

APPLICATION FOR BUILDING PERMIT

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

Application Number:	467	Date:	05/05/2021
Job Location:	30 RIVERVIEW RD	Parcel ID:	2.50-23-2
Property Owner:	Stephen Gardner	Property Class:	1 FAMILY RES
Occupancy:		Zoning:	
Common Name:			

Applicant	Contractor
Stephen Gardner	Stephen King
N/A	Numat Fence
30 Riverview RdIrvington NY 10533	346 Ashford Ave Dobbs Ferry NY 10522
9145829412	9146932335

Description of Work

Type of Work:	Fence	Applicant is:	Owner
Work Requested by:		In association with:	
Cost of Work (Est.):	20000.00	Property Class:	1 FAMILY RES

Description of Work

Fence repair and rebuild. Slight adjustment to height of current fence.

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: 30 RIVERVIEW RD

Parcel Id: 2.50-23-2

AFFIDAVIT OF APPLICANT

I **Stephen Gardner** being duly sworn, depose and says: That s/he does business as: **N/A** with offices at: **30 Riverview Rd Irvington NY 10533** and that s/he is:

- ☒ The owner of the property described herein.
- ☐ The _____ of the New York Corporation _____ with offices at: _____ duly authorized by resolution of the Board of Directors, and that said corporation is duly authorized by the owner to make this application.
- ☐ A general partner of _____ with offices _____ and that said Partnership is duly authorized by the Owner to make this application.
- ☐ The Lessee of the premises, duly authorized by the owner to make this application.
- ☐ The Architect of Engineer duly authorized by the owner to make this application.
- ☐ The contractor authorized by the owner to make this application.

That the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. The undersigned hereby agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Irvington Building Code, Zoning Ordinance and all other laws pertaining to same, in the construction applied for, whether or not shown on plans or specify in this application.

Sworn to before me this 19th day of May of 2021

Jb Lee Mdo

Virginia Chesapeake
Notary Public / Commission of Deeds
7905199 08/31/2024



Steve Gardner

Applicant's Signature

OWNER'S AUTHORIZATION

I **Stephen Gardner** 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 9145829412 Owner email address sgardner@aresmgmt.com

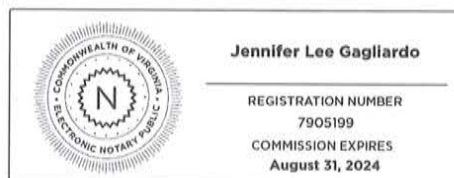
- ☒ Stephen Gardner I hereby acknowledge that it is my responsibility as the **property owner** to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for which this permit is being requested.

Sworn to before me this 19th day of May of 2021

Jb Lee Mdo

Notary Public / Commission of Deeds

Virginia Chesapeake
7905199 08/31/2024



Steve Gardner

Applicant's Signature

Notarized online using audio-video communication

INSTRUCTIONS

REQUIREMENTS FOR OBTAINING A PERMIT:

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

1. One (1) Building Permit application signed by the owner or a notarized Agent Letter.
2. One (1) property survey (signed and sealed), reflecting existing conditions.
3. Two (2) sets of construction drawings and specifications, including existing and proposed conditions, state design criteria, structural and architectural details, plans, and cross sections, mechanical, electrical, and plumbing drawings (signed and sealed by a licensed professional).
4. One USB with all plans (with Licensed Professionals certification/stamp) and specifications in PDF (file size must be less than 25MB).
5. Copy of approved site plan from the Irvington Planning Board when applicable (required on all increases of FAR, footprint, coverage, driveways and increases of cubic content under a roof).
6. Approval by the Architectural Review Board (ARB) when applicable. An additional five (5) sets of construction drawings and specifications (please see ARB requirements (available on the village web site www.irvingtonny.gov) 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
340

* 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

\$500

(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.)



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	2021-531
Payment Date	06/17/2021
Cost of Work (EST)	20000.0000
Amount Paid	500.00
Payment Type	Permit
Permit Type	Fence
Check Number	262
Account Code	

Application No.	467
Applicant	Stephen Gardner
Property Owner	Stephen Gardner
Job Location	30 RIVERVIEW RD

Description of Work

Fence repair and rebuild. Slight adjustment to height of current fence.

