801

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-27735-H15

Department of Consumer Protection
Westchester County, NY

Date of Expiration

05/26/2023