

# APPLICATION FOR BUILDING PERMIT

The Village of Irvington | 85 Main St | Irvington NY 10533

Application Number:	773	Date:	12/07/2020
Job Location:	1 LANGDON AVE	Parcel ID:	2.170-83-1
Property Owner:	Jessica Soare	Property Class:	1 FAMILY RES
Occupancy:		Zoning:	
Common Name:			

Applicant	Contractor
Jessica Soare	
N/A	King Fence
1 Langdon AvenueIrvington New York 10533	48 Grassy Sprain Road Yonkers New York 10710
845-642-4237	914-337-8700

## Description of Work

Type of Work:	Fence	Applicant is:	Owner
Work Requested by:		In association with:	
Cost of Work (Est.):	5300.00	Property Class:	1 FAMILY RES

## Description of Work

- (1) Install on left side of property 80' linear feet of 6' feet high all solid white vinyl full privacy fence**
- (2) Install coming off both sides of house 58' linear feet of 4' feet high black aluminum residential grade E-2 fence**
- (3) Install 2 single 4x4 matching gates in black aluminum with magnum latches on both sides of house**

**Please Note:** Completing the application does not constitute a permit to commence construction. To obtain your permit follow the instructions on the instruction page provided on page 3.

## AFFIDAVIT OF APPLICANT

I **Jessica Soare** being duly sworn, depose and says: That s/he does business as: **N/A** with offices at: **1 Langdon Avenue Irvington New York 10533** and that s/he is:

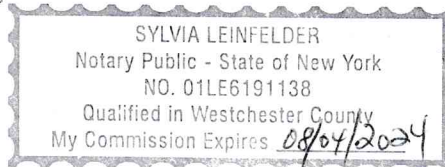
- ☒ The owner of the property described herein.  
☐ The \_\_\_\_\_ of the New York Corporation \_\_\_\_\_ with offices at: \_\_\_\_\_ duly authorized by resolution of the Board of Directors, and that said corporation is duly authorized by the owner to make this application.
- ☐ A general partner of \_\_\_\_\_ 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 Irvington 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 28<sup>th</sup> day of December of 2020

Sylvia Leinfelder

Notary Public / Commission of Deeds



Jessica E. Soare

Applicant's Signature

## OWNER'S AUTHORIZATION

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

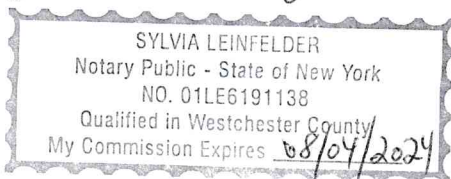
Owner phone number 845-642-4237 Owner email address JRUBIN978@gmail.com

- ☒ Jessica E. Soare 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 28<sup>th</sup> day of December of 2020

Sylvia Leinfelder

Notary Public / Commission of Deeds



Jessica E. Soare

Applicant's Signature



# INSTRUCTIONS

## REQUIREMENTS FOR OBTAINING A PERMIT:

### The following items must be submitted in order to obtain a Building Permit:

1. One (1) Building Permit application signed by the owner or a notarized Agent Letter.
2. One (1) property survey (signed and sealed), reflecting existing conditions.
3. Two (2) sets of construction drawings and specifications, including existing and proposed conditions, state design criteria, structural and architectural details, plans, and cross sections, mechanical, electrical, and plumbing drawings (signed and sealed by a licensed professional).
4. One USB with all plans (with Licensed Professionals certification/stamp) and specifications in PDF (file size must be less than 25MB).
5. Copy of approved site plan from the Irvington Planning Board when applicable (required on all increases of FAR, footprint, coverage, driveways and increases of cubic content under a roof).
6. Approval by the Architectural Review Board (ARB) when applicable. An additional five (5) sets of construction drawings and specifications (please see ARB requirements (available on the village web site [www.irvingtonny.gov](http://www.irvingtonny.gov)) prior to submission).
7. Visit the Village of Irvington website [www.irvingtonny.gov](http://www.irvingtonny.gov) for additional check list for solar panels, generators, underground propane tanks, signs and awnings (found in forms and documents in the Building & Planning General Information folder).
8. Village Zoning Code is available on the Village website: [www.irvingtonny.gov](http://www.irvingtonny.gov).
9. Provide evidence that the application meets the NYS Energy code as described by [www.dos.state.ny.us/code/energycode/overview.htm](http://www.dos.state.ny.us/code/energycode/overview.htm)

