

APPLICATION FOR BUILDING PERMIT

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

Application Number:	634	Date:	06/23/2021
Job Location:	115 S BROADWAY	Parcel ID:	2.130-66-14
Property Owner:	Catherine Daniels-Brady	Property Class:	1 FAMILY RES
Occupancy:		Zoning:	
Common Name:			

Applicant	Contractor
Catherine Daniels-Brady	Stephen King
n/o	NuMat Fence
115 S BroadwayIrvington NY 10533	346 Ashford Ave Dobbs Ferry Ny 10522
3477521108	9146932335

Description of Work

Type of Work:	Fence	Applicant is:	Owner
Work Requested by:		In association with:	
Cost of Work (Est.):	6560.00	Property Class:	1 FAMILY RES

Description of Work

97' of 3' tall white vinyl spaced picket including three single gate and one 4 foot wide vinyl arbor. This is replacing existing wood fence and arbor.

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.

Specialists In Fence Installation and Supplies

Quotation Date: 5/19/21 Phone: 347-752-1108

Customer Name: Mr. Mrs. Brady

Address: 115 S Broadway Irvington N.Y. 10533

WORK PLAN

Length: 97' - 70' - 42'

Height: 3' - 4' - 6'

Material: see it to work plan

Corner/Term. Posts: ☐ 2 1/2" ☐ 2"

Line Posts: ☐ 2" ☐ 1 5/8"

Bottom Rail/Wire: ☐ Rail ☐ Wire

Single Gates: 3 4 x 3' w/1 Arbor

Double Gates: _____

Special Services: Personnel

leave for the away.

Start Date: To be advised

Completion Date: 3 to 4 days

Deposit: # _____ \$ 4000.00

Total Cost (incl. Use Tax): \$ 9460.00

Balance on Completion: \$ 5460.00

GUARANTEE

All installation work is guaranteed to be free from defects for a period of one year. The Customer will be responsible for identification of all boundaries, obtaining all permits and identification of all underground utility services. Start and completion dates subject to change due to weather, industrial action, labour disputes or material availability. This contract may be cancelled within 3 days of the Quotation date, subject to commencement of work.

Signed: _____ Signed: _____
(Customer) (for Numal Distributors)

Date: _____
(Quotations valid 14 Days)

346 Ashford Avenue, Dobbs Ferry, N.Y. 10522, Tel: (914) 693 2335
Westchester License #: WC 5517 H93, Yonkers License #: 1158



Workers'
Compensation
Board

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 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i>	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" LNY-816522 3c Policy effective period 01/01/2021 to 12/31/2021
4. Policy provides the following benefits: <input checked="" type="checkbox"/> A. Both disability and paid family leave benefits. <input type="checkbox"/> B. Disability benefits only. <input type="checkbox"/> C. Paid family leave benefits only.	
5. Policy covers: <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law <input type="checkbox"/> B. Only the following class or classes of employer's employees:	
Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.	
Date Signed 02/10/2021	<i>Elizabeth Tello</i> (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.



George Lattner
Westchester County Executive

Westchester
gov.com

James Marsano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

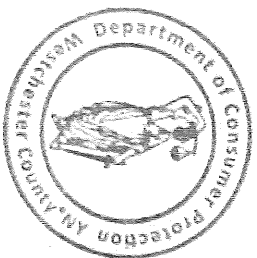
NUMAT FENCE DISTRIBUTORS INC.

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
VWC-19361-H07



Date of Expiration
07/17/2021



NUMAFEN-01

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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:	FAX (A/C, No): (914) 631-2930	
	PHONE (A/C, No, Ext): (914) 631-4353	E-MAIL ADDRESS: sales@allanblockinsurance.com	
INSURED Numat Fence Distributors Inc Steve King 346 Ashford Avenue Dobbs Ferry, NY 10522	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Preferred Mutual Insurance Company		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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> 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.

