

APPLICATION FOR BUILDING PERMIT

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

Application Number:	540	Date:	05/24/2021
Job Location:	200 LOCUST LN	Parcel ID:	2.130-64-15..200
Property Owner:	Nabil Bahr	Property Class:	APARTMENT
Occupancy:	One/ Two Family	Zoning:	
Common Name:			

Applicant	Contractor
John Kypreos	John Kypreos
Tri-State Window Factory Corp.	Tri-State Window Factory Corp.
360 Marcus BoulevardDeer Park NY 11729	360 Marcus Boulevard Deer Park NY 11729
631-255-1725	631-255-1725

Description of Work

Type of Work:	Exterior alteration or renovations	Applicant is:	Contractor
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	3300.00	Property Class:	APARTMENT

Description of Work

Replace 1 existing 2-lite sliding window and create 2 new openings in attic to install Tri-State Model 4100 sliding vinyl replacement windows.

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: 200 LOCUST LN

Parcel Id: 2.130-64-15..200

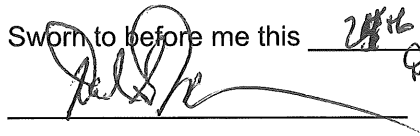
AFFIDAVIT OF APPLICANT

I **John Kypreos** being duly sworn, depose and says: That s/he does business as: **Tri-State Window Factory Corp.** with offices at: **360 Marcus Boulevard Deer Park NY 11729** and that s/he is:

- ☐ The owner of the property described herein.
- ☒ The PRESIDENT of the New York Corporation TRI-STATE WINDOW FACTORY CORP with offices at: 360 MARCUS BLVD., DEER PARK, NY 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 24th day of May of 2021



Notary Public / Commission of Deeds

David G McMahon
Notary Public
State of New York
No. 01MC6069093
Suffolk County

Commission Expires 1/22/22



Applicant's Signature

OWNER'S AUTHORIZATION

I **Nabil Bahr** 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 646 270 2031 Owner email address NABIL_MORRISON@hotmail.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.

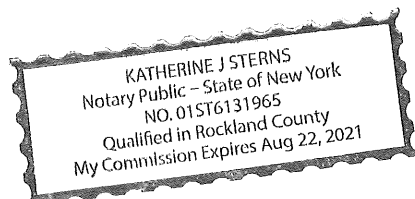
Sworn to before me this 27th day of May of 2021



Notary Public / Commission of Deeds



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 likened 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) prior to submission).
7. 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 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
68

• 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 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 228

(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.)

DOWNINGWOOD – AT – IRVINGTON

MODIFICATION WAIVER

To: Nabil Bahr

Unit #: 200 Locust Lane

Your request to Install 2 windows 40"x32" see plans and sketch
(Describe modification)

is hereby approved by the Board of Managers in accordance with the following conditions:

1. Construction shall be in accordance with the manufacturer's specifications for the products to be utilized and shall be performed in a workmanlike manner.
2. The contractor shall have appropriate worker's compensation and liability insurance.
3. All necessary permits shall be secured prior to commencement of construction. If necessary.
4. The unit owner shall bear all liability for any damage, loss or injury, which may be sustained in consequence of the construction and modification to the unit including, but not limited to, the negligence of the contractor.
5. The unit owner shall bear all responsibility for the maintenance, repair and or replacement of the alterations, additions and modifications to the unit, including any damage to or loss of blown insulation during siding, roof or other external maintenance or repairs.
6. The unit owner's obligations as set forth herein shall run with the title of the unit.
7. Contractor shall remove all rubbish from Downingwood site.
8. Any alteration, addition or change to submitted plans must be approved by the Board of Managers prior to work performed.

Accepted and Agreed: _____

Nabil Bahr

6/3/21

Dated: 6/4/21

6/2/21



VILLAGE OF IRVINGTON

Building Department
85 Main Street
Irvington, NY 10533

Phone: (914) 591-8335
Fax: (914) 591-5870
Hours:
M - F 8:30 AM - 4:30 PM

PAYMENT RECEIPT

Receipt Number 2021-499

Payment Date 06/09/2021

Cost of Work (EST) 3300.0000

Amount Paid 228.00

Payment Type Permit

Permit Type Exterior alteration or
renovations

Check Number 13140

Account Code

Application No. 540

Applicant John Kypreos

Property Owner Nabil Bahr

Job Location 200 LOCUST LN

Description of Work

Replace 1 existing 2-lite sliding window and create 2 new openings in attic to install Tri-State Model 4100 sliding vinyl replacement windows.

