APPLICATION FOR BUILDING PERMIT

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

Application Number:	150	Date:	01/23/2021
Job Location:	4 DEEP HOLLOW CLOSE	Parcel ID:	2.170-77-6
Property Owner:	Michael Cartwright	Property Class:	1 FAMILY RES
Occupancy:		Zoning:	
Common Name:			

Applicant	Contractor			
Michael Cartwright	Frank Cipriani			
None	King Fence			
4 Deep Hollow CloseIrvington NY 10533	48 Grassy Sprain Road Yonkers NY 10710			
9174425366	9143378700			

Description of Work

Type of Work:	Fence	Applicant is:	Owner
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	9600.00	Property Class:	1 FAMILY RES

Description of Work

Install black aluminum picket fence (to mimic wrought iron) along short portion of west property edge (adjoining Havemeyer Road), behind existing privet hedge. Continue fence alongside driveway to join to house.

Install black chain link fence along short portion of east property edge (between #4 and #3 Deep Hollow Close).

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: 4 DEEP HOLLOW CLOSE Parcel Id: 2.170-77-6

AFFIDAVIT OF APPLICANT

The owner of the property de	scribed herein of the New York Corporation	with offices at:
		ution of the Board of Directors, and that
said corporation is duly author	prized by the owner to make this application.	*
_ /_ /_		
Partnership is duly authorize The Lessee of the premises, The Architect of Engineer du	with offices with offices d by the Owner to make this application. duly authorized by the owner to make this application authorized by the owner to make this application.	oplication.
knowledge and belief. The unde Uniform Fire Prevention and Buil laws pertaining to same, in the co	this application and on the accompanying drasigned hereby agrees to comply with all the ding Code, the Village of Irvington Building Construction applied for, whether or not shown	requirements of the New York State ode, Zoning Ordinance and all other on plans or specify in this application.
Sworn to before me this	27 day of 4004RY of 202	
Seluin Leinge	Let a gradient de mallions l'insultinant lieu al lieu al lieu de l'insultinant lieu al lieu de l'insultinant lieu al lieu de l'insultinant l'i	MICHA
Notary Public / Commission of D	SYLVIA LEINFELDER Notary Public - State of New York	Applicant's Signature
	NO. 01LE6191138 - Qualified in Westchester County	
/NER'S AUTHORIZATION	My Commission Expires D8/04/202	Y.
ichael Cartwright as the owner of work under the subject application	f the subject premises and have authorized the.	he contractor named above to perform
Owner phone number 9/7 4	0 Owner email address MICKO	cartwright @gmail.com
for ensure that if the permit (if further that if a Final Certification)	hereby acknowledge that it is resistance it is not obtained upon completion property for which this permit is being required.	val from the Building Department and on of the construction, a property
Sworn to before me this _	27 day of ANUAR of	2021
Action Server Notary Public / Commission	of Deeds	Applicant's Signature
SYLVIA LEINFELDER Notary Public - State of Nev NO. 01LE6191138 Qualified in Westchester Company Commission Expires Of		

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 likened professional).
- 4. One USB with all plans (with Licensed Professionals certification/stamp) and specifications in PDF (file size must be less than 25MB).
- 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.rvzingtongy.gox) prior to submission).
- Visit the Village of Irvington website 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.
- 9. Provide evidence that the application meets the NYS Energy code as described by 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 genera
contacting 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

170

- · 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

Total Inspections

- * 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).

* 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 toapplying 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



280

Michael and Lynn Cartwright 4 Deep Hollow Close Irvington, NY 10533

January 11th 2021

Architectural Review Board c/o Irvington Building/Planning 85 Main Street Irvington, NY 10533

Dear Board,

Thank you for taking the time to review our application.

We have submitted this application to complete the enclosure of our side/rear yard to provide a safe space for pets and children to play.

Description of work:

Install black aluminum picket fence (to mimic wrought iron) along short portion of west property edge (adjoining Havemeyer Road), behind existing privet hedge. Continue fence alongside driveway to join to house.

