



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

Permit Application

Application Number A2023-0421

Date 09/11/2023

Job Location 1 MYRTLE AVE Lot # 3.50-17-9

Owner: ADAM OSTROW
1 MYRTLE AVE
DOBBS FERRY, NY 10522
206-235-6628

Applicant: Adam Ostrow
1 Myrtle Ave
Dobbs Ferry, NY 10522
(540)550-0327 ostrow@gmail.com

Application Type: Fence Estimated Cost of Construction: **\$14800**

Description of Work: Building a 6ft high aluminum fence around our backyard that will connect (and match) to the existing property line fence that divides our property and that of our neighbors on the Washington Ave side.

Form Questions:

Are you utilizing pre-engineered wood or timber?	No
Construction Type	
Occupancy Classification	One or Two family

Application Parcel Owner Contact:

Parcel Owner Email	ostrow@gmail.com
Parcel Owner Phone	5405500327



Adam Ostrow
Daniel Roemer

9/12/23

**VILLAGE OF DOBBS FERRY**

Building Department
112 Main Street
Dobbs Ferry, NY 10522

Daniel Roemer

Building Inspector

Phone: (914) 231-8512

Phone: (914) 231-8513

Fax: (914) 693-3470

Hours:

M - TH 8:30 AM - 4:00 PM

F 8:00 AM - 12:00 PM

PAYMENT RECEIPT

Receipt Number	R-2023-1238
Payment Date	09/13/2023
Payment Total	\$85
Method of payment	CHECK
Check Number	1227
Fee Type	Application fee

Application No.	A2023-0421
Applicant	Adam Ostrow
Property Owner	ADAM OSTROW
Job Location	1 MYRTLE AVE

Description of Work

This receipt does not constitute a permit or permission to begin any work

Job Location: 1 MYRTLE AVE

Parcel Id: 3.50-17-9

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 or 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 ADAM OSTROW as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

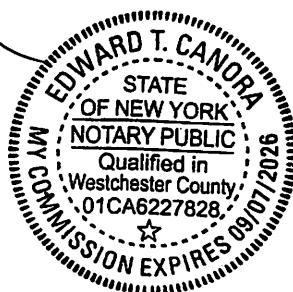
Owner phone number 5405500327. Owner email address ostrow@gmail.com

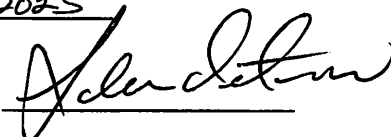
_____ I hereby acknowledge that it is my responsibility as the property owner to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for which this permit is being requested.

Sworn to before me this 12 day of Sept. 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

CIPS FENCE CO., INC.

KING FENCE

48 GRASSY SPRAIN ROAD

YONKERS, NY-10710

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-10412-H99



Date of Expiration

11/04/2023



CIPSFEN-01

WVELTRI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2023

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 Farence Gray Insurance Brokerage, LLC 19 Mill Street Port Chester, NY 10573		CONTACT NAME: Renee Mickens PHONE (A/C, No, Ext): (914) 517-8682 FAX (A/C, No): (914) 696-0415 E-MAIL ADDRESS:		
INSURED CIPS Fence Co. Inc. dba King Fence FRANK CIPRIANI 48 GRASSY SPRAIN ROAD YONKERS, NY 10710		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Erie Insurance Company		26263
		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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	Q47-6950084	11/19/2022	11/19/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	Q11-6940010	11/19/2022	11/19/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		Q35-5170349	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> 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 \$
A	Snow Removal		Q47-6950084	11/19/2022	11/19/2023	GL \$ 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 listed as an Additional Insured on the General Liability and Automobile Liability policies.

