

# APPLICATION FOR BUILDING PERMIT

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

Application Number:	821	Date:	08/12/2021
Job Location:	32 OSCEOLA AVE	Parcel ID:	2.170-76-28
Property Owner:	Aram Robinson	Property Class:	TWO FAMILY RES
Occupancy:		Zoning:	
Common Name:			

Applicant	Contractor
Aram Robinson	King Fence
Homeowner	
32 Osceola Ave Irvington NY 10533	
9172510802	

## Description of Work

Type of Work:	Fence	Applicant is:	Owner
Work Requested by:		In association with:	
Cost of Work (Est.):	13000.00	Property Class:	TWO FAMILY RES

## Description of Work

**Upgrade fence from mesh to wood**

**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: 32 OSCEOLA AVE

Parcel Id: 2.170-76-28

### AFFIDAVIT OF APPLICANT

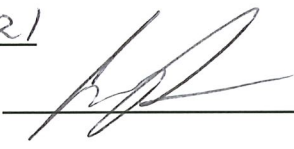
I **Aram Robinson** being duly sworn, depose and says: That s/he does business as: **Homeowner** with offices at: **32 Osceola Ave Irvington NY 10533** and that s/he is:

- ☒ 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 12 day of August of 2021

\_\_\_\_\_  
Notary Public / Commission of Deeds

  
Applicant's Signature

### OWNER'S AUTHORIZATION

I **Aram Robinson** 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 917 251 0802 Owner email address arx920@gmail.com

- ☒ Aram Robinson 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 12 day of August of 2021

\_\_\_\_\_  
Notary Public / Commission of Deeds

  
Applicant's Signature



George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

CIPS FENCE CO., INC.

KING FENCE

48 GRASSY SPRAIN ROAD

YONKERS, NY-10710

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-10412-H99

Date of Expiration

11/04/2021







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/15/2020

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).

<b>PRODUCER</b> FERENCE-GRAY INSURANCE BROKERAGE, LLC 19 MILL STREET PORT CHESTER, NEW YORK 10573		<b>CONTACT NAME:</b> Wendy Veltri <b>PHONE (A/C, No, Ext):</b> 914-517-8682 <b>E-MAIL ADDRESS:</b> wveltri@efgins.com <b>FAX (A/C, No):</b> 914-696-0415	
<b>INSURED</b> CIPS Fence Co., Inc. dba: King Fence 48 Grassy Sprain Road Yonkers, New York 10710		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Erie Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 26263	

## 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Q47-6950084	11/19/2020	11/19/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		Q11-6940010	11/19/2020	11/19/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		Q35-5170349	11/01/2020	11/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<input checked="" type="checkbox"/> 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	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 \$
A	Snow Plow Removal	Y		Q35-6920090	11/19/2020	11/19/2021	\$1,000,000

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

Contractor's Certificate of Liability listing the Village of Irvington as Certificate Holder with no disclaimer in the description other than Certificate Holder is named Additional Insured (any additional comments won't be accepted).

## 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 <i>Edward Ference-Gray</i> 12/15/20
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Workers'  
Compensation  
Board

# CERTIFICATE OF INSURANCE COVERAGE

under the NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

<b>PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier</b>	
1a. Legal Name & Address of Insured (use street address only) CIPS FENCE CO, INC. DBA KING FENCE 48 GRASSY SPRAIN ROAD  YONKERS NY 10710 <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 914-337-8700  1c. Federal Employer Identification Number of Insured or Social Security Number 134049813
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 HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY  3b. Policy Number of Entity Listed in Box "1a" LNY-646115  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 06/30/2021	<i>Elizabeth Tello</i> <small>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small>
Telephone Number (212) 553-8074	Name and Title: Elizabeth Tello - Assistant Director, Statutory Services
<b>IMPORTANT:</b> 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.	
<b>PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)</b>	
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 <small>(Signature of Authorized NYS Workers' Compensation Board Employee)</small>
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.





**Workers'  
Compensation  
Board**

**CERTIFICATE OF  
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

**Insured Detail**

<b>1a. Legal Name and address of Insured (Use street address only)</b> Abel HR II, Inc. L/C/F Cips Fence Co, Inc. 48 Grassy Sprain Rd Yonkers , NY 10710  <b>DBA: King Fence</b>  <i>Work Location of Insured (Only required if coverage is specifically limited to certain location in New York State, i.e. a Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b> 860-609-0400  <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b>  <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b> 134049813
<b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b> Village of Irvington 85 Main Street Irvington, NY 10533	<b>3a. Name of Insurance Carrier</b> AmTrust Insurance Company  <b>3b. Policy Number of entity listed in box "1a":</b> KWC1241166  <b>3c. Policy effective period:</b> 3/1/2021 to 3/1/2022  <b>3d. The Proprietor, Partners or Executive Officers are:</b> <input checked="" type="checkbox"/> <b>included</b> (Only check box if all partners/officers included)  <input type="checkbox"/> <b>all excluded or certain partners/officers excluded</b>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above 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 canceled 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 the 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.*