Install black chain link fence along short portion of east property edge (between #4 and #3 Deep Hollow Close).

We appreciate your time to review and look forward to your response.

Yours sincerely

Michael Cartwright

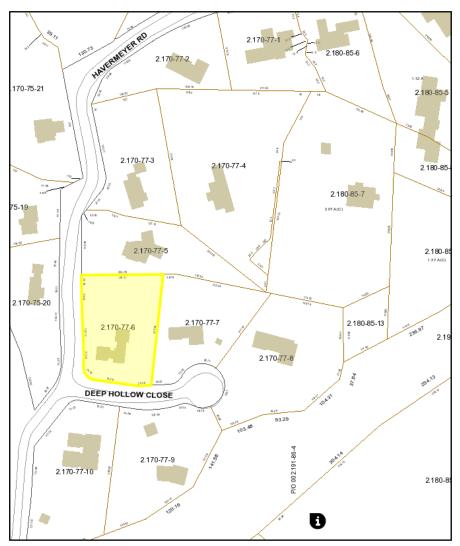
Document Contents

Page 3	Location overview from Greenburg GIS
Page 4 – 5	Property survey and proposed fence location
Page 6 – 8	Property overview photos (from Google Maps)
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Page 21	Photos showing existing fences (Field Terrace, Ardsley Ave East and Osceola Avenue)
Page 22 - 25	Manufacturers tear sheet information for proposed fence

Overview – Property Location

4 Deep Hollow Close Irvington, NY 10533

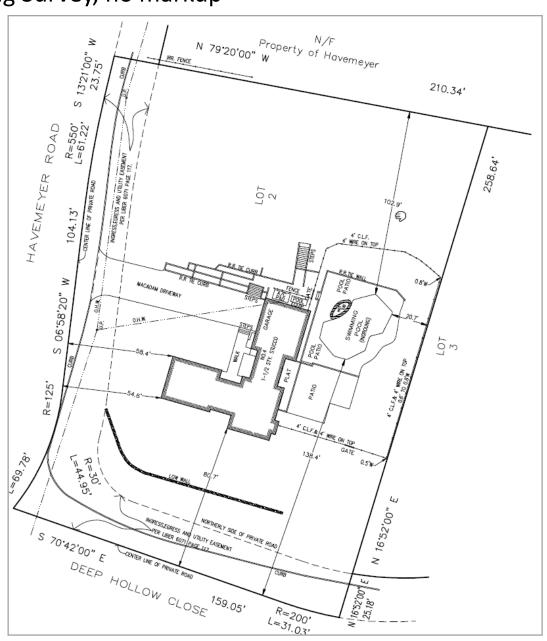
Parcel ID 2.170-77-6 Highlighted in Yellow



Source: https://www.axisgis.com/greenburghny/

Overview – Existing Survey, no markup

The survey document is included as an additional attachment to the application.

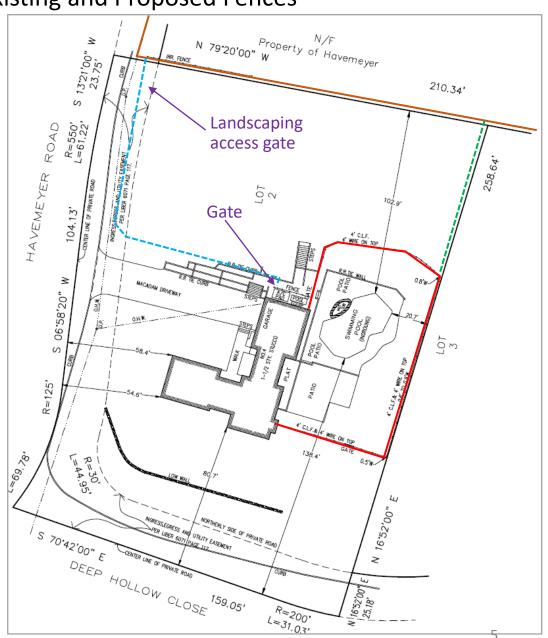


Overview – Survey with Existing and Proposed Fences

- (1) Proposed black aluminum picket fence. Potential location illustrated on photos 4 - 7
- (2) Proposed black chain link fence Potential location illustrated on photo 8

