

APPLICATION FOR BUILDING PERMIT

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

Application Number:	763	Date:	07/28/2021
Job Location:	248 HARRIMAN RD	Parcel ID:	2.100-57-5
Property Owner:	Jing He Jing He JH	Property Class:	1 FAMILY RES
Occupancy:		Zoning:	
Common Name:			

Applicant	Contractor
Adelo Ramirez	Adelo Ramirez
Gemelos Renovation & Maintenance LLC	Gemelos Renovation & Maintenance LLC
5 Anderson St 402 New Rochelle NY 10801	5 Anderson St 402 New Rochelle NY 10801
9143932406	9143932406

Description of Work

Type of Work:	Fence	Applicant is:	Contractor
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	11500.00	Property Class:	1 FAMILY RES

Description of Work

Lowes will furnish and install 269 linear feet of 4' high Eastern Fence 3 rail with spiked bottom Black aluminum fencing model EO4202-4'. Lowes will install a walk gate on both sides of the house as well as one along the neighbors driveway. The gates will be the flat top gates to blend in with the fencing. The fencing will surround the property to block it in in conjunction with the giant boulders in the back yard. Lowes will file for a permit on behalf of the customer. The customer is responsible for providing Lowes with a copy of the permit. All posts to be set in cement.

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: 248 HARRIMAN RD

Parcel Id: 2.100-57-5

AFFIDAVIT OF APPLICANT

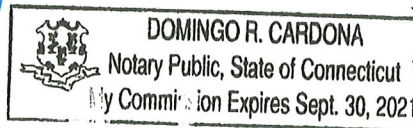
I **Adelo Ramirez** being duly sworn, depose and says: That s/he does business as: **Gemelos Renovation & Maintenance LLC** with offices at: **5 Anderson St 402 New Rochelle NY 10801** and that s/he is:

- ☐ 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 2nd day of aug of 2021

Notary Public / Commission of Deeds



Applicant's Signature

OWNER'S AUTHORIZATION

I Jing He 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 _____ Owner email address _____

- ☐ 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 _____ day of _____ of _____

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 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

• 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).

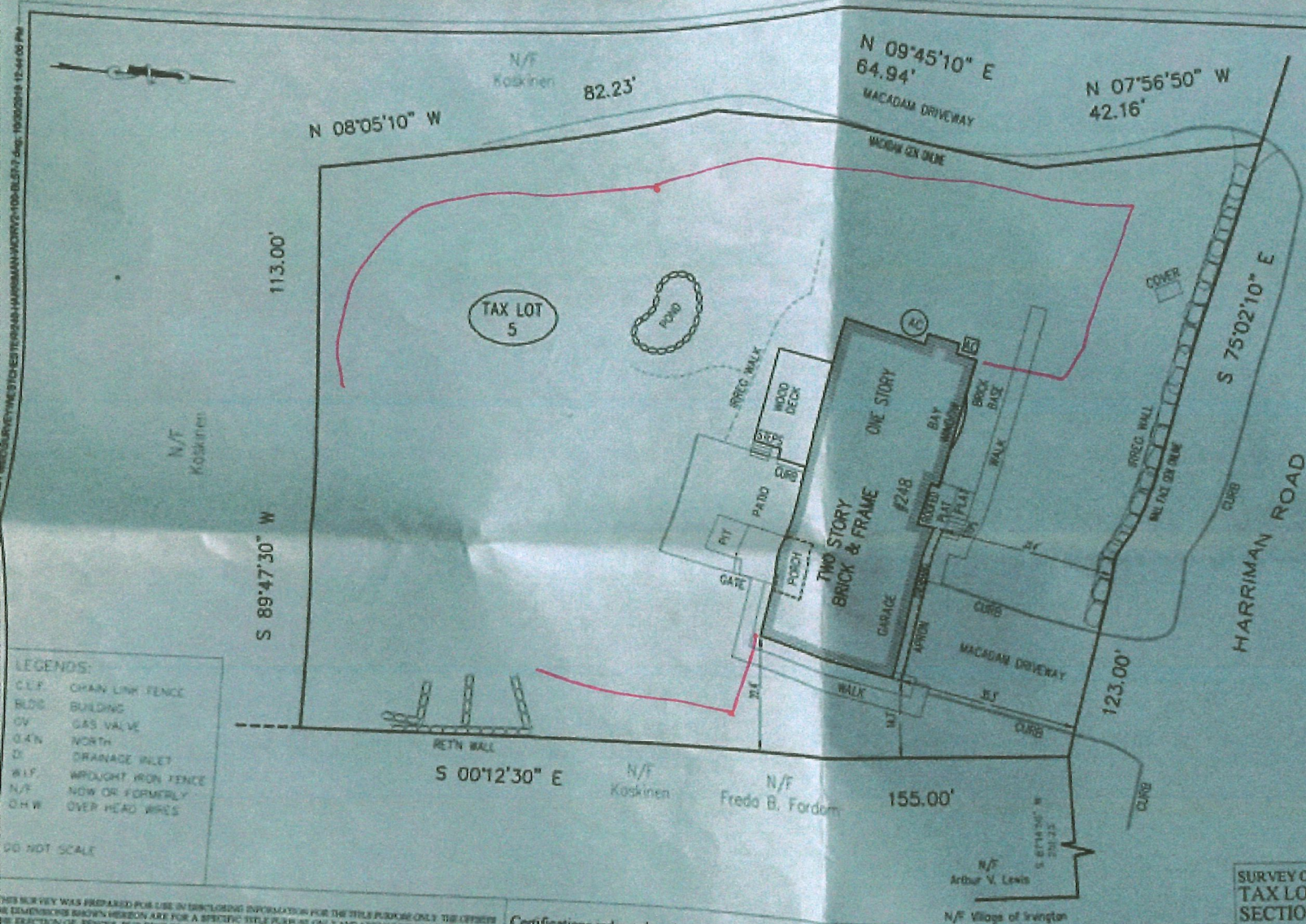
* Re-inspection fee for work not ready at time of inspection or not in compliance: \$50