### Contractor Requirements in order to obtain a Building Permit:

10. Contractor's Certificate of Liability listing the Village of Irvington as the Certificate Holder with no disclaimer in the description other than certificate holder is named additional insured (any additional comments will not be accepted).
11. Contractor's Workers Compensation C-105 form (or equivalent) listing the Village of Irvington as Certificate Holder.
12. Copy of Contractor's Westchester County Home Improvement License.
13. All information above uploaded into permit application with the contractor's contact information, including mailing address, phone number, and email address.
14. Contractor's signature on Affidavit of Contractor (required prior to issuance of the permit).

### Please Note:

-State Law requires that the contractor submits a copy of Workman's Compensation as required by the New York State Disability Insurance naming the Department of Buildings, Village of Irvington as certificate holder and showing coverage for general contracting and the locations covered by such insurance. If structure is to be demolished a copy of Liability Insurance must also be submitted.

- Please be advised under State and Municipal Laws, the Workman's Compensation and Disability benefits insurance must be submitted on separate state approved forms. The "Acord Form" is no longer acceptable as proof of Workman's Compensation coverage. Further information or questions may be answered by calling the NYS Bureau of Compliance at (518) 486-6307 or by visiting their website or by contacting your insurance provider.

### FEES ASSOCIATED WITH BUILDING PERMIT APPLICATION (All fees must be paid at time of application):

#### Fee schedule

#### Building Permit (Non-Refundable)

\* Application fee \$85

\* Permit fee \$17 per thousand dollars (\$1000) of estimated cost of construction, or fraction thereof

\$ 85  
\$ 90.10

#### • Inspection Fees (as applicable)

- |  |  |
|--|--|
| • Insulation: \$50                               | • Footing: \$50  |
| • Solid Fuel: \$50                               | • Preparation for concrete slabs and walls: \$50             |
| • Foundation and footing drain: \$50             | • Framing: \$50  |
| • Energy Code Compliance: \$50                   | • Building systems, including underground and rough-in: \$50 |
| • Sediment and erosion control: \$50             | • Fire resistant construction and penetrations: \$50         |
| • Footing: \$50                                  | • Final Inspection for C.O.: \$50                            |
| • Preparation for concrete slabs and walls: \$50 | • State and local laws (per re-inspection): \$50             |

\$17 x 5.3 =

Total Inspections \$50

\* Certificate of Occupancy Fees: One dollar (\$1.00) per thousand dollars of estimated cost. Minimum Fee \$25.00

\* Permit Revisions or Amendment: \$50.00 (plus \$17 per thousand (\$1000), of the estimated cost of construction and any additional inspections fees).

\$25

\* Re-inspection fee for work not ready at time of inspection or not in compliance: \$50

\* Applications for Undocumented Work/ Legalizing: Applications to legalize work done prior to applying for and receiving a building permit shall pay double all applicable fees and inspections, including the cost of construction based on the cost of all proposed work being legalized at the time of application. Minimum fee \$500.00.

(To be collected at time of submission of application) Total \$250.10

(Note: pursuant to 224-54A all permits are valid for one (1) year from date on permit  
Any permit that expires will be subject to additional fees.)

ENCLOSURE

ANDREW G. SOARE  
JESSICA E. SOARE

1-2/210

147

DATE 12-29-20

PAY TO THE  
ORDER OF

The Village of Irvington

\$ 250.10

two hundred and fifty dollars and ten cents

DOLLARS



Security Features  
Included  
Details on Back



JPMorgan Chase Bank, N.A.  
www.Chase.com

MEMO

Soare - 1 Langdon Fence Permit

*Jessica E. Soare*

MP

⑆021000021⑆

21127891310147



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.

License Number  
WC-10412-H99

Date of Expiration  
11/04/2021







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2020

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).