Neighbors Existing Fence (wood with wire on top). Shown in photo 9

Existing Pool safety fence, chain link with wire on top. Shown in photo 10



Overview

Photo 1 – Property from junction of Deep Hollow Close and Havemeyer Road Open front yard

Viewpoint





Source: Google Maps Street View

Overview

Photo 2 – Property from Havemeyer Road, looking South East Shows side/rear yard we would like to enclose

Viewpoint





Source: Google Maps Street View

Overview

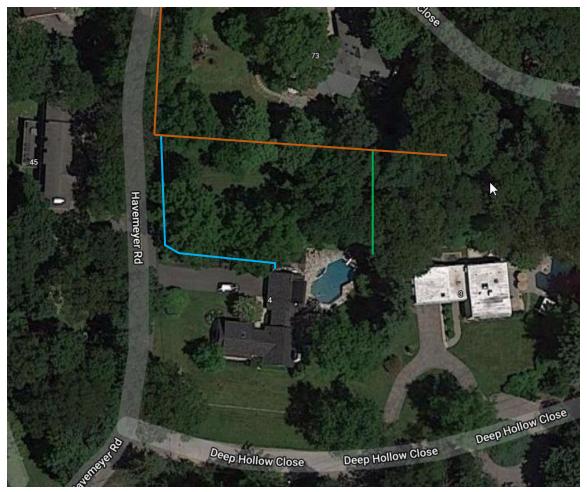
Photo 3 – Overhead view of property with <u>approximate</u> location of proposed fences

(1) Proposed black aluminum picket fence

(2) Proposed black chain link fence

Neighbors Existing Fence (wood with wire on top).

Note that the proposed fence 1, adjoining Havemeyer Road, is well removed from the junction of Havemeyer Road and Deep Hollow Close.



Source: Google Maps Satellite view

Photo 4
Proposed fence location inside privet hedge screening

Photo 5 Proposed fence location continues at base of slight rise

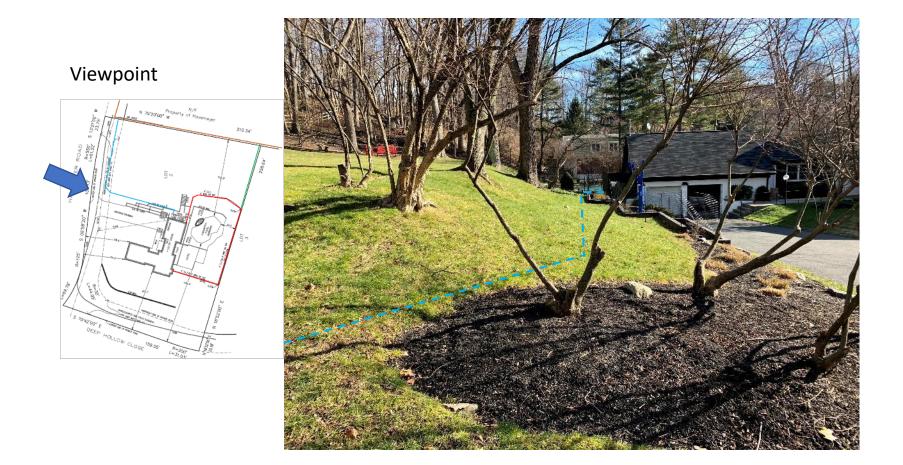


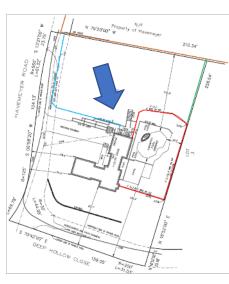
Photo 6

Proposed fence location runs along base of slight rise to blend in.