* Applications for Undocumented Work/ Legalizing: Applications to legalize work done prior 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 _____

(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.)

W:\SURVEYING\2019\WESTCHESTER\HARRIMAN\WCIRV2-100-BL57-5.dwg, 10/05/2019 12:44:05 PM



Certifications indicated are limited only to the person for whom this survey was prepared and on his or her behalf to the title company, governmental agency and lending institution for the title number listed hereon. The certifications are not transferable.

Certified To: Yuanou Ni & Jing He, Silvermine Ventures LLC, DBA Thoroughbred Mortgage, Ende Insurance Company and Thoroughbred Title Services, LLC, Only.

SCALE: 1"=20.0'
Measurement in U.S. Standard.

DATE: OCTOBER 01, 2019.

JOB NUMBER
WCIRV2-100-BL57-5

SURVEY OF
TAX LOT NUMBER 5 IN BLOCK 57,
SECTION 2.100
AS SHOWN ON THE OFFICIAL TAX MAPS OF
VILLAGE OF IRVINGTON
LOCATED AT
VILLAGE OF IRVINGTON
TOWN OF GREENBURGH
WESTCHESTER COUNTY STATE OF NEW YORK
ADDRESS: 248 HARRIMAN ROAD, IRVINGTON, NY
COPYRIGHT © 2019 SUMMIT LAND SURVEYING P.C.

This is to certify that this map and the survey on which it is based were made in accordance with the "Minimum Standards and Requirements for the New York State Association of Land Surveyors".

Rakesh R. Bhatia, L.S. New York State License Number 0516646

Summit Land Surveying P.C.
21 Drake Lane
White Plains NY 10607.
(914) 629-7758
info@summitsurveyingpc.com

Installation Proposal – Fencing

Date: 05/27/2021

Store #	1192-Orangeburg	Salesperson	Geof
Customer Name	Jing He	License #	
2nd Contact Name		Home Phone	
Job Site Address	248 Harriman Rd	Work/Cell Phone	
City, State and Zip	Irvington NY 10533	Customer Email	

Preparation:

- ☐ Pre-installation inspection
- ☐ Provide appropriate protection to home during installation
- ☐ Obtain and post any necessary permits
- ☐ Dedicated project support staff will be in contact with you every step of the way

Additional Considerations:

- ☐ Clear fence line
- ☐ Add tension wire or wire mesh
- ☐ Remove/haul away old fencing material
- ☐ Custom Work:

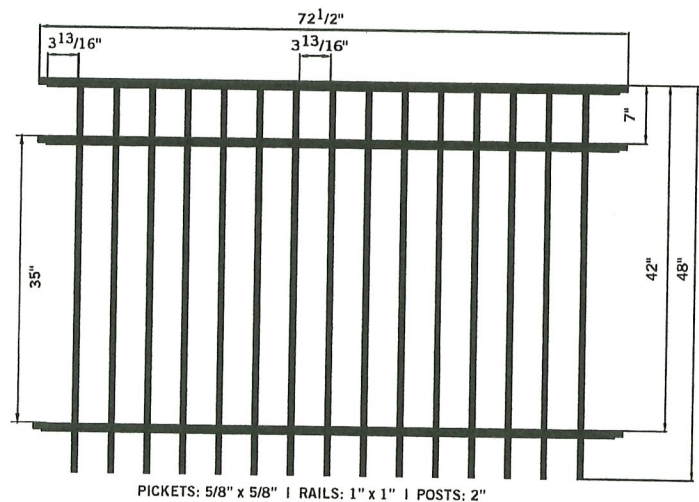
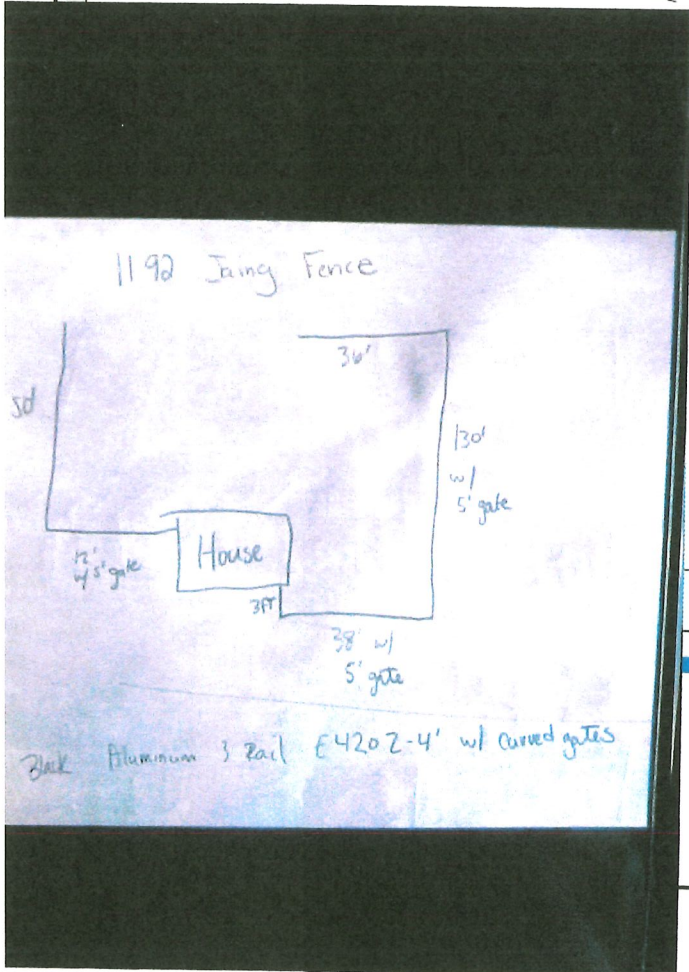
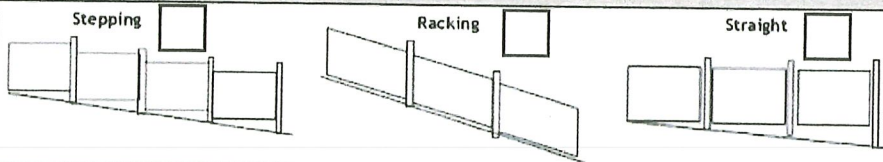
Installation:

- ☐ Mark and prepare post hole locations
- ☐ Install posts and backfill holes with concrete
- ☐ Install fence material, including gates, hardware, and fasteners

Clean-up/Final Inspection:

- ☐ Complete final cleanup and haul away all job-related debris
- ☐ Test product and perform complete inspection with customer

Notes & Product Description



PICKETS: 5/8" x 5/8" | RAILS: 1" x 1" | POSTS: 2"



