

APPLICATION FOR BUILDING PERMIT

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

Application Number:	1011	Date:	10/12/2021
Job Location:	61 FIELD TER	Parcel ID:	2.170-76-8
Property Owner:	CAMP, HERBERT L <i>Alfonso Rashed</i>	Property Class:	1 FAMILY RES
Occupancy:		Zoning:	
Common Name:			

Applicant	Contractor
CAMP, HERBERT L <i>Alfonso Rashed</i>	Paul Papineau
	Campanella Fence
61 FIELD TER IRVINGTON NY 10533	289 US 6 Mahopac New York 10541
9148041359	845-628-2200

Description of Work

Type of Work:	Fence	Applicant is:	Owner
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	28317.00	Property Class:	1 FAMILY RES

Description of Work

JOB #1- ALUMINUM FENCE ON HIGH WALL

Take down and away the existing old chain link.

Install on top of entire wall 6ft tall BLACK powder coated aluminum fence core drilled into stone.

There will be a single gate at the wooded stairs.

There is 219 feet in total.

All poles set in hydrolic cement.

JOB #2- Install 