Photo 7
End of proposed fence location with return to existing structure



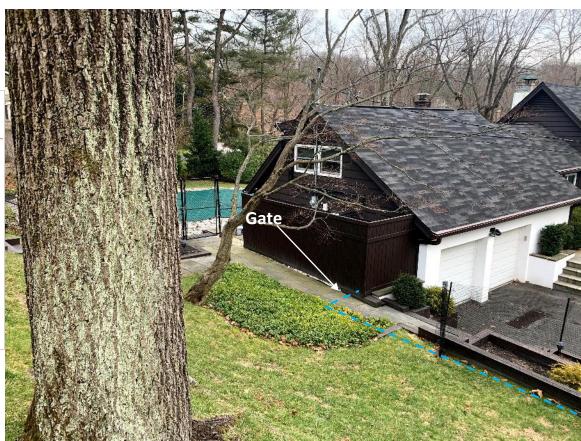


Photo 8

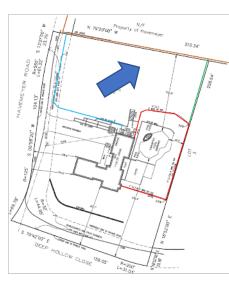
Proposed chain link fence on eastern edge of property, connecting existing pool safety fence to property line and neighbor's fence





Existing Neighbor's fence adjoining property

Photo 9 – Existing fence – along property line Wood post and rail with wire upper fence





Existing Fence on Property

Photo 10 – Existing fence – Pool Safety Fence Black chain link and wire



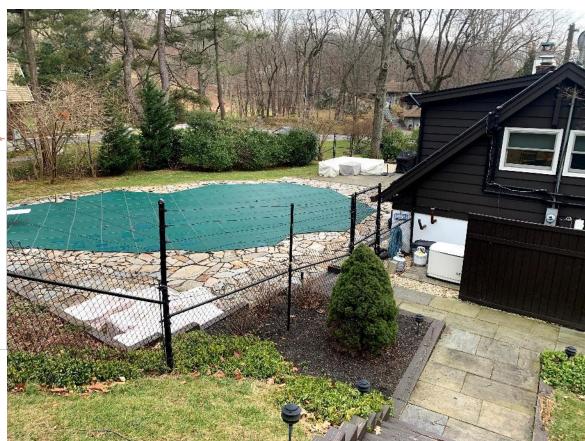


Photo 11 – Existing fence - 73 Havemeyer Road Wood post and rail with wire upper fence adjoining Havemeyer Road

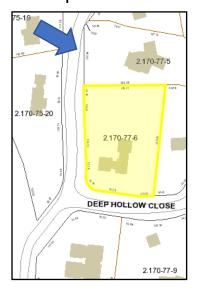




Photo 12 – Existing fence - 73 Havemeyer Road
Black aluminum fence adjoining share driveway to 71 Havemeyer

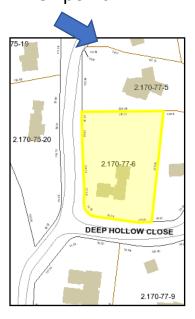




Photo 13 – Existing fence - rear of 5 Belmont Drive 6 Ft black chain link fence adjoining Havemeyer Road

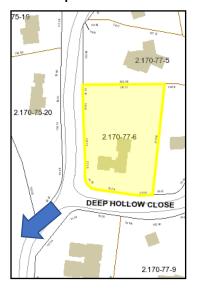




Photo 14 – Existing fence - 75 Havemeyer Road 6 ft wood fence adjoining Havemeyer Road

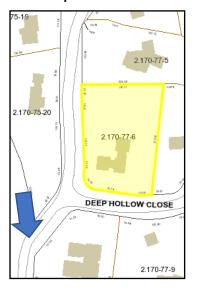
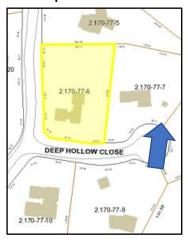




Photo 15 – Existing fence – 3 Deep Hollow Close Black Aluminum fence





Existing Fences (Field Terrace, Ardsley Ave East and Osceola Avenue)