BECOME AN EASTERN ORNAMENTAL DEALER



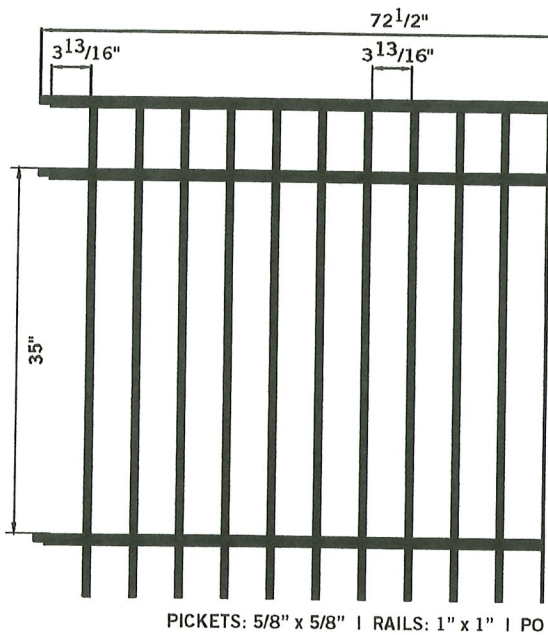
EO4202-BK

EO4202-BK is a 48" high three rail fence with a smooth top rail that covers each of the fifteen pickets. Decorative arched accent gates are also available to enhance the beauty of any project.

Fence Styles / Residential Fences / EO4202 – 4' High Three Rail Picket Fence

EO4202 – 4' HIGH THREE RAIL PICKET FENCE

E04202

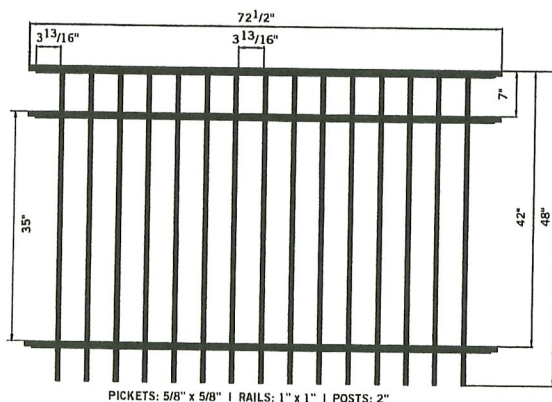


4' High 5/8" x 5/8" Three Rail Ornamental Aluminum Picket Fence

48" high three rail fence with a smooth top rail that covers each of the fifteen pickets.

- Available for Quick-Ship delivery
- Matching, accent, and rainbow 48" and 60" gates
- Featuring "hidden screw" technology with "aluminum feature strip"
- Smooth rackability
- 6061 T6 Aluminum Alloy
- DuPont powder coating
- Pickets: Fifteen 5/8" x 5/8" Pickets
- Rails: Three 1" x 1" Rails

[GET A QUOTE](#)



OUR OTHER COMPANIES



George Latimer
Westchester County Executive



James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

GEMELOS RENOVATION & MAINTENANCE LLC
5 ANDERSON STREET - #402
NEW ROCHELLE, NY-10801

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-31333-H18



Date of Expiration

12/31/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2021

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 Coverage by Design Corp. 87J N. Industry Ct Deer Park NY 11729	CONTACT NAME: Bernie Polansky PHONE (A/C, No, Ext): (631) 649-7999 E-MAIL ADDRESS: jalessi@coveragebydesign.com1 FAX (A/C, No): (631) 649-9324																					
INSURED Gemelos Renovation & Maintenance LLC 5 Anderson Street 402 New Rochelle NY 10801	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>PENN STAR</td><td>106736</td></tr><tr><td>INSURER B :</td><td></td><td></td></tr><tr><td>INSURER C :</td><td></td><td></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></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	PENN STAR	106736	INSURER B :			INSURER C :			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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PAV0255470	06/12/2021	06/12/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

The certificate holder is designated as an additional insured in regards to general liability as per written contract or agreement.

CERTIFICATE HOLDER**CANCELLATION**

The 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

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CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 831830524
COVERAGE BY DESIGN CORP
87J NORTH INDUSTRY CT
DEER PARK NY 11729

POLICYHOLDER GEMELOS RENOVATION & MAINTENANCE LLC 5 ANDERSON STREET STE 402 NEW ROCHELLE NY 10801		CERTIFICATE HOLDER THE VILLAGE OF IRVINGTON 85 MAIN ST IRVINGTON NY 10533	
POLICY NUMBER W2460 200-5	CERTIFICATE NUMBER 740268	POLICY PERIOD 12/21/2020 TO 12/21/2021	DATE 8/2/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2460 200-5, 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.

BY CAUSING THIS CERTIFICATE TO BE ISSUED TO THE CERTIFICATE HOLDER, THE POLICYHOLDER UNDERTAKES TO PROVIDE THE CERTIFICATE HOLDER 10 CALENDAR DAYS' NOTICE OF ANY CANCELLATION OF THE POLICY.

NEW YORK STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 867514390