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

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



NUMAFEN-01

ERYAN

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
INSURED Numat Fence Distributors Inc Steve King 346 Ashford Avenue Dobbs Ferry, NY 10522	E-MAIL ADDRESS: sales@allanblockinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Preferred Mutual Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
NAIC #		
15024		

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	X		BOP0100720431	11/10/2020	11/10/2021	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000
							MED EXP (Any one person) \$ 1,000,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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



**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 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	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

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)
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 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	\$
								\$
	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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					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	Y/N <input type="checkbox"/>	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

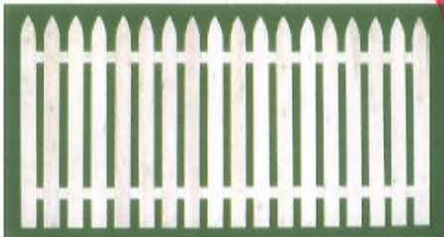
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 Kuckelman</i>
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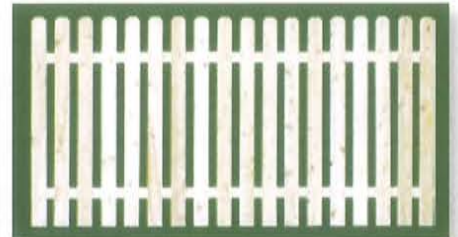
SPACE PICKET



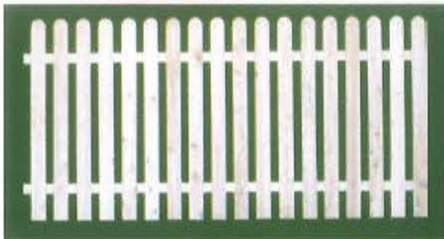
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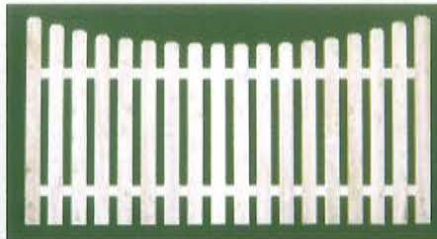
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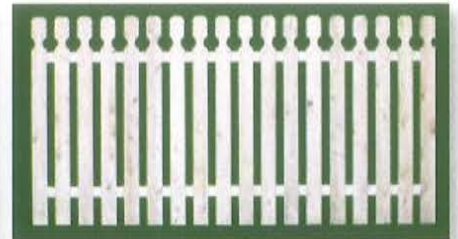
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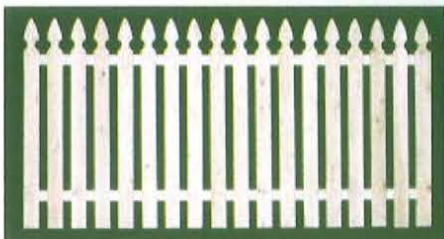
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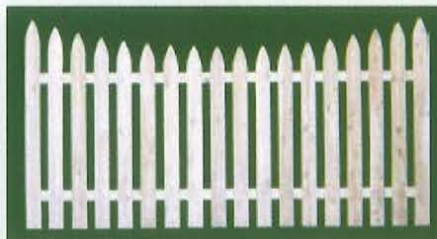
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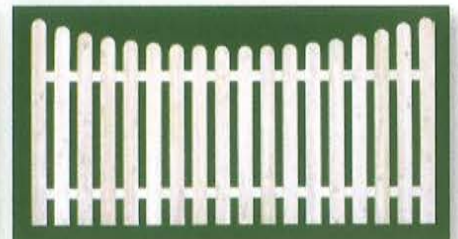
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101



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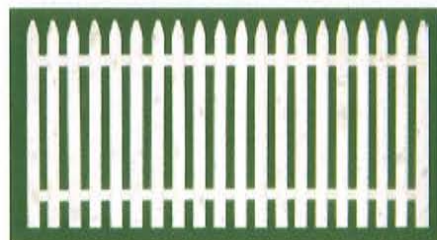


