

APPLICATION FOR BUILDING PERMIT

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

Application Number:	663	Date:	10/19/2020
Job Location:	13 N COTTENET ST	Parcel ID:	2.40-13-16
Property Owner:	Herbert Geiss	Property Class:	TWO FAMILY RES
Occupancy:		Zoning:	
Common Name:			

Applicant	Contractor
Herbert Geiss	Stephen King
Herbert Geiss	Numat Fence
623 Little Silver Point RdLittle Silver NJ 07739	346 Ashford Ave Dobbs Ferry NY 10522
732-996-5606	914-693-2335

Description of Work

Type of Work:	Fence	Applicant is:	Owner
Work Requested by:		In association with:	
Cost of Work (Est.):	4500.00	Property Class:	TWO FAMILY RES

Description of Work

Installation of a fence on the recently restored stone wall on west side and south side of the property, with a gate on the south side near the house. The fence will be the Illusions vinyl fence V700. This is a traditional picket fence that will be 3 ft 6 inches high.

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.

Job Location: 13 N COTTENET ST

Parcel Id: 2.40-13-16

AFFIDAVIT OF APPLICANT

I **Herbert Geiss** being duly sworn, depose and says: That s/he does business as: **Herbert Geiss** with offices at: **623 Little Silver Point Rd Little Silver NJ 07739** 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 _____ day of _____ of _____

Notary Public / Commission of Deeds

Applicant's Signature

OWNER'S AUTHORIZATION

I **Herbert Geiss** 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 732-996-5606 Owner email address HGEISS@COMCAST.NET

- ☒ HERBERT GEISS 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 _____ day of _____ of _____

Notary Public / Commission of Deeds

Applicant's Signature

Illusions[®] Vinyl Fence

The Classic Face of the American Landscape

Beautify Your Outdoor Living Space • Enjoy Stylish Privacy & Security • Increase Your Property Value
VMA Certified 100% Pure Virgin Vinyl Fence • Choose from 36 Colors and 5 Woodgrains



Why Illusions Vinyl Fence?



Vinyl Manufacturers Association (VMA) Certified

As a Vinyl Manufacturers Association (VMA) certified company, Illusions Vinyl Fence is routinely tested and regulated to maintain the most stringent guidelines of quality and consistency in the fence industry. This is extremely important to you, the consumer, because VMA certified products must be made from 100% Pure Virgin Vinyl which is a structurally superior and longer lasting product than vinyl made from recycled plastics.



ASTM F964-13 Compliant

ASTM F964-13 is considered the most recognized testing specification for vinyl.

The purpose of this specification is to establish a recognized standard of quality for exterior vinyl profiles for use in assembling agricultural, commercial, and residential fencing and railing.



QuickShip™ InStock NO-WAIT Program

Got an important party coming up and need a fence quick?

Many styles of Illusions Vinyl Fence and their matching 4' and 5' wide gates are in stock and available for immediate shipment. Ask your fence installer for information on all current options.



Ready to Specify

Illusions Vinyl Fence styles are available on www.CADDetails.com to help you immediately specify for commercial and residential installations. Spec sheets, CAD files, PDFs, and more are ready to help you get your Illusions Fence installed today!



Made in the U.S.A.

Manufactured by Eastern Wholesale Fence of Medford, NY, Illusions Vinyl Fence has been a household name in the fence industry for almost 30 years and is proudly manufactured in the United States of America.



Warranty

The best looking products in the industry give you a great warranty as well!

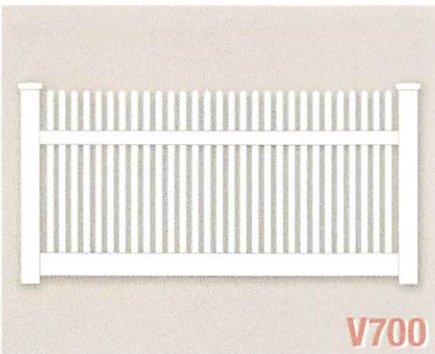
Classic Illusions Fence is protected by a comprehensive limited lifetime warranty, and Grand Illusions Color Spectrum and Grand Illusions Vinyl WoodBond products are protected by a twenty year pro-rated warranty. For details and warranty related questions, please visit the Illusions fence website at www.illusionsfence.com.