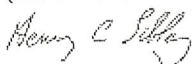
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon cancellation of the workers' compensation 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 Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved By: Henry C. Sibley  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved By:  8/2/2021  
(Signature) (Date)

Title: Underwriting Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: CarrierPhone

*Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.*



**Workers' Compensation Law****Section 57. Restriction on issue of permits and the entering contracts unless compensation is secured.**

**1. 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 a hazardous employment defined by this chapter, 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 compensation for all employees has been secured as provided by this chapter. 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 compensation to any such employee if so employed.**

**2. 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 a hazardous employment defined by this chapter, 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 compensation for all employees has been secured as provided by this chapter.**

**C-105.2 (9-17) REVERSE**









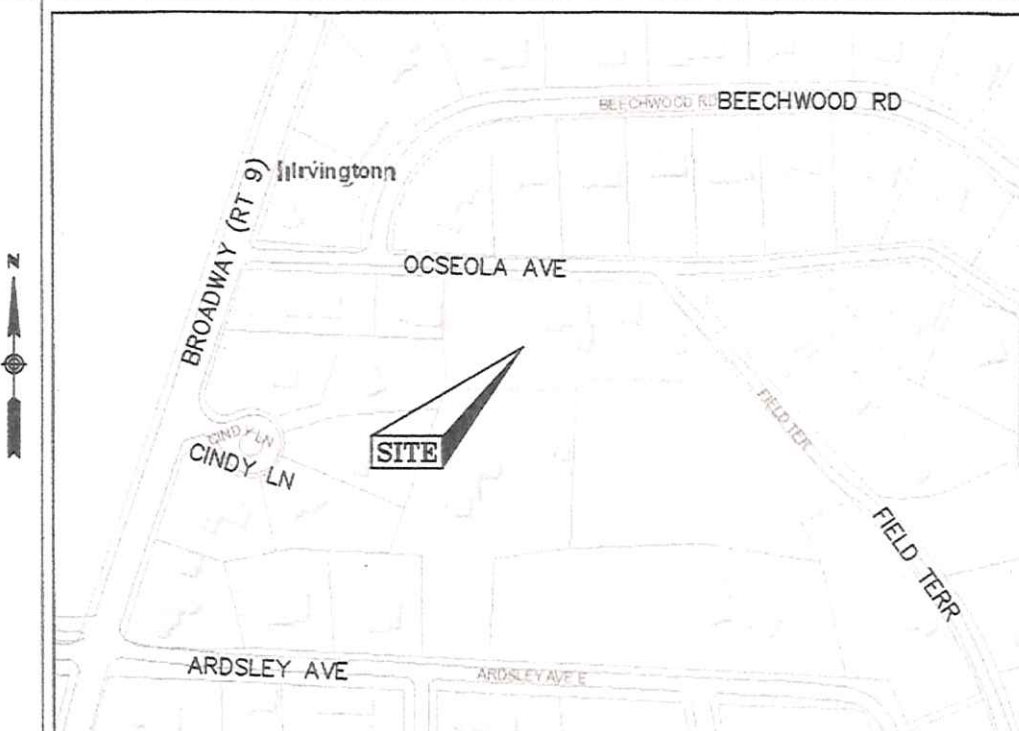








UNAUTHORIZED ALTERATION TO A MAP BEARING A LICENSED PROFESSIONAL LAND SURVEYOR'S SEAL IS A VIOLATION OF SECTION 7209, SUBDIVISION 2, OF THE NEW YORK STATE EDUCATION LAW. THE CERTIFICATION IS NOT AN EXPRESS OR IMPLIED WARRANTY OR GUARANTEE, IT IS PURELY A STATEMENT OF PROFESSIONAL OPINION BASED ON KNOWLEDGE, INFORMATION AND BELIEF, BASED ON EXISTING FIELD EVIDENCE AND DOCUMENTARY EVIDENCE AVAILABLE. CERTIFICATIONS ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS. PLAN PREPARED PURSUANT TO SECTION 7209 OF THE NEW YORK STATE EDUCATION LAW. SUBJECT TO THE FINDINGS OF AN UP TO DATE TITLE SEARCH. UNLESS THE SURVEYOR'S ORIGINAL SIGNATURE AND SEAL APPEARS RAISED ON THIS MAP, IT SHOULD NOT BE CONSIDERED A TRUE AND CORRECT COPY OF THE SURVEYOR'S ORIGINAL WORK AND OPINION.