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

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

TRI-STATE WINDOW FACTORY CORP.

360 MARCUS BLVD.

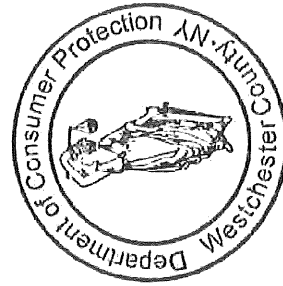
DEER PARK, NY-11729

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-11684-H01

Date of Expiration
04/25/2021

Note: The renewal has been submitted but
the new license has not yet been received



Client#: 363163

TRISTATE5

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/24/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services - C/L 725 RXR Plaza East Tower 7th Floor Uniondale, NY 11556		CONTACT NAME: PHONE (A/C, No, Ext): 516 419-4000 FAX (A/C, No): 877 727-5171 E-MAIL ADDRESS:																						
INSURED Tri State Window Factory Corp 360 Marcus Blvd Deer Park, NY 11729		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Ohio Security Insurance Company</td> <td>24082</td> </tr> <tr> <td>INSURER B:</td> <td>Ohio Casualty Insurance Company</td> <td>24074</td> </tr> <tr> <td>INSURER C:</td> <td>ShelterPoint Life Insurance Company</td> <td>81434</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ohio Security Insurance Company	24082	INSURER B:	Ohio Casualty Insurance Company	24074	INSURER C:	ShelterPoint Life Insurance Company	81434	INSURER D:			INSURER E:			INSURER F:		
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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 INSR 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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		BKS2158240198	12/31/2020	12/31/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BAS2158240198	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		USO2158240198	12/31/2020	12/31/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Disability		DBL388121	01/01/2021	01/01/2022	Statutory Continuous

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

The Village of Irvington, 85 Main Street, Irvington, NY 10533 is included as additional insured.

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

P. Samuels

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**Workers'
Compensation
Board**

CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

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

1a. Legal Name & Address of Insured (use street address only)
TRI-STATE WINDOW FACTORY CORP.

360 MARCUS BOULEVARD
DEER PARK, NY 11729

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

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

112872806

2. Name and Address of 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

ShelterPoint Life Insurance Company

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

DBL388121

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 5/24/2021 By _____

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

Telephone Number 516-829-8100

Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 112872806
TRI-STATE WINDOW FACTORY CORP
360 MARCUS BOULEVARD
DEER PARK NY 11729



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER

TRI-STATE WINDOW FACTORY CORP
360 MARCUS BOULEVARD
DEER PARK NY 11729

CERTIFICATE HOLDER

DEPARTMENT OF BUILDINGS
VILLAGE OF IRVINGTON
85 MAIN STREET
IRVINGTON NY 10533

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
Z1167 653-3	564290	04/01/2021 TO 04/01/2022	5/24/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1167 653-3, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 393835421



4100 SERIES



Tri-State *Super High Performance Slider Window 4100*

Our 4100 Argon gas filled slider window is equipped with a fully welded main-frame, fully welded sashes, advanced weather-stripping, warm edge thermal super spacer, double glazing, double action locking system and foam filled sash and frame. They are also aluminum reinforced for added strength. Each slider window comes with full screen.

Our slider window come with solid brass ball-bearing wheels ensuring very smooth sliding on the track. Every window comes with two (2) automatic locking European locks. The 2 Lite Slider is also available in a 3 Lite Slider unequal configuration with picture window in the center or a 3 lite equal slider with all panels the same size

LIFETIME WARRANTY

w w w . t r i s t a t e w i n d o w f a c t o r y . c o m



EPA DOE
The Symbol Of Energy Efficiency
**National Energy Star®
Window Partner**
(Environmental Protection
Agency/U.S. Department of Energy)

The Most Energy Efficient Window Available Anywhere!!