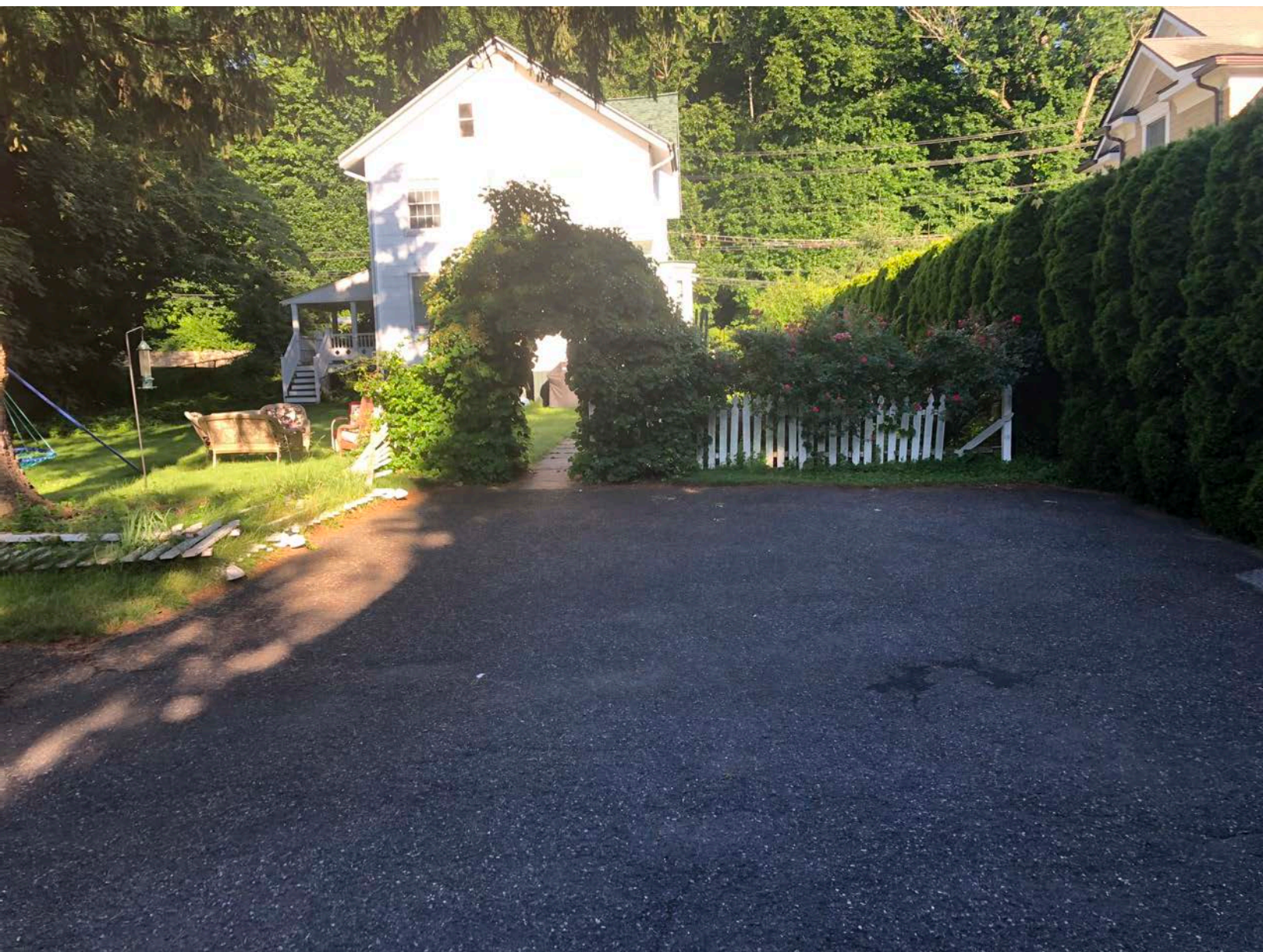
CERTIFICATE HOLDER

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















SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

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SCALE: 1"=30' DATE: JULY 23, 2009

STEPHEN F. HOPPE, L.S.
LICENSED PROFESSIONAL LAND SURVEYOR
111 ROUTE 303
TAPPAN, NEW YORK 10983
NY LIC. NO. 50539

0937-09