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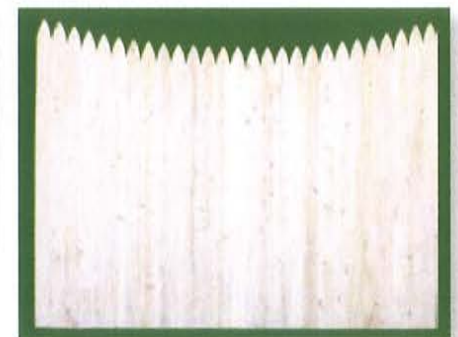
STOCKADE



C346 - Cedar Stockade



CPS344 - Cedar Spaced Picket

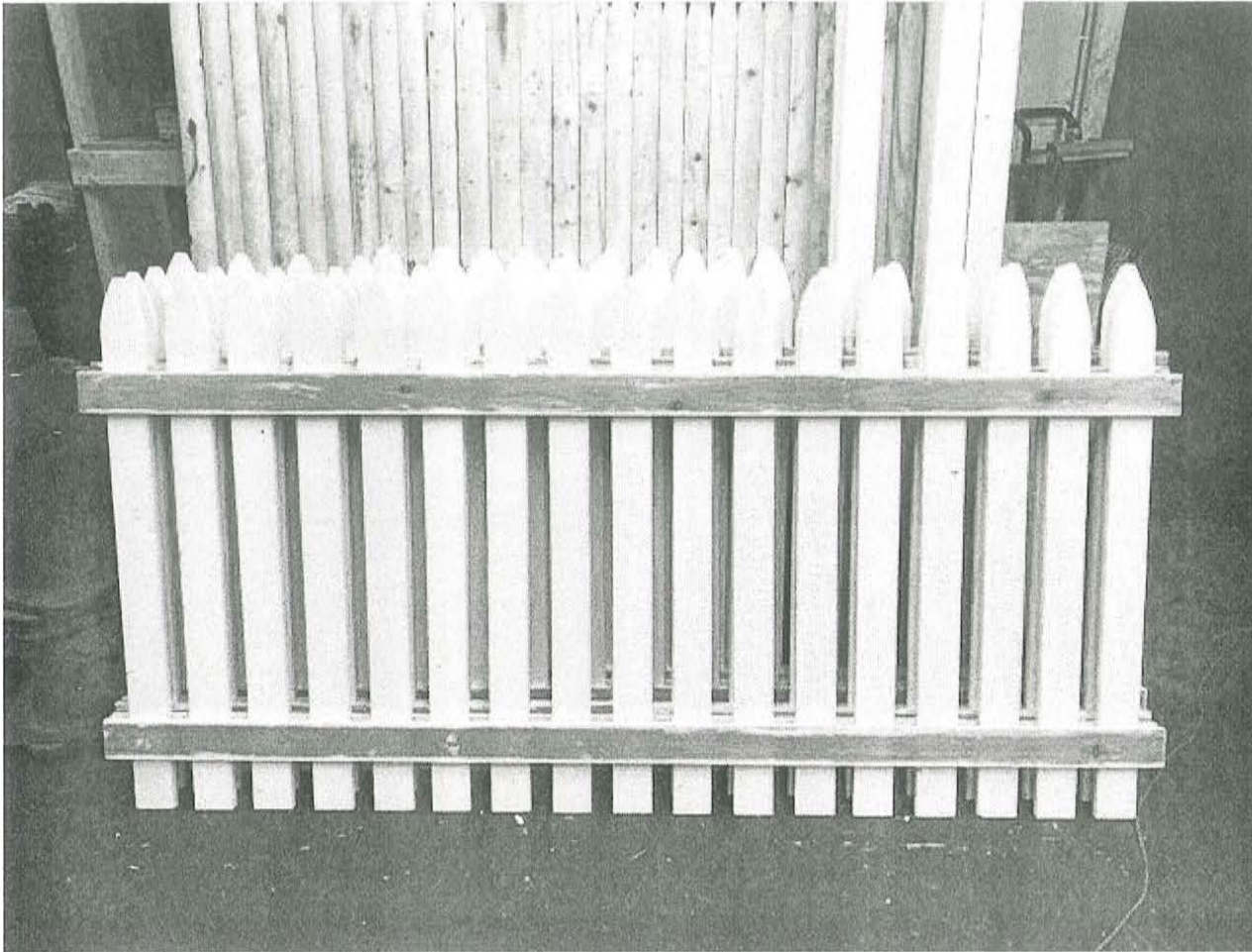


C346S - Scalloped Stockade

Elisa Berger

From: Stephen Gardner <sgardner@aresmgmt.com>
Sent: Tuesday, June 15, 2021 7:00 AM
To: Sarah Palermo; Elisa Berger
Subject: RE: 30 Riverview Rd - Fence Pictures (7 of 7)(Proposed new white picket fence)

[EXTERNAL] This email is from outside the Village of Irvington- Please use caution when opening links and attachments!