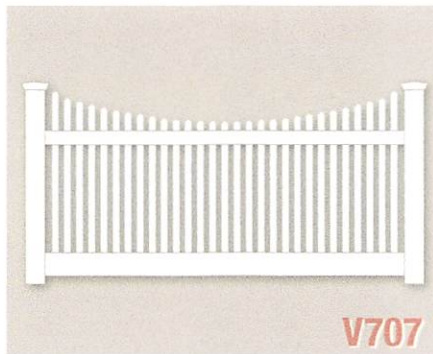
www.illusionsfence.com



CLASSIC VICTORIAN PICKET



1-1/2" X 1-1/2" STRAIGHT TOP PICKET



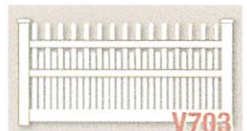
1-1/2" X 1-1/2" SCALLOPED PICKET

One of the most popular fence styles in the USA is the Illusions Vinyl Fence Classic Victorian Picket.

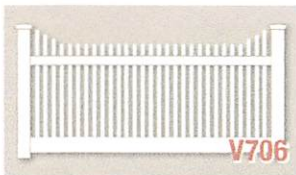
Using 1-1/2" x 1-1/2" pickets, it is a maintenance-free look alike of the old red cedar fence. All of the panels are carefully designed with the classic look in mind and are available in colors and woodgrains.



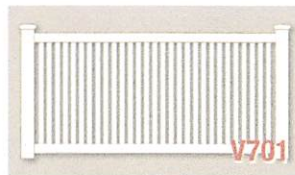
1-1/2" X 1-1/2"
STAGGERED TOP PICKET



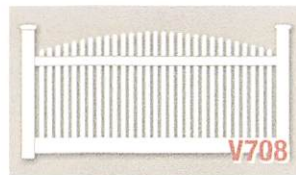
1-1/2" X 1-1/2"
STAGGERED PICKET



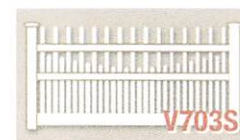
1-1/2" X 1-1/2"
STEPPED TOP PICKET



1-1/2" X 1-1/2"
FRAMED TOP PICKET



1-1/2" X 1-1/2"
ARCHED TOP PICKET



1-1/2" X 1-1/2"
STAGGERED SCALLOPED
PICKET



1-1/2" X 1-1/2"
FRAMED STAGGERED
PICKET

MATCHING WELDED GATES

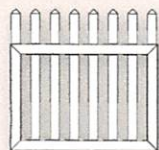
(Matching Assembled Gates Available
Ask Your Fence Installer for More Information)



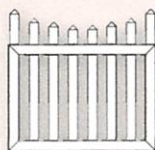
Standard 3' & 4' Width Walk Gates (VWG), and 5' & 6' Width Drive Gates (VDG) (Custom Sizes and Styles Available)

ACCENT GATES

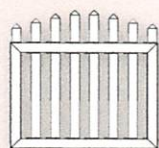
CONTEMPORARY PICKET



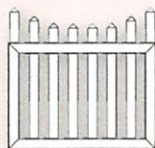
VWG401-TR



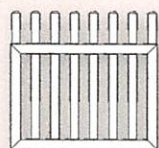
VWG402-TR



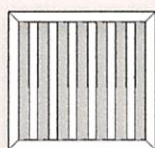
VWG403-TR



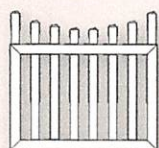
VWG406-TR



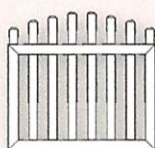
VWG350-TR



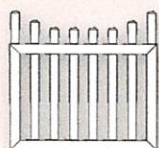
VWG351-TR



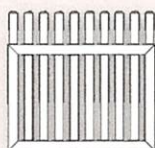
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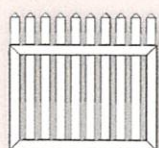
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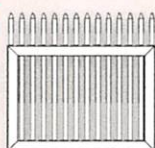
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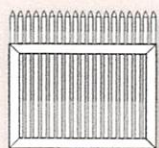
VWG353R-TR