CERTIFICATE HOLDER

CANCELLATION

Village of Dobbs Ferry 122 Main Street 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>R. Mickens</i>
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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) Cips Fence Co, Inc. DBA King Fences 48 Grassy Sprain Road Yonkers, NY 10710 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>		1b. Business Telephone Number of Insured 914-337-8700 1c. Federal Employer Identification Number of Insured or Social Security Number 13-4049813
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) VILLAGE OF DOBBS FERRY 122 MAIN STREET DOBBS FERRY, NY 10522		3a. Name of Insurance Carrier Metropolitan Life Insurance Company 3b. Policy Number of Entity Listed in Box 1a 239674 3c. Policy Effective Period: April 1, 2023 to March 31, 2024
4. Policy provides the following benefits: <input checked="" type="checkbox"/> A. Both disability and Paid Family Leave benefits. <input type="checkbox"/> B. Disability benefits only. <input type="checkbox"/> C. Paid Family Leave benefits only. 5. Policy covers: <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. <input type="checkbox"/> 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: <u>March 3, 2023</u> By: <u>Suzy Davis</u> (Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that named insurance carrier) Telephone Number: <u>678-319-1603</u> Name and Title: <u>Suzy Davis, State Plan Consultant</u> 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 PALE@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 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. Insurance brokers are NOT authorized to issue this form.



**Workers'
Compensation
Board**

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

1a. Legal Name Address of Insured (use street address only) Abel HR II, Inc Labor Contractor, for leased workers to: Cips Fence Co, Inc. dba: King Fence 48 Grassy Sprain Rd Yonkers, NY 10710 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 (609) 860-0400 1c. NYS Unemployment Insurance Employer Registration Number of insured 1d. Federal Employer Identification Number of Insured or Social Security Number 13-4049813
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Dobbs Ferry 122 Main Street Dobbs Ferry, NY 10522	3a. Name of Insurance Carrier Zurich-American Insurance Company 3b. Policy Number of Entity Listed in Box "1a" WC 11-33-516-00 3c. Policy effective period 3/1/2023 to 3/1/2024 3d. The Proprietor, Partners, or Executive Officers are included. (Only check box if all partners/officers included) 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: Douglas Jones

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

Approved by:

Douglas E. Jones

6/13/2023

(Signature)

(Date)

Title: Vice President

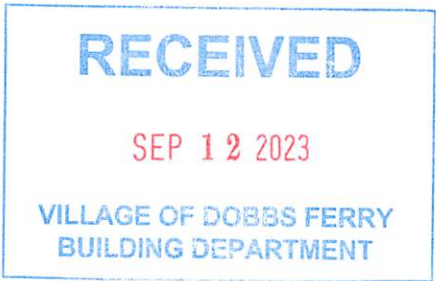
Telephone number of authorized representative or licensed agent of insurance carrier:

(480)951-4177

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.



BECOME A DEALER



EO6202-BK

EO6202-BK is a 72" high four rail fence with a smooth top rail that covers each of the fifteen pickets. Decorative arched accent gates are also available to enhance the beauty of any project. The 72" height allows this fence to be used with pools (check local codes).

Get a Quote

Fence Styles / Residential Fences / EO6202 – 6' High 4-Rail Picket Fence

EO6202 – 6' HIGH 4-RAIL PICKET FENCE



EO6202

Four Rail Ornamental Aluminum Picket Fence

72" high four rail fence with a smooth top rail that covers each of the fifteen pickets. Pickets pass through the bottom rail.

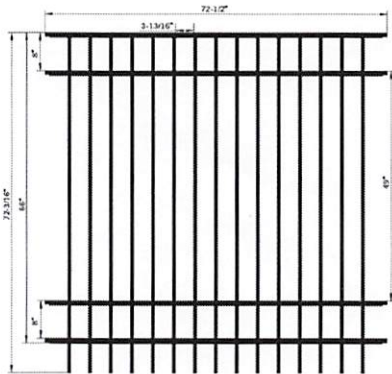
Privacy - Terms



Eastern Ornamental Aluminum 6' Hig
Gates and 4-inch posts with Ball C
#poolfence #aluminumrailing #railir
#fences #vinylfence #pvcfence ;
#fencecompany #fencecontractor #
#longislandny #connecticut #rh
#pennsylvania #th

- Pool fence option (check local codes)
- Available for Quick-Ship delivery
- Matching, accent, and rainbow 48" and 60" gates
- Featuring "hidden screw" technology with "aluminum feature strip"
- Smooth rackability
- 6061 T6 Aluminum Alloy
- DuPont powder coating
- Pickets: Fifteen 5/8" x 5/8" Pickets
- Rails: Four 1" x 1" Rails