(Based on NFRC Testing & Energy Star Ratings)

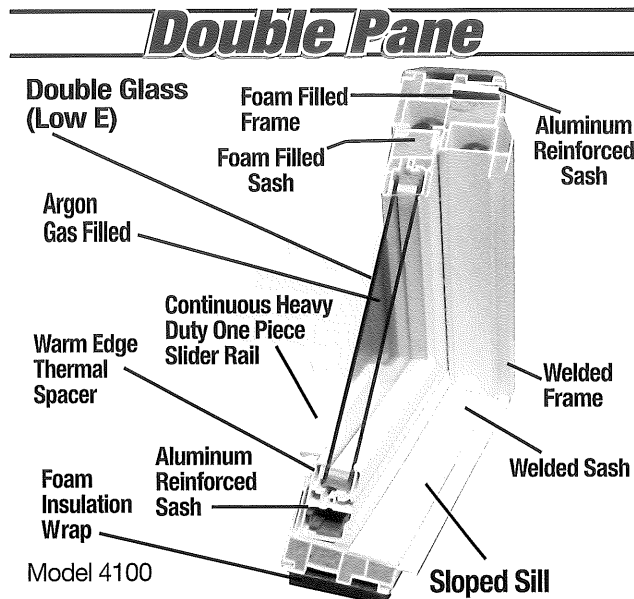
More Energy Efficient Than Pella, Andersen, Marvin... ANYONE!



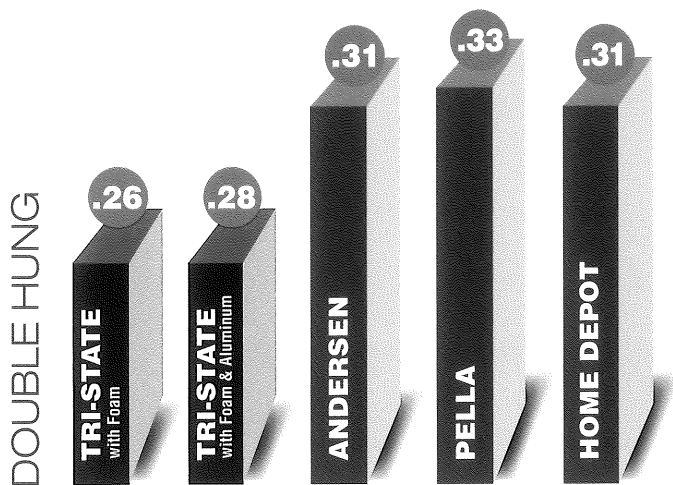
National Fenestration
Rating Council®
CERTIFIED

4100 SERIES SPECIFICATIONS

Main Frame:	Fully Welded-foam filled and foam wrapped and aluminum reinforced
Interior Sash:	Fully Welded-foam-filled and aluminum reinforced
Exterior Sash:	Fully Welded-foam-filled and aluminum reinforced
Ball Bearing Wheels:	4 Solid Brass Ball Bearing Wheels per Rail
Glazing:	Double Pane with Double Glazing Sealer
Glass Type:	1 Clear Pane & 1 Low-E Pane Soft Coat High Performance Titanium Double Strength 1/8" Glass
Gas Fill:	Argon Gas
Insulating Glass Thickness:	7/8"
Spacer:	Composite Warm Edge Thermal Super Spacer
Screens:	Full Screen - Invisible Screen
Lift Mechanisms:	Full Width Contoured Extruded Slider Rail
Locking Mechanisms:	Double Automatic Security Locking System
Weather Stripping:	Dual Weather Stripping In All Critical Junctions / Extra Qlon Weather Stripping
Meeting Rails:	Tongue & Groove Interlocking System



Tri-State Windows have been tested and proven in thousands of homes to save 35% on energy cost.



ENERGY EFFICIENCY RATINGS (U-FACTORS)

**THE LOWER THE U-FACTOR,
THE MORE ENERGY EFFICIENT
THE WINDOW**

Compare to the U-Factors of Anderson, Pella, Home Depot (Silver Line), Sears, Accu-Weld, Simonton, Gorell or other local competition on the Product Directory of the NFRC Website
www.nfrc.org

Ask your representative for the energy ratings of other national and local window manufacturers. You will see that no one measures up to Tri-State Windows.

Since 1969

TRI-STATE WINDOW FACTORY CORP.