Osceola Avenue



Field Terrace

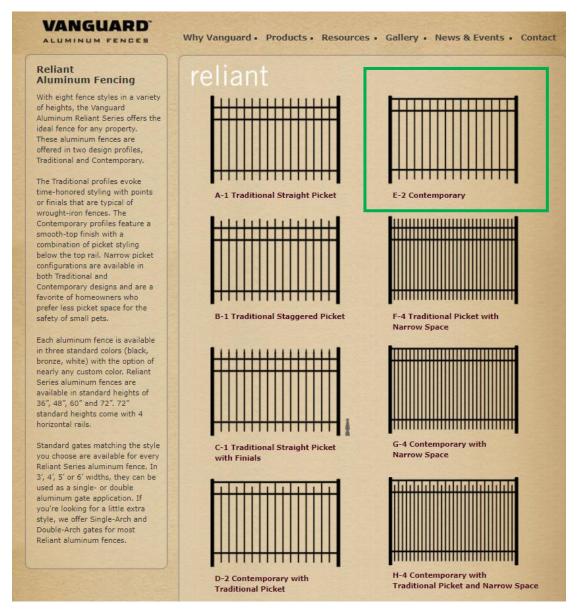


Osceola Avenue



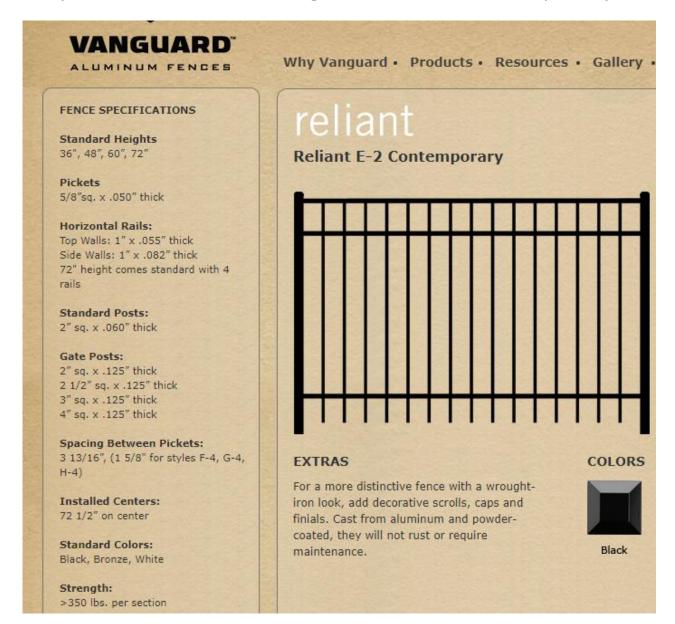
Ardsley Ave East

Vanguard Reliant Fence Line

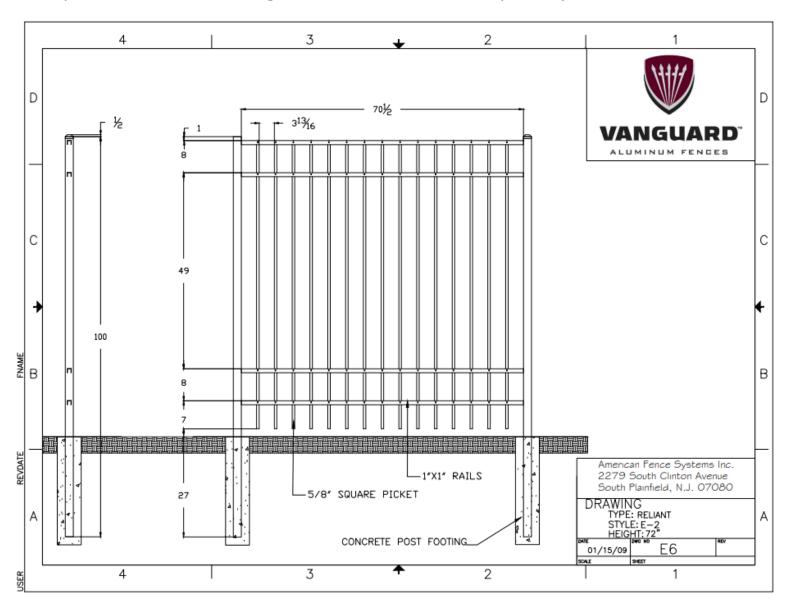


See following page for details