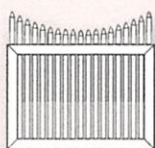
VWG401R-TR



VWG401N-TR

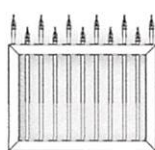


VWG401NR-TR

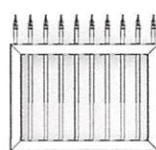


VWG402NR-TR

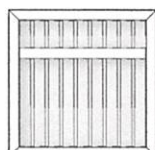
ORNAMENTAL PICKET



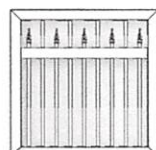
VWG0100



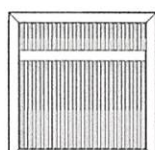
VWG0101



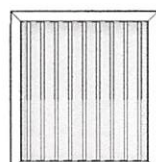
VWG0202



VWG0200

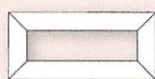


VWG0402

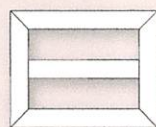


VWGOV52

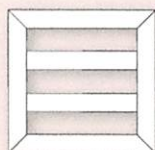
POST AND RAIL



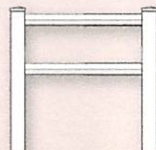
V2RWG



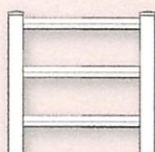
V3RWG



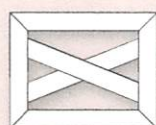
V4RWG



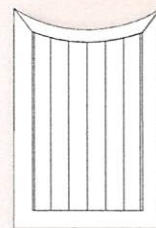
VDRG-42



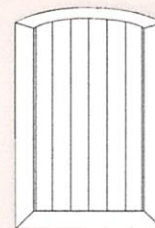
VDRG-43



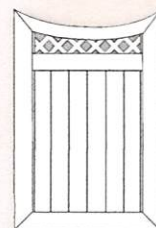
VWGCB



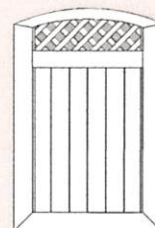
VBG1



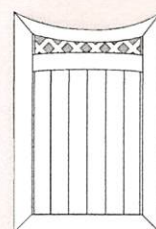
VBG2



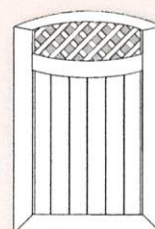
VBG3



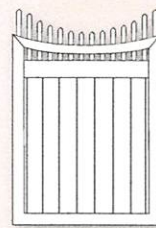
VBG4



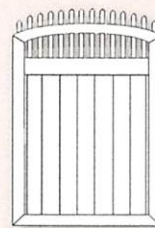
VBG5



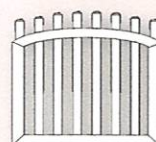
VBG6



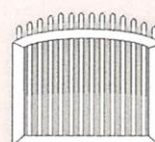
VBG7



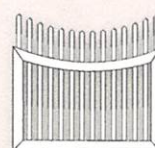
VBG8



VBG10



VBG11



VBG12

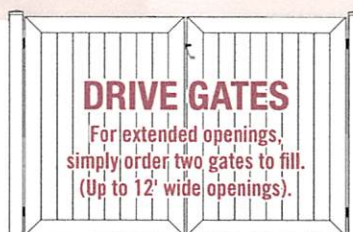
NEW!



ASSEMBLED
GATES FOR SELECT
STYLES

DRIVE GATES

For extended openings,
simply order two gates to fill.
(Up to 12' wide openings).



(Shown: Two 5' Wide VDG300-56)





CERTIFICATE OF INSURANCE COVERAGE
under the NYS 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)

NUMAT FENCE DISTRIBUTORS INC.
346 ASHFORD AVE

DOBBS FERRY NY 10522

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

914-693-2335

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

205849705

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

Village Of Irvington
85 Main St
Irvington NY 10533

3a Name of Insurance Carrier

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

3b Policy Number of Entity Listed in Box "1a"

LDNY-816522

3c Policy effective period

01/01/2021 to 12/31/2021

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

02/10/2021

Elizabeth Tello

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074

Name and Title: Elizabeth Tello – Assistant Director, Statutory Services

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.



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed 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 cancelled 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 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 Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits 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 NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) 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 employment as defined in this article, 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 the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. 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 disability benefits to any such employee if so employed.