**The Tri-State Window Formula: We Build Them!
We Install Them! We Guarantee Them!**

Showroom Hours: Mon-Sat 10:30-4, Sun 11-4
Additional Hours By Appointment Only.

Free In-Home Estimates

Buy Direct from the Factory ...No Middleman

Factory Showroom
360 Marcus Blvd, Deer Park
631-667-8600 Ext. 3
Lic.# 21236H

Nassau Factory Outlet
3657 Merrick Rd, Seaford
516-826-9800 Ext. 3
Lic.# H18B6140000

**Westchester, Rockland,
Connecticut,
New Jersey**
1-800-645-4568 Ext. 3

1-800-645-4568 Ext.3



www.tristatewindowfactory.com



Client#: 363163

TRISTATE5

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/24/2021

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PRODUCER USI Insurance Services - C/L 725 RXR Plaza East Tower 7th Floor Uniondale, NY 11556		CONTACT NAME: PHONE (A/C, No, Ext): 516 419-4000 FAX (A/C, No): 877 727-5171 E-MAIL ADDRESS:	
INSURED Tri State Window Factory Corp 360 Marcus Blvd Deer Park, NY 11729		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Ohio Security Insurance Company	
		INSURER B : Ohio Casualty Insurance Company	
		INSURER C : ShelterPoint Life Insurance Company	
		INSURER D :	
		INSURER E :	
INSURER F :		NAIC # 24082 24074 81434	

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 INSR	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS2158240198	12/31/2020	12/31/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			BAS2158240198	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			USO2158240198	12/31/2020	12/31/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
C	Disability			DBL388121	01/01/2021	01/01/2022	Statutory Continuous

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

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder Nabil Bahr, 200 Locust Lane, Irvington, NY 10533, only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured.

CERTIFICATE HOLDER

CANCELLATION

Nabil Bahr
 200 Locust Lane
 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

P. Bahr

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CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 112872806
TRI-STATE WINDOW FACTORY CORP
360 MARCUS BOULEVARD
DEER PARK NY 11729



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER TRI-STATE WINDOW FACTORY CORP 360 MARCUS BOULEVARD DEER PARK NY 11729		CERTIFICATE HOLDER NABIL BAHR 200 LOCUST LANE IRVINGTON NY 10533	
POLICY NUMBER Z1167 653-3	CERTIFICATE NUMBER 546904	POLICY PERIOD 04/01/2021 TO 04/01/2022	DATE 5/18/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1167 653-3, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 590054500

Subject: Municipal application confirmation
Date: 5/24/2021 2:24:42 PM Eastern Standard Time
From: noreply@epropertyportal.com
To: nabil_morrison@hotmail.com, DGMCMAHON@AOL.COM
Cc: mmonxhwedey@nygisgroup.com

Your permit application has been submitted successfully.

To avoid delays in processing, please read and follow the instructions provided on the final page of the application form and make sure to deliver the appropriate number of copies of plans (if required) and the signed and notarized application form to the building department.

PLEASE NOTE: Preparing an application or receipt of this confirmation does not constitute permission to begin work. If found doing work without a permit, you could receive a court summons.

Project Details:

Application number: 540

Job filed by : John Kypreos (631-255-1725)

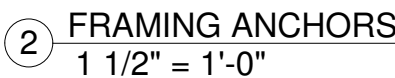
Job location : 200 LOCUST LN

Municipality : Irvington

Type of work : Exterior alteration or renovations

[Application Form](#)

Thank You.



INSTALLATION OF TWO (2) NEW SLIDING WINDOWS IN EXISTING UNHEATED ATTIC SPACE.