Proposed Fence – 6 Ft Vanguard Reliant Contemporary E2



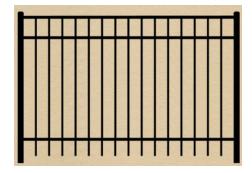
Proposed Fence – Vanguard Reliant Contemporary E2

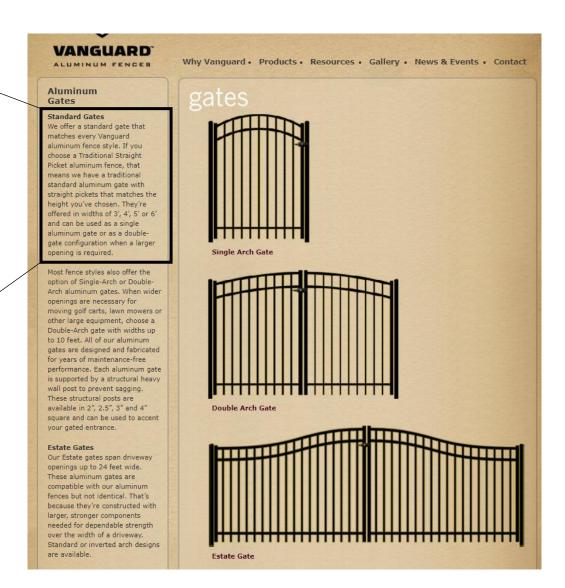


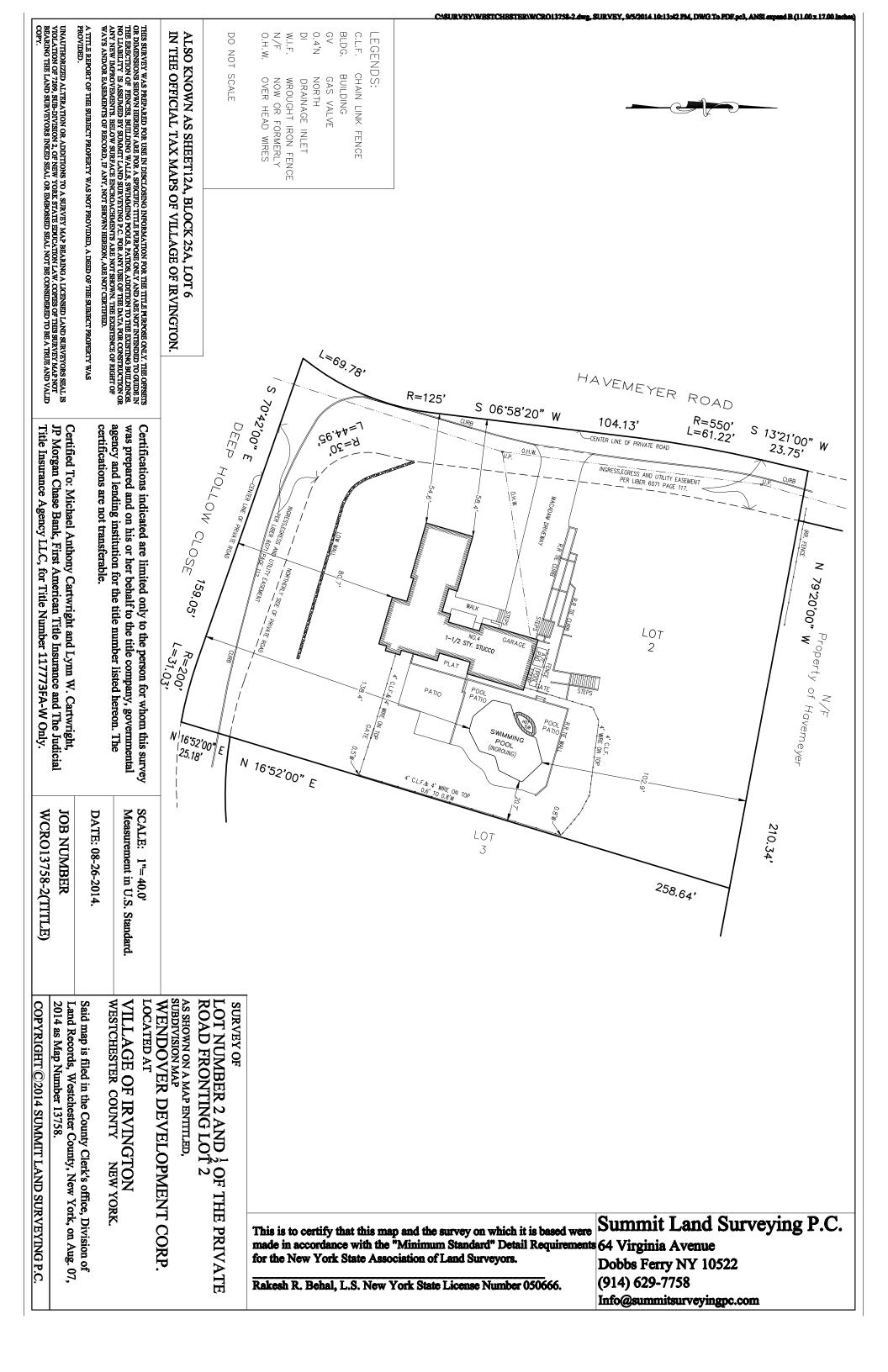
Proposed Gates – Straight gate to match fence