(b) 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 employment as defined in this article and 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 the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/8/2021

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 Allan M. Block Agency, Inc. 24 South Broadway Tarrytown, NY 10591	CONTACT NAME:	
	PHONE (A/C, No, Ext): (914) 631-4353	FAX (A/C, No): (914) 631-2930
	E-MAIL ADDRESS: sales@allanblockinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Preferred Mutual Insurance Company	
INSURED Numat Fence Distributors Inc Steve King 346 Ashford Avenue Dobbs Ferry, NY 10522	NAIC #	
	15024	
	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 INSD	SUBR 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 type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		BOP0100720431	11/10/2020	11/10/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Village Of Irvington is included as additional insured if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Village Of Irvington
85 Main St.
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

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

NUMAT FENCE DISTRIBUTORS INC.

346 ASHFORD AVENUE

DOBBS FERRY, NY-10522

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-19361-H07



Date of Expiration

07/17/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2021

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 SCS AGENCY INC 1981 MARCUS AVE STE 125 NEW HYDE PARK, NY 11042 (888) 661-3938	CONTACT NAME: PHONE (A/C, No, Ext): (888) 661-3938 FAX (A/C, No): (877) 872-7604 E-MAIL ADDRESS: service.center@travelers.com
INSURED NUMAT FENCE DISTRIBUTORS, INC 346 ASHFORD AVE DOBBS FERRY, NY 10522	INSURER(S) AFFORDING COVERAGE INSURER A : THE PHOENIX INSURANCE COMPANY INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 649413405490140 **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.

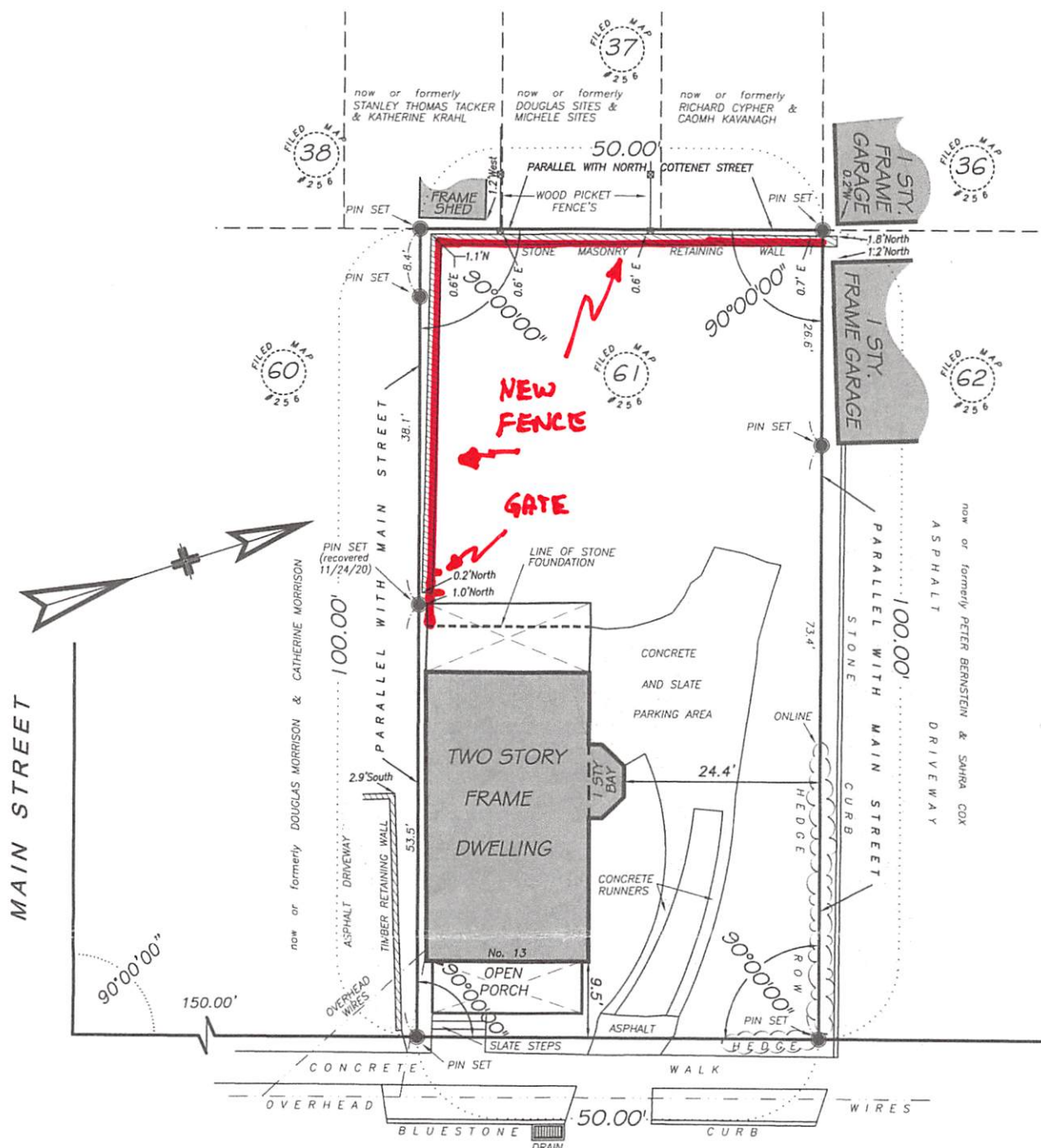
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-7J642769-20	12/18/2020	12/18/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER VILLAGE OF IRVINGTON 85 MAIN ST IRVINGTON, NY 10533	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 <i>Mary Kuckelmann</i>
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NORTH COTTENET STREET formerly "C" STREET