1. WORK SHALL BE EXECUTED IN FULL COMPLIANCE WITH UNIFORM FIRE PREVENTION AND BUILDING CODE OF THE STATE OF NEW YORK AND ALL APPLICABLE PROVISIONS OF LAWS, BY-LAWS, STATUTES, ORDINANCES, CODES, RULES AND REGULATIONS AND LAWFULL ORDERS OF THE TOWN OF IRVINGTON, NY. THE CONTRACTOR SHALL PROMPTLY NOTIFY THE OWNER AND THE ARCHITECT OF ANY PORTIONS OF THE WORK IN THE CONTRACT DOCUMENTS THAT ARE AT VARIANCE WITH THE ABOVE.
2. THE CONTRACTOR SHALL OBTAIN ALL NECESSARY PERMITS AND APPROVAL BEFORE START OF WORK.
3. ALL EXITS SHALL BE KEPT READILY ACCESSIBLE AND UNOBSTRUCTED AT ALL TIMES.
4. EXISTING BUILDING IS CURRENTLY OCCUPIED AND CONTRACTOR SHALL TAKE ALL REQUIRED MEASURES TO PROTECT SAFETY OF TENANTS DURING THE CONSTRUCTION.
5. CONTRACTOR/OWNER IS RESPONSIBLE FOR FILING & OBTAINING ALL REQUIRED PERMITS & APPROVALS PRIOR TO START OF ANY WORK.
6. ANY DISCREPANCIES IN THE PLANS, SPECIFICATIONS, NOTES, DETAILS, OR THE SIZES, SPACING AND DIRECTION OF EXISTING FRAMING SHOULD BE BROUGHT TO THE ATTENTION OF THE ARCHITECT BEFORE PROCEEDING WITH THE WORK.
7. DRAWINGS ARE NOT TO BE SCALED, ONLY FIGURED DIMENSIONS ARE TO BE USED. ALL DIMENSIONS AND CONDITIONS SHOWN AND ASSUMED ON THE DRAWINGS MUST BE VERIFIED AT THE SITE BY THE CONTRACTOR BEFORE ORDERING ANY MATERIAL OR DOING ANY WORK. ANY DISCREPANCIES IN THE DRAWINGS SHALL BE REPORTED TO THE OWNER.
8. THE CONTRACTOR SHALL PATCH AND REPAIR ALL DAMAGED OR EXPOSED SURFACES DUE TO CONTRACT WORK. ALL NEWLY INSTALLED, PATCHED WORK AND ALL AFFECTED AREAS ON THE EXTERIOR SHALL BE PAINTED. COLOR TO MATCH EXISTING CONDITIONS.
9. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ADEQUATELY BRACING AND PROTECTING ALL WORK DURING CONSTRUCTION AGAINST DAMAGE, BREAKAGE, COLLAPSE, DISTORTIONS AND OFF ALIGNMENTS ACCORDING TO CODES AND STANDARDS OF GOOD PRACTICE.
10. THE CONTRACTOR SHALL INCLUDE ALL PREPARATORY AND ASSOCIATED SUPPLEMENTARY WORK TO PROVIDE A COMPLETE AND FINISHED INSTALLATION.
11. THE CONTRACTOR SHALL FURNISH AND INSTALL NEW MATERIALS AT NO ADDITIONAL COST TO THE OWNER FOR THE FOLLOWING CONDITIONS:
 - ANY EXISTING WORK THAT HAS BEEN REMOVED OR DAMAGED IN ORDER TO PERFORM THE CONTRACT WORK.
 - TO FURNISH THE WORK OF THIS CONTRACT IN WORKMANLIKE MANNER.
12. SIZE OF MASONRY UNITS AND WOOD MEMBERS ON PLANS, BUILDING ELEVATIONS AND SECTIONS ARE SHOWN AS NOMINAL SIZE. DIMENSIONS ON PLANS ARE INDICATED FROM SURFACE TO SURFACE BETWEEN WALLS, PARTITIONS AND OTHER ITEMS EXCLUSIVE OF FINISHES.
13. ALL WOOD CONNECTORS SHALL BE SIMPSON STRONG-TIES.

I.M.VOYTEK
&
ASSOCIATES

Consultant: WOJCIECH ORZECZOWSKI, RA
Address: 99 MAIN STREET, SUITE 204
NYACK, NY 10960
Phone: 646-429-3350
e-mail: voytek@imvoytek.com

[illegible]

CLIENT NAME:
NABIL BAHR

PROJECT No: 21-09
REGULATORY STAMP

DRAWING BY: V.O

CHECKED BY: V.O

DATE: 04-15-2021

PROJECT: ATTIC WINDOWS

Address: 200 LOCUST LANE,
IRVINGTON, NY 10533

DRAWING TITLE:

SCOPE, NOTES, WINDOW ELEVATIONS & DETAILS

SEAL & SIGNATURE

DRAWING No.

A1.0

SHEET: 1 OF 1