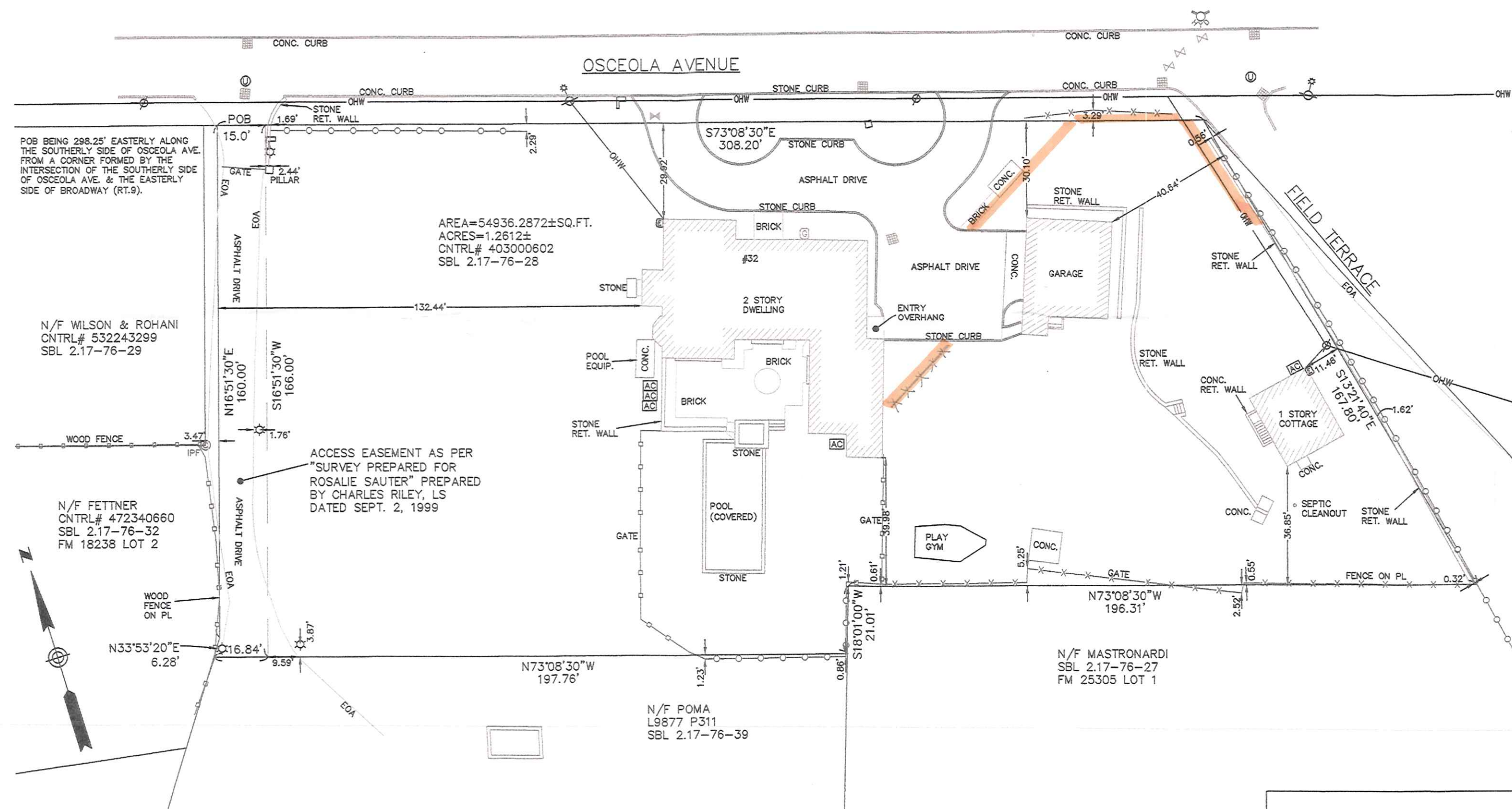


LOCUS MAP  
(N.T.S.)