GET A QUOTE



Get a Quote

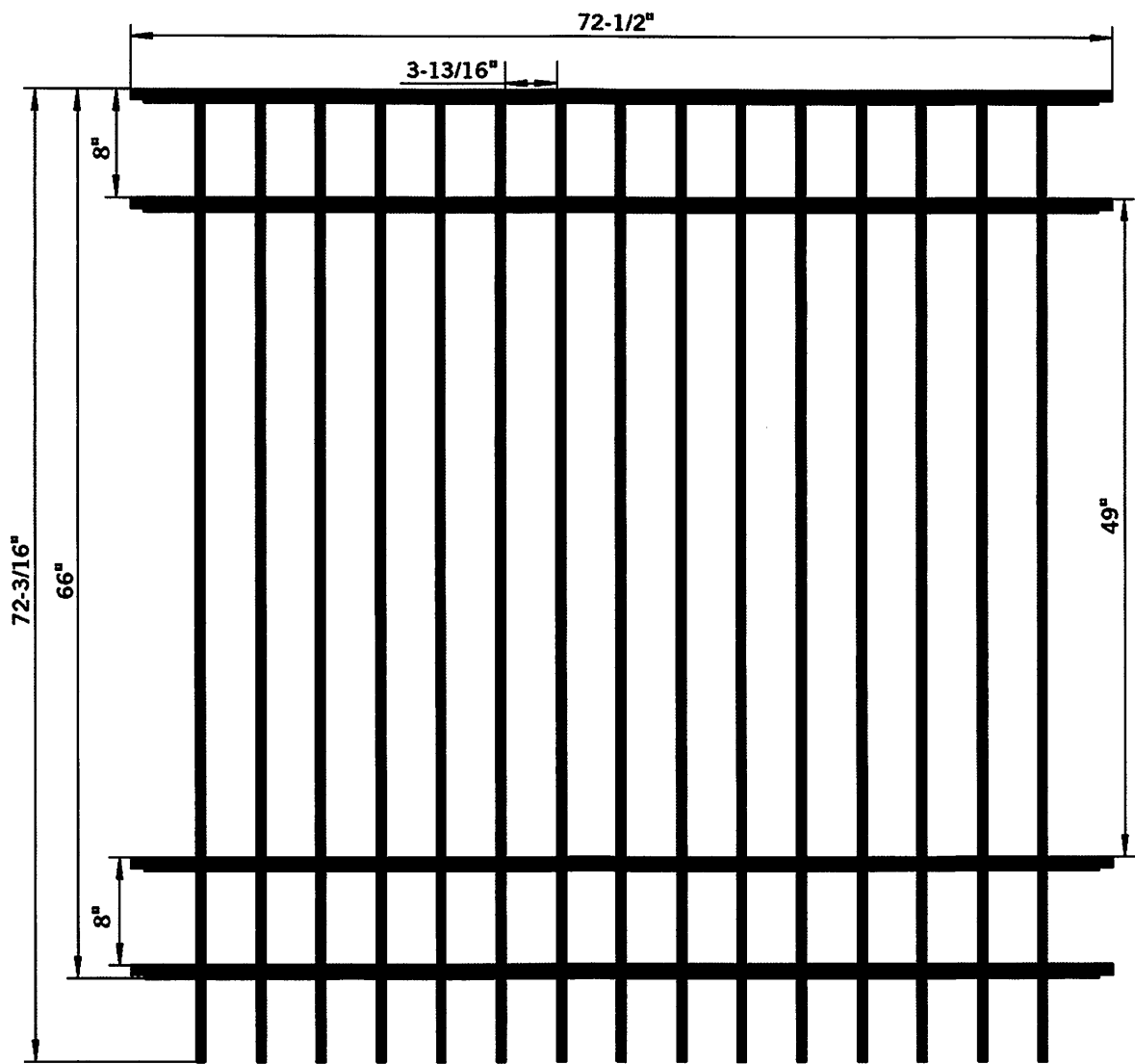
OUR OTHER COMPANIES

GET A QUOTE CONTACT FORM

First Name

Last Name





FENCE STYLE# 202 6 FT HIGH BLACK ALUMINUM



VILLAGE OF DOBBS FERRY

112 Main Street
Dobbs Ferry, New York 10522
TEL: (914) 231-8500

RECEIVED

SEP 12 2023

VILLAGE OF DOBBS FERRY
BUILDING DEPARTMENT

Affidavit of Notice for Contiguous Neighbors

I ADAM OSTROW

Attest to the fact that I have completed and sent via Certified Mail, the form letter to all the neighboring properties contiguous to the subject property located

at: 1 MYRTLE AVE, DOBBS FERRY, NY 10522

And attached a copy to this Affidavit.