Standard Gates

We offer a standard gate that matches every Vanguard aluminum fence style. If you choose a Traditional Straight Picket aluminum fence, that means we have a traditional standard aluminum gate with straight pickets that matches the height you've chosen. They're offered in widths of 3', 4', 5' or 6' and can be used as a single aluminum gate or as a double-gate configuration when a larger opening is required.







Cips Fence Co. Inc. d/b/a "KING FENCE"

Westchester • Rockland • Connecticut

48 Grassy Sprain Rd. Yonkers, N.Y. 10710 Phone: (914) 337-8700 • Fax: (914) 337-9131

The following is the Agreement between (or among) Cips Fence Co., Inc. (d/b/a `King Fence"). ("King Fence") and the customer(s) signing below (jointly and severally the "Customer") and shall be effective upon signing by King Fence

CARTWRIGHT STREET S	HONE	
STREET		DATE 4.0 (2020
	917-721-7239	10/19/2020
	OB NAME	·
4 DEEP HALLOW CLOSE	MAIL LWCARTWF	RIGHT@YAHOO.COM
City, state, zip	OB LOCATION	
IRVINGTON, N.Y. 10533		
ESTIMATOR 3	OB PHONE	JOB FAX
FRANK CIPRIANI		
MATERIALS:		
INSTALL ACROSS THE BACK AN APPR	OX. 80' LINEAR FI	ET OF 6' FEET HIGH
ALL COLOR BLACK CHAINLINK FENCE W	TH TOP AND BOTT	TOM TENSION WIRE
INSTALL L-SHAPE OF AN APPROX. 1	80' LINEAR FEET O	F 6' HIGH COLOR
BLACK ALUMINUM FENCE RESIDENTIAL GRA	DE FENCE STYLE	E-2 VANGUARD
MANUFACTURE		
INSTALL 1 DOUBLE GATE 6' FEET V	IDE AND 1 SINGL	E GATE TO FIT
OPENING OVER WALKWAY		
<u> </u>		
ALL POSTS SHALL BE SET IN CEMENT	•	
ALL 10010 OHALL DE OLI 111 CLITERE	-	
MATERIAL AND LABOR COSTS \$9,600	0.00 PLUS TAX	
CHARGES TO CUSTOMER/PAYMENT TERMS:		
Title to Materials: Until payment in full hereunder has been made to King Fences, all materials shall remain the pro		
1. Title to Materials: Until payment in full hereunder has been made to King Fences, all materials shall remain the pro its sole option, in the event of a default by Customer in any of its obligations to King Fences, remove may be attached to or be part of the Subject Property (including/without limitation, the materials).	any and all materials supplied by or on be	half of King Fences, notwithstanding, that the same
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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 and or sement(s).