<b>PRODUCER</b> FERENCE-GRAY INSURANCE BROKERAGE, LLC 19 MILL STREET PORT CHESTER, NEW YORK 10573	<b>CONTACT NAME:</b> Wendy Veltri	
	<b>PHONE (A/C, No, Ext):</b> 914-517-8682	<b>FAX (A/C, No):</b> 914-696-0415
<b>INSURED</b>  CIPS Fence Co., Inc. dba: King Fence 48 Grassy Sprain Road Yonkers, New York 10710	<b>E-MAIL ADDRESS:</b> wveltri@efgins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Erie Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 26263		

**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Q47-6950084	11/19/2020	11/19/2021	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 - COMP/OP AGG \$ 2,000,000 OTHER: \$ 1,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY	Y	Q11-6940010	11/19/2020	11/19/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	<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	Y	Q35-5170349	11/01/2020	11/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 OTHER: \$
	<input checked="" 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 Y/N <input type="checkbox"/> N/A	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 Plow Removal	Y	Q35-6920090	11/19/2020	11/19/2021	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contractor's Certificate of Liability listing the Village of Irvington as Certificate Holder with no disclaimer in the description other than Certificate Holder is named Additional Insured (any additional comments won't be accepted).

**CERTIFICATE HOLDER****CANCELLATION**

Village of Irvington 85 Main Street Irvington, NY 10533	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>Edward Ference-Gray</i> <i>wp</i> 12/15/20
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**Workers'**  
**Compensation**  
**Board**

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

**Insured Detail**

<b>1a. Legal Name and address of Insured (Use street address only)</b> Abel HR II, Inc. L/C/F Cips Fence Co, Inc. 48 Grassy Sprain Rd Yonkers, NY 10710  <b>DBA: King Fence</b>  <i>Work Location of Insured (Only required if coverage is specifically limited to certain location in New York State, i.e. a Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b> 860-609-0400  <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b>  <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b> 134049813
<b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b> Village of Irvington 85 Main Street Irvington, NY 10533	<b>3a. Name of Insurance Carrier</b> AmTrust Insurance Company of Kansas, Inc.  <b>3b. Policy Number of entity listed in box "1a":</b> KWC1202379  <b>3c. Policy effective period:</b> 3/1/2020 to 3/1/2021  <b>3d. The Proprietor, Partners or Executive Officers are:</b> <input checked="" type="checkbox"/> <b>included</b> (Only check box if all partners/officers included)  <input type="checkbox"/> <b>all excluded or certain partners/officers excluded</b>

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.*

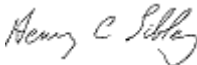
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

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: Henry C. Sibley  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved By:  12/15/2020  
(Signature) (Date)

Title: Underwriting Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: CarrierPhone

*Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.*

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering contracts unless compensation is secured.**

**1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.**

**2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.**

**C-105.2 (9-17) REVERSE**



THIS SURVEY IS CERTIFIED TO THE FOLLOWING PARTIES:  
 REALTY TITLE AGENCY INC (17273V)  
 CITIBANK, N.A.  
 COLIN THACHER WEST AND MELANIE MARIA THARAMANGALAM  
 STEWART TITLE INSURANCE COMPANY

LOT 1  
 85.00'  
 S78°59'10"E  
 PVC FENCE

LOT 6  
 32.60'  
 34.55'

LOT 7  
 124.97'  
 15.30'  
 36.70'  
 14.40'

BROADWAY  
 121.00'  
 N21°56'00"E  
 6' White Vinyl  
 4' Black Aluminum  
 4 ft Gate

LANGDON AVENUE  
 90.00'  
 N75°54'00"W

WOOD DECK  
 34.10'  
 27.20'  
 19.70'  
 1/2 STORY FRAME AND BRICK DWELLING #1  
 GARAGE UNDER  
 14.40'

DRIVE  
 ASPHALT  
 CONCRETE WALL  
 ASPHALT DRIVE  
 CONCRETE WALL

FENCE 0.11N  
 FENCE 0.20E 0.40N  
 S19°19'10"W  
 PVC FENCE  
 FENCE 6.21E  
 4' Black Aluminum  
 4 ft Gate

SURVEY OF  
 LOT 6  
 MAP OF HARRIMAN HOMESTEAD  
 AT ARDLESEY PARK  
 FILED AUGUST 24, 1928  
 VOLUME 68/PAGE 10  
 W.C.T.M. WESTCHESTER-2.17-1  
 SITUATED AT  
 1 LANGDON AVENUE  
 IRVINGTON  
 TOWN OF GREENBURGH  
 WESTCHESTER COUNTY, NEW YORK