On the 11TH day SEPTEMBER month 2023 year

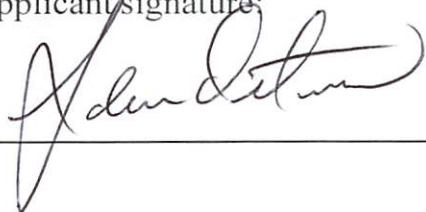
And have attached the mailing list I received from the Tax Assessor's office located at 177 Hillside Ave. White Plains, NY 10607. Contact the Town Assessor's office at 914-989-1520 or assessor@greenburghny.com

I have noticed for the following review boards:

☒ Architectural & Historic Review Board

I understand that it is my responsibility to retain Post Office proof of these mailings, should any of the listed properties claim they were aggrieved by this project and believe they were not properly noticed.

Applicant signature:

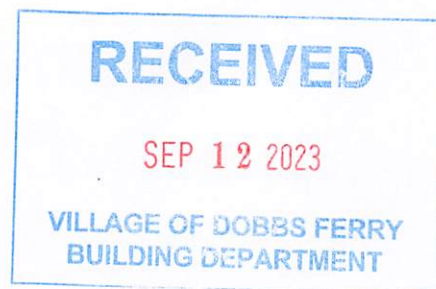


Witnessed by Notary:





Date Mailed 9/11/23
Via Certified Mail



Dear Neighbor:

This is a notification that the owner of the property located at: _____

1 MYRTLE AVE, DOBBS FERRY, NY 10522

Owner name & contact info: ADAM + KENDALL OSTROSKO

540-550-0327 206-235-6628

Has filed an application with the Village of Dobbs Ferry to do the following:

-
- ☐ Install new windows or exterior doors
 - ☒ Install a fence in compliance with Village code
 - ☐ Install a shed no more than 100 sq. ft. in area, in compliance with Village code
 - ☐ Constructing a natural stone retaining wall no more than 5' high, in compliance with Village code
 - ☐ Install a Sign, Awning or Canopy(not located in a historic district)
 - ☐ Residential Façade Change: _____
-

The plan will be on file at the Village Building Department for viewing during office hours.

Those in receipt of this letter have the opportunity to comment on this project. Comments must be submitted to the Building Department, either in letter form or by e-mail to BoardComments@dobbsferry.com within 14 days of the mailing date of this letter. As response to any objection, this application will be forwarded to the Architectural & Historic Review Board, which meets the 1st Thursday of the month at 7:30pm. If no objections are raised, this application will be subject to the sole review of the Building Department.



5 foot Abutters List Report

Greenburgh, NY
September 08, 2023

Subject Property:

Parcel Number: 3.50-17-9
CAMA Number: 3.50-17-9
Property Address: 1 MYRTLE AVE

Mailing Address: OSTROW, ADAM OSTROW, KENDALL
1 MYRTLE AVE
DOBBS FERRY, NY 10522

Abutters:

Parcel Number: 3.50-17-10
CAMA Number: 3.50-17-10
Property Address: 7 MYRTLE AVE

Mailing Address: HOLZMAN, LAURENCE HOLZMAN, LARA
7 MYRTLE AVE
DOBBS FERRY, NY 10522

Parcel Number: 3.50-17-8.2
CAMA Number: 3.50-17-8.2
Property Address: 60 WASHINGTON AVE

Mailing Address: WELD, DWIGHT WELD, CHARLOTTE
60 WASHINGTON AVE
DOBBS FERRY, NY 10522

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.
Dobbs Ferry, NY 10522

Certified Mail Fee \$4.35

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fees \$5.01

Sent To

DAUGHT + CHARLOTTE WED
Street and Apt. No., or PO Box No.
60 WASHINGTON AVE
City, State, ZIP+4® DOBBS FERRY, NY 10522

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions



U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.
Dobbs Ferry, NY 10522

Certified Mail Fee \$4.35

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fees \$5.01

Sent To

LAURENCE + LARA HOLZMAN
Street and Apt. No., or PO Box No.
7 MYRTLE AVE
City, State, ZIP+4® DOBBS FERRY, NY 10522

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