ti	his certificate does not confer rights t	o the	e cert	ificate holder in lieu of si	uch en	dorsement(s	oncies may).	require an endorsemen	ı. As	tatement on
PRODUCER					CONTACT Wendy Veltri					
FERENCE-GRAY INSURANCE BROKERAGE, LLC				PHONE (A/C, No, Ext): 914-517-8682 (A/C, No): 914-696-0415						
19 MILL STREET			E-MAIL ADDRESS: wveltri@efgins.com							
PORT CHESTER, NEW YORK 10573									NAIC#	
				INSURE		urance Comp			26263	
INSURED				INSURER B:						
CIPS Fence Co., Inc. dba: King Fence			INSURER C:							
48 Grassy Sprain Road			INSURER D:							
Yonkers, New York 10710			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,										
INSR	XCLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN F					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	·	
								EACH OCCURRENCE DAMAGE TO RENTED	1	000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	-	000,000
A		Υ		Q47-6950084		44/40/0000	44/40/0004	MED EXP (Any one person)	\$	5,000
		Y		Q47-0950084		11/19/2020	11/19/2021	PERSONAL & ADV INJURY	-	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- PRO- LOC							GENERAL AGGREGATE	-	000,000
								PRODUCTS - COMP/OP AGG	-	000,000
_	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	000,000
	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$		
A	✓ OWNED ✓ SCHEDULED	Υ		Q11-6940010		11/19/2020	11/19/2021	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
, ,	HIRED NON-OWNED			Q11-0340010	11/19/2020	11/19/2021	PROPERTY DAMAGE	\$	VACCO.	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	X UMBRELLA LIAB X OCCUR									000,000
Α	EXCESS LIAB CLAIMS-MADE	Υ		Q35-5170349		11/01/2020	11/01/2021	EACH OCCURRENCE	4 .	000,000
3,33	DED X RETENTION\$ 10,000	a	-	400 011 0040		11/01/2020	11/01/2021	AGGREGATE	\$ 1,0	,00,000
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ф	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			i			E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
								E.E. DIOLAGE TOLIGITE LIMIT	-	
А	Snow Plow Removal	Υ		Q35-6920090		11/19/2020	11/19/2021	\$1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	e space is require	ed)		
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).										
	The state of the s									-
CERTIFICATE HOLDER CAN				CANC	ELLATION					
Village of Irvington			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	85 Main Street				AUTHO	RIZED REPRESE	NTATIVE,	11	311	WN
Irvington, NY 10533			Edward Ference Gray 12/15/20							



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Insured Detail

Legal Name and address of Insured (Use street address only) Abel HR II, Inc. L/C/F Cips Fence Co, Inc. 48 Grassy Sprain Rd Yonkers, NY 10710 DBA: King Fence	 1b. Business Telephone Number of Insured 860-609-0400 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured
Work Location of Insured (Only required if coverage is specifically limited to certain location in New York State, i.e. a Wrap-Up Policy)	or Social Security Number 134049813
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main Street Irvington, NY 10533	3a.Name of Insurance Carrier AmTrust Insurance Company of Kansas, Inc. 3b. Policy Number of entity listed in box "1a": KWC1202379 3c. Policy effective period: 3/1/2020 to 3/1/2021 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:	Henry C. Sibley	
	(Print name of authorized representative or	r licensed agent of insurance carrier
Approved By:	Acus C Sibles	12/15/2020
_	(Signature)	(Date)
Title:	Underwriting Manager	

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

C-105.2 (9-17) www.wcb.ny.gov

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