TITLE SURVEY		
PREPARED FOR: WEST		
SITUATE AT 1 LANGDON AVENUE, IRVINGTON TOWN OF GREENBURGH WESTCHESTER COUNTY, NEW YORK		
SOLO SURVEYING INC. 176 BELL HOLLOW ROAD (631) 926-4563 CELL PUTNAM VALLEY, NY 10579 (631) 517-9201 FAX		
FILE No. 5534	DATE: 8/1/13	SCALE: 1"=20'

**Vanguard Aluminum Fence 4' High w/ 4ft gate**

Location: Front of property, both to left and right side of house

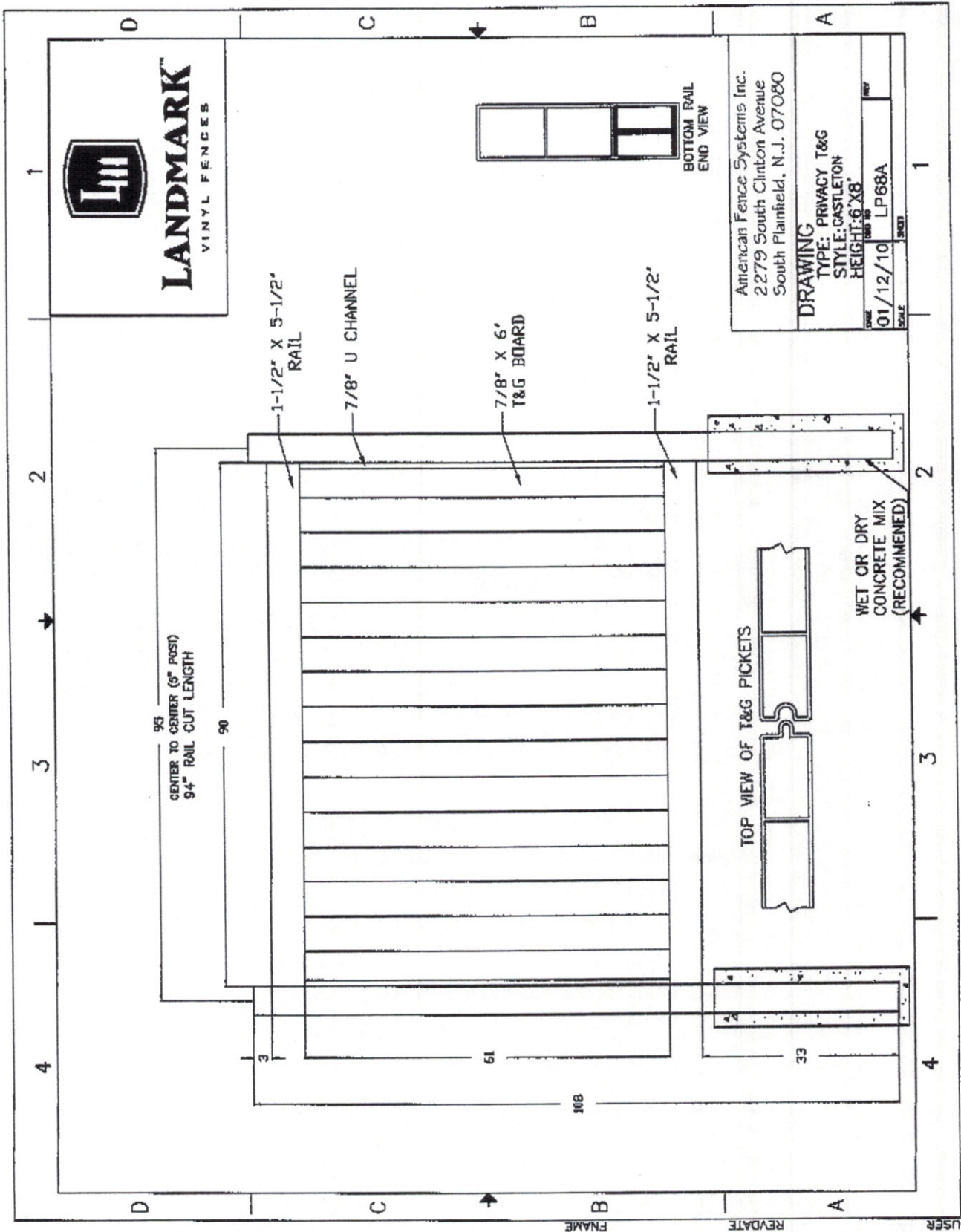


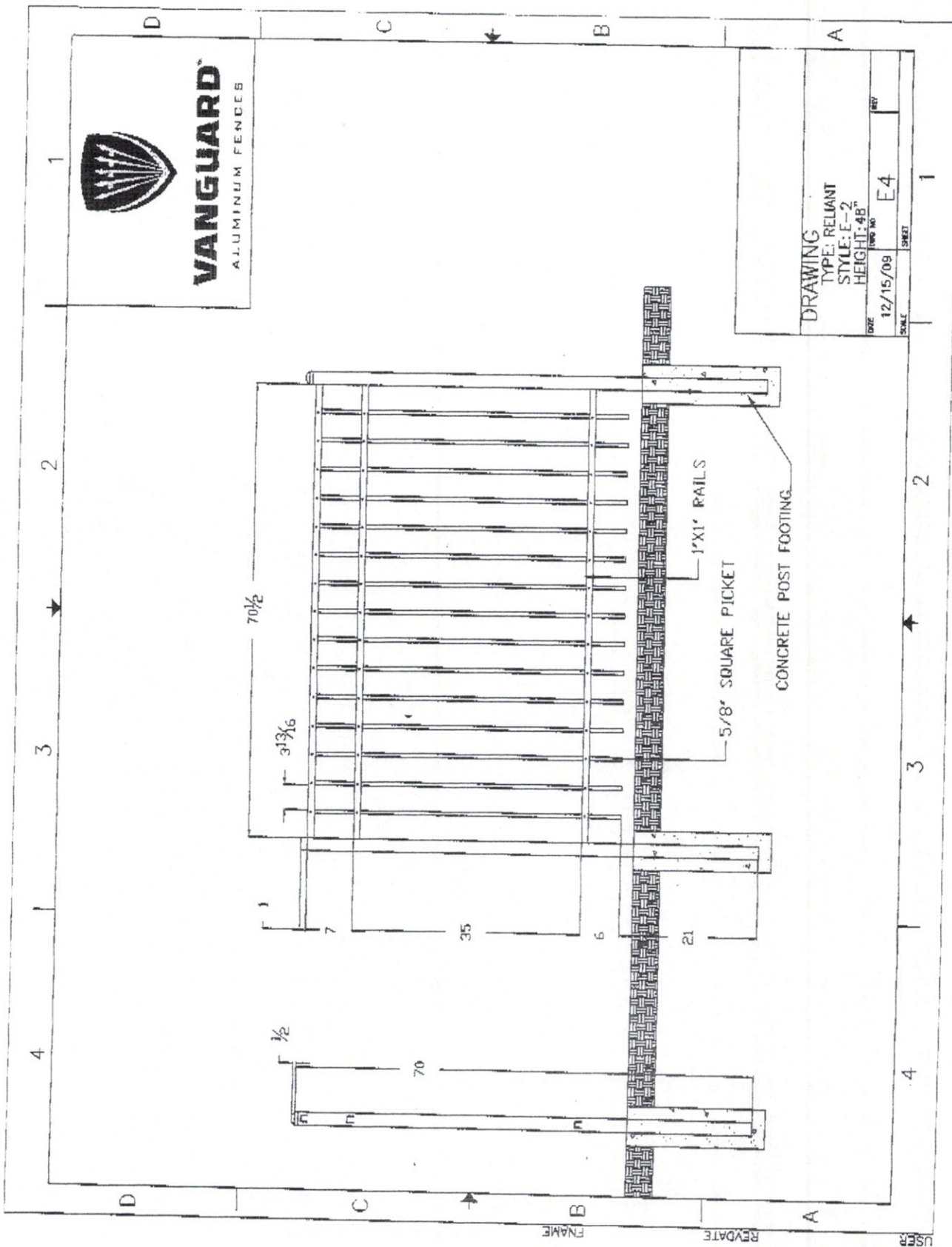
**Landmark Vinyl Fence 6' high solid white**

Location: Left side of property









**VANGUARD**  
ALUMINUM FENCES

DRAWING

TYPE: RELIANT

STYLE: E-2

HEIGHT: 48"

DATE: 12/15/09

SCALE: E4

SHEET: 1

USER

REVDATE

FNNAME