- THE PREMISES SHOWN HEREON DESIGNATED AS LOT 61 ON A CERTAIN MAP ENTITLED, "MAP OF VILLAGE LOTS AND COTTAGE SITES AT DEARMAN, WESTCHESTER COUNTY", FILED IN THE WESTCHESTER COUNTY CLERK'S OFFICE - DIVISION OF LAND RECORDS, FORMERLY THE WESTCHESTER COUNTY REGISTERS OFFICE ON JUNE 1, 1850 AS FILED MAP No. 256
- PREMISES ARE DESIGNATED ON THE TAX MAPS FOR THE TOWN OF GREENBURGH / VILLAGE OF IRVINGTON SECTION; 002.040 BLOCK; 13 LOT; 16 STREET ADDRESS: 13 NORTH COTTENET STREET PROPERTY AREA: 5,000 Sq. Ft. - 0.1147 ACRE
- SURVEY IS SUBJECT TO ANY STATE OF FACTS WHICH AN UP-TO-DATE TITLE EXAMINATION MAY DISCLOSE.
- THE OFFSETS SHOWN HEREON ARE NOT INTENDED TO ESTABLISH PROPERTY LINES FOR THE ERECTION OF FENCES, STRUCTURES OR ANY OTHER IMPROVEMENTS.
- ENCROACHMENTS BELOW GRADE AND/OR SUBSURFACE FEATURES, IF ANY, NOT LOCATED OR SHOWN HEREON.
- UNAUTHORIZED ALTERATION OR ADDITION TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS A VIOLATION OF SECTION 7209, SUBDIVISION 2, OF THE NEW YORK STATE EDUCATION LAWS.
- ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY MARKED WITH AN ORIGINAL OF THE LAND SURVEYOR'S SEAL SHALL BE CONSIDERED TO BE TRUE VALID COPIES.
- THIS MAP WAS PREPARED FROM AN ACTUAL FIELD SURVEY CONDUCTED ON THE DATE SHOWN AND THAT SAID SURVEY WAS PERFORMED IN ACCORDANCE WITH THE EXISTING "CODE OF PRACTICE FOR LAND SURVEYS" ADOPTED BY THE NEW YORK STATE ASSOCIATION OF PROFESSIONAL LAND SURVEYORS.

PREPARED FOR: HERBERT GEISS

SURVEY OF PROPERTY SITUATE IN THE VILLAGE OF IRVINGTON TOWN OF GREENBURGH WESTCHESTER COUNTY NEW YORK

SCALE: 1" = 15'
SURVEYED & PROPERTY MARKERS SET: AUGUST 6, 2015
AMENDED DEC. 1, 2015
SURVEY REVISED FOR FINAL AS BUILT OF WALL: NOVEMBER 24, 2020

Link
Land Surveyors, P.C.
21 Clark Place, Suite 1-B Phone 845-628-5857
Mahopac, NY 10541 Fax 845-621-0013



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