# **SURVEY NOTES**

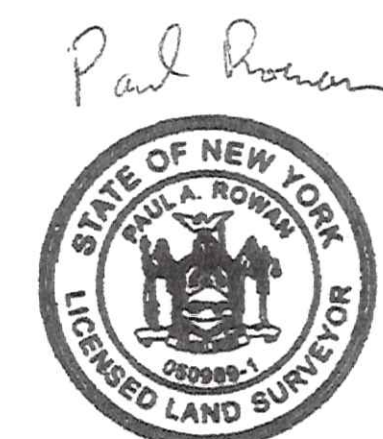
- THIS PLAN WAS PREPARED FROM AN ON THE GROUND FIELD SURVEY CONDUCTED BY RLS ON FEBRUARY 26, 2019 AND ON THE FOLLOWING DATUM -  
MERIDIAN: CNTRL# 403000602  
HORIZONTAL: ASSUMED  
VERTICAL: ASSUMED
- REFERENCES  
STREET NAMES, R.O.W. WIDTHS, PROPERTY IDENTIFICATION NUMBERS, OWNER NAMES, EASEMENTS, AND ANY ADDITIONAL INFORMATION SHOWN HEREON ARE REFERENCED FROM THE FOLLOWING MAPS AND DOCUMENTS -  
A. LAND CONVEYED TO ARKADY & DIANA SELENOW BY CNTRL# 403000602, FILED IN THE WESTCHESTER CO. CLERKS OFFICE ON OCTOBER 2, 2000.  
B. MAP 25305 ENTITLED, "FINAL SUBD. MAP PREPARED FOR HERBERT ALLEN & SUSAN KATHLEEN WILSON...", PREPARED BY WARD CARPENTER AND FILED IN THE WESTCHESTER CO. CLERKS OFFICE ON NOVEMBER 7, 1994.
- THE SURVEYED PROPERTY IS SUBJECT BUT NOT LIMITED TO THE INFORMATION SHOWN HEREON. ALL INFORMATION THAT MAY AFFECT THE QUALITY OF TITLE TO BOTH THE SUBJECT AND ADJOINING PARCELS SHOULD BE VERIFIED BY AN ACCURATE AND CURRENT TITLE REPORT.
- THE LOCATION OF THE UTILITIES AS SHOWN HEREON HAVE BEEN COMPILED FROM VISIBLE STRUCTURES AND INFORMATION OBTAINED FROM VARIOUS SOURCES. THE ACTUAL LOCATION OF ALL UTILITIES AND UNDERGROUND STRUCTURES SHALL BE CONSIDERED APPROXIMATE AND SHALL BE VERIFIED BY THE OWNER PRIOR TO ANY CONSTRUCTION.
- WETLANDS, ENVIRONMENTAL AND/OR HAZARDOUS MATERIALS LOCATION, IF ANY, NOT COVERED UNDER THIS CONTRACT. [OR] WERE LOCATED AS MARKED AT THE TIME OF THE SURVEY.
- UNAUTHORIZED ALTERATION OR ADDITION TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS A VIOLATION OF SECTION 7209, SUBDIVISION 2, OF THE NEW YORK STATE EDUCATION LAW.
- CERTIFICATIONS INDICATED HEREON SIGNIFY THAT THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE FOR LAND SURVEYS ADOPTED BY THE NEW YORK STATE ASSOCIATION OF PROFESSIONAL LAND SURVEYORS. THIS PLAN NOT VALID UNLESS ORIGINAL STAMP AND SIGNATURE OF A LICENSED SURVEYOR ARE LOCATED HEREON.
- OFFSETS OR DIMENSIONS FROM THE PROPERTY LINES TO STRUCTURES ARE SURVEY REFERENCES ONLY, AND NOT INTENDED TO MONUMENT THE PROPERTY LINES, NOR ARE THEY TO BE USED IN OR GUIDE CONSTRUCTION OF ANY TYPE.

MAP CERTIFIED TO:  
ARAM AND SHARI RUBINSON  
CATIC TITLE INSURANCE COMPANY  
CAT19-1623-W



## **LEGEND**

- |                           |                        |
|---------------------------|------------------------|
| ⊙ IRON PIPE               | — PROPERTY LINE        |
| ⊠ CATCH BASIN             | — EASEMENT             |
| ⊙ UNKNOWN MANHOLE         | — CHAIN LINK FENCE     |
| ⊙ ELECTRIC METER          | — WIRE/MESH FENCE      |
| ⊙ GAS METER               | — METAL FENCE          |
| ⊙ GAS VALVE               | — OVERHEAD WIRES       |
| ⊙ WATER VALVE             |                        |
| ⊙ FIRE HYDRANT            | POB POINT OF BEGINNING |
| ⊙ UTILITY POLE            | PL PROPERTY LINE       |
| ⊙ UTILITY POLE WITH LIGHT | EOA EDGE OF ASPHALT    |
| ⊙ AIR CONDITIONER         | CONC. CONCRETE         |
| ⊙ MAILBOX                 | RET. RETAINING         |
| ⊙ LIGHT POLE              |                        |



PROPERTY SURVEY  
32 OSCEOLA AVENUE  
IRVINGTON, NEW YORK  
PREPARED FOR  
ARAM & SHARI RUBINSON

## **ROWAN LAND SURVEYING, PLLC**

330 OLD ALBANY POST ROAD  
GARRISON, NY 10524  
914 815 3986  
rowanlandsurveying@outlook.com

Drawn By	PR	Date	Job No.
Surveyed By	PR	MARCH 8, 2019	019-023
		Scale	Sheet No.
		1" = 30'	1 OF 1