Stephen Gardner
ARES MANAGEMENT LLC
245 Park Avenue | 42nd Floor | New York | NY | 10167
212.515.3377
sgardner@aresmgmt.com

From: Stephen Gardner
Sent: Tuesday, June 15, 2021 6:59 AM
To: 'Sarah Palermo' <spalermo@irvingtonny.gov>; 'eberger@irvingtonny.gov' <eberger@irvingtonny.gov>
Subject: RE: 30 Riverview Rd - Fence Pictures (6 of 7)

Stephen Gardner
ARES MANAGEMENT LLC
245 Park Avenue | 42nd Floor | New York | NY | 10167

TONGUE & GROOVE



300 Framed or Add Topper



300 T&G Base
with 215-1 Topper



300 T&G Base
with SQL 18 Topper



300 T&G Base
with 400S-1 Topper



400 One Piece Diamond



400WO One Piece
without Diamonds



300 T&G Base With 400H Heart Topper

TONGUE & GROOVE

The perfect "good neighbor" fence. Available in heights ranging from 3' to 8' high. The Tongue & Groove line may be customized with many of our available options including fascia boards, custom edging and toppers. (see pg. 7)

Custom Section Cap Options



BOARD ON BOARD

BOARD ON BOARD

Available in heights running from 3' to 8' high. Known as the traditional "good neighbor" fence due to it being the same on both sides. This is considered "the" fence for semi privacy as the alternate board styling allows for air flow through the openings.



310



210 - with 215-1 Topper



210 - with 400-1 Topper



210



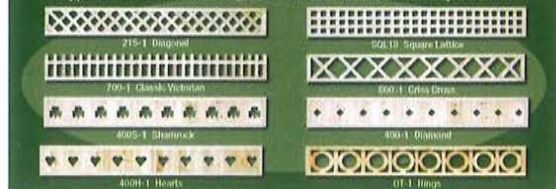
210 - with 800-1 Topper

GATES



TOPPERS

Toppers are available with Tongue & Groove and Board on Board fence lines.



ARBORS & PERGOLAS

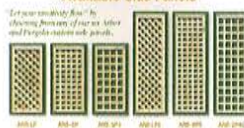


ARBORS & PERGOLAS

Whether framing a gate or a walkway, you can't go wrong with Eastern White Cedar Arbors & Pergolas. They are the ideal final accents for a beautiful and complete landscape setting.



