

APPLICATION FOR BUILDING PERMIT

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

Application Number:	564	Date:	06/02/2021
Job Location:	57 SUNNYSIDE PL	Parcel ID:	2.30-8-46..57
Property Owner:	Adam Ditsky	Property Class:	APARTMENT
Occupancy:		Zoning:	
Common Name:	Pennybridge Manor Condominiums		

Applicant	Contractor
Joseph carpanzano	Joseph carpanzano
Reliable Fence Company	Reliable Fence Company
926 harmon drivelarchmont NY 10538	926 harmon drive larchmont NY 10538
914-834-6477	914-834-6477

Description of Work

Type of Work:	Fence	Applicant is:	Contractor
Work Requested by:	Other	In association with:	
Cost of Work (Est.):	27280.00	Property Class:	APARTMENT

Description of Work

Install adobe PVC fence on lower middle and upper units.

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: 57 SUNNYSIDE PL

Parcel Id: 2.30-8-46..57

AFFIDAVIT OF APPLICANT

I **Joseph carpanzano** being duly sworn, depose and says: That s/he does business as: **Reliable Fence Company** with offices at: **926 harmon drive larchmont NY 10538** 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 23 day of June of 2021

Lucy Fontanello
Notary Public / Commission of Deeds

LUCY FONTANELLO
NOTARY PUBLIC STATE OF NEW YORK
WESTCHESTER COUNTY
LIC. #01FO619160
COMM. EXP 8/18/2021

Joseph E. Carpanzano
Applicant's Signature

OWNER'S AUTHORIZATION

I **Adam Ditsky** 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 (914) 478-2602 Owner email address pennybridgeboardofdirectors@gmail.com

- ☒ Adam Ditsky 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 7 day of June of 2021

Michele J Liddy
Notary Public / Commission of Deeds

Adam Ditsky
Applicant's Signature

MICHELE J LIDDY
Notary Public, State of New York
No. 01LI8344406
Qualified In Westchester County
Commission Expires 07/05/2020

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

RELIABLE FENCE COMPANY
926 HARMON DRIVE
LARCHMONT, NY-10538

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. Proof of citizenship or immigration status is not required for issuance of this license.
NOT FOR FEDERAL PURPOSES

License Number
WC-27514-H15



Date of Expiration
03/12/2023



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
6/2/2021

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 ALPIAR & PAPA INSURANCE 20 N Avenue Larchmont, NY 10538	CONTACT NAME:		
	PHONE (A/C No. Ext):	(914) 834-1011	FAX (A/C No.): (914) 834-0360
	E-MAIL ADDRESS:	calpiar@verizon.net	
	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A:	Utica First	
	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	X		ART5060065 06	10/07/2020	10/07/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/IOF AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANYAUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR	X		ULC1450506	04/29/21	10/07/21	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	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 <input type="checkbox"/>	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 and Adam Ditsky is also additional insured.

Job Location: 57 Sunnyside Place Irvington, NY 10533

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 

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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)
JOE CARPANZANO DBA RELIABLE FENCE COMPANY

926 HARMON DRIVE LOWER LEVEL
LARCHMONT, NY 10538

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

1b. Business Telephone Number of Insured
914-833-3324

1c. Federal Employer Identification Number of Insured
or Social Security Number
472020834

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"

DBL504025

3c. Policy effective period

04/12/2021

to

04/11/2022

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 6/4/2021

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.





New York State Insurance Fund

WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 472020834
ALPIAR & PAPA
20 NORTH AVENUE
PO BOX 927
LARCHMONT NY 10538



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER

JOSEPH EDWARD CARPANZANO D/B/A
RELIABLE FENCE COMPANY
926 HARMON DRIVE (LOWER LEVEL)
LARCHMONT NY 10538

CERTIFICATE HOLDER

VILLAGE OF IRVINGTON
85 MAIN STREET
IRVINGTON NY 10533

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W2414 470-1	597243	04/13/2021 TO 04/13/2022	6/4/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2414 470-1, 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 POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

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

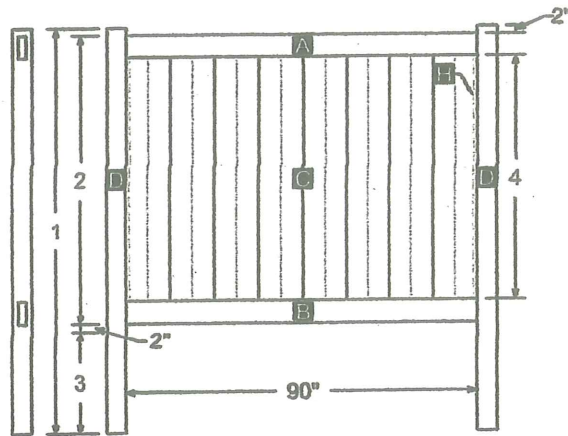
DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 844679205

VINYL PRIVACY STYLES

OKLAHOMA

INTERSTATE PRICE GUIDE - JUNE 2021



DIMENSIONS

ITEM	OK6- 6'H	OK55- 5'6" H	OK5- 5'H	OK45- 4'6" H	OK4- 4'H
1	108"	108"	96"	96"	78"
2	71.5"	65.5"	59.5"	53.5"	47.5"
3	32.5"	38.5"	32.5"	38.5"	26.5"
4	59.5"	53.5"	47.5"	41.5"	35.5"

NOTES

C code	N/A	N/A	N/A	N/A	N/A
C	63.5"	57.5"	51.5"	45.5"	39.5"
D code	pr6_	pr55_	pr5_	pr45_	pr4_

Note: () = Last space of codes for the letter showing the color (example: w for white)

ITEM	QTY	CODE	DESCRIPTION
A	1		2"x6"x94" TOP RAIL
B	1		2"x6"x94" BOTTOM RAIL (Steel)
C	8	See Notes	7/8"x11.25" T&G PICKET (See Notes)
D	2	See Notes	5"x5" POST (For lengths see 1)
H	2		T&G -U- CHANNEL (For lengths see 4)



As Built
Survey of Property
prepared for
Pennybridge Properties Inc.
in the Village of
Irvington
Town of Greenburgh
Westchester Co., N.Y.
Scale: 1"=40'
April 23, 1990

Created by Pennybridge Properties Inc., the Village of Irvington/Town of Greenburgh
Deed Location of underground utility is not shown
Cable, Sewer, Telephone, Gas, Water, and other utilities shown are for information only, and
should not be used for construction purposes without the approval of the appropriate utility company.
Additional information dated July 15, 1990
Additional information dated August 3, 1990, and August 14, 1990.

[Signature]
David J. [Name]
76 N. Main Street
White Plains, N.Y.