Available Side Panels



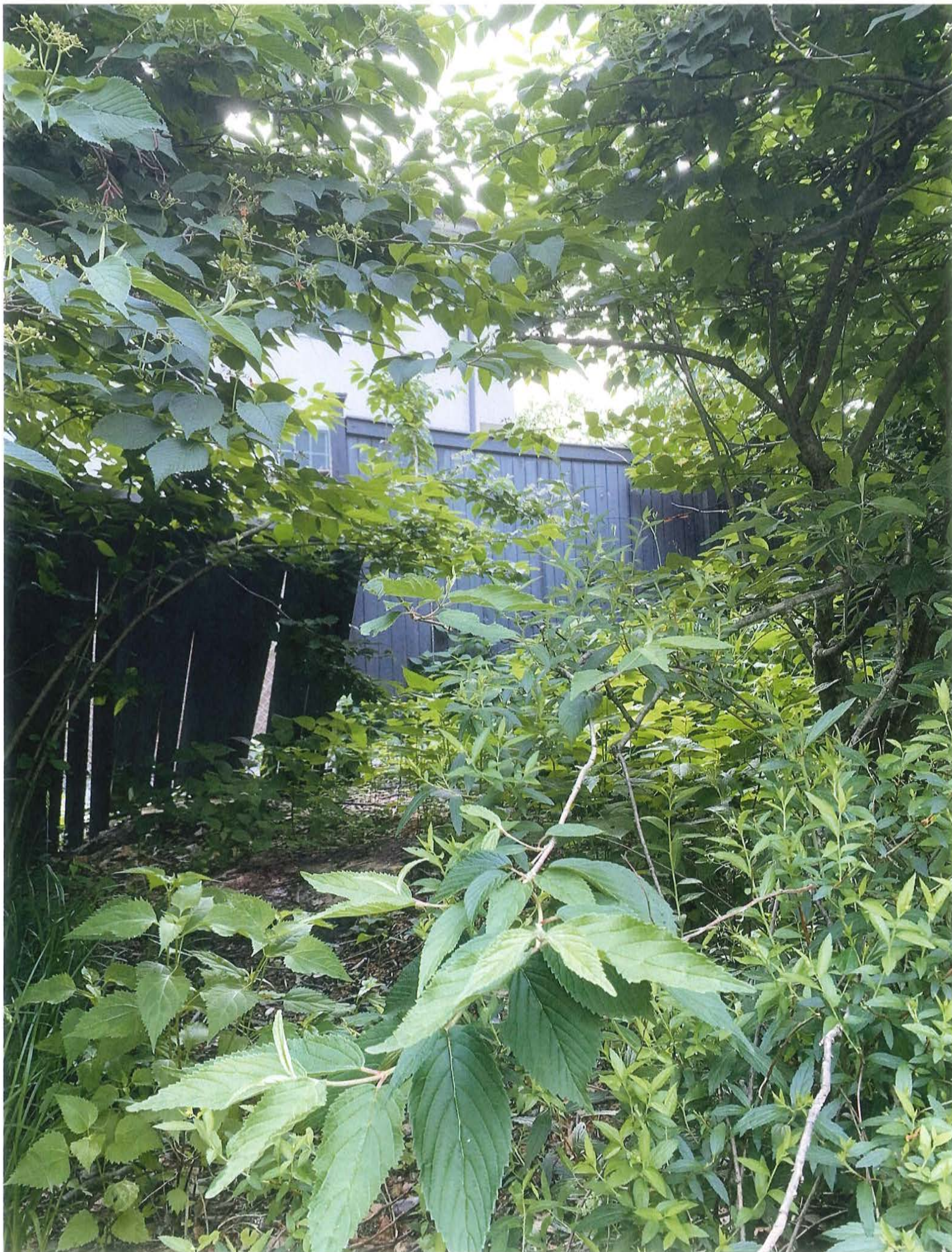


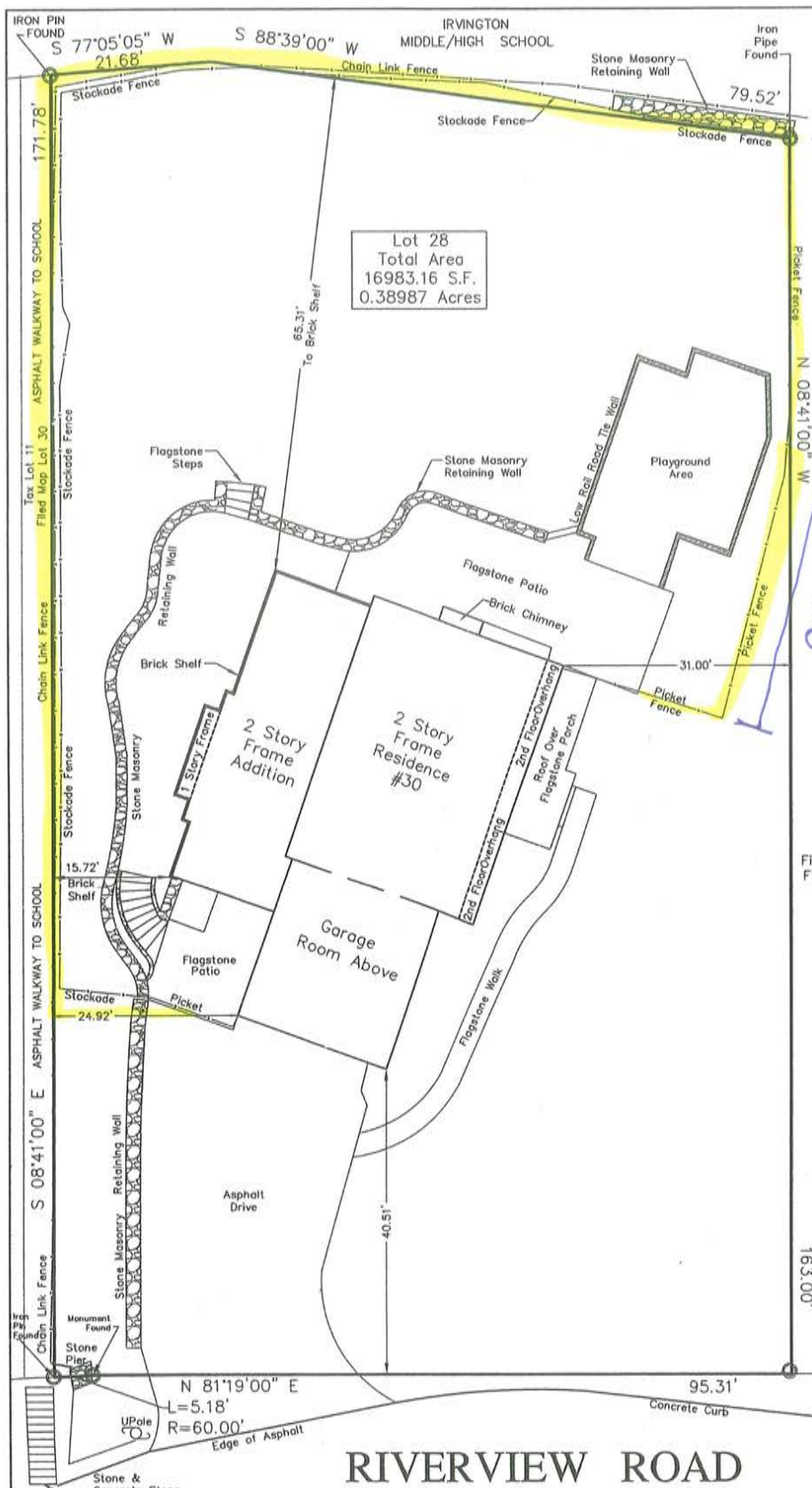












CHANGE TO STOCKADE FENCE

Surveyed in accordance with existing Code of Practice for Land Surveys as adopted by the New York State Association of Professional Land Surveyors, Inc.

Only copies from the original of this survey marked with an original of the Land Surveyors embossed seal shall be considered to be true, valid copies.

Said certifications shall run only to the person for whom this survey is prepared and on his/her behalf to the title company, governmental agency and lending institutions listed hereon. Certifications are not transferable to additional institutions or subsequent owners.

Unauthorized alteration or addition to a survey map bearing a licensed Land Surveyors seal is a violation of Section 7209, Subdivision 2 of the New York State Education Law.

Possession only where indicated.

The location of underground utilities are not shown or certified.

Subject to covenants, easements, restrictions, conditions and agreements of record.

Premises hereon being Lot 28 as shown on a certain map entitled, "Amended Map of part of Irvington Estates." Said map filed in the Westchester County Clerk's Office, Division of Land Records April 7, 1925, as map number Volume 59, Page 33.

Premises hereon being designated on the Village of Irvington Tax Maps as: Section 5, Sheet 10A, Block 226, Lot 10.

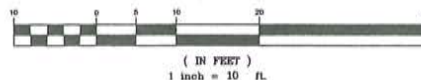
Tax Lot 9
Filed Map Lot 26
Filed Map #2566

SURVEY OF PROPERTY PREPARED FOR GERAINT & SUSANNAH OWEN

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

SCALE: 1" = 10'

GRAPHIC SCALE



Surveyed: January 10, 2006
Map Prepared: January 11, 2006
Map Revised: April 21, 2006 to show shed removed
Map Revised: November 20, 2006 to show addition

By: *Thomas C. Merritts*
New York State Licensed Land Surveyor No. 050604



THOMAS C. MERRITTS LAND SURVEYORS, P.C.

394 BEDFORD ROAD • PLEASANTVILLE • N.Y. 10570
(914) 769-8003 • (914) 273-1663

Project: 06-003	Field Survey By: BC/FT
Drawn By: SO/BC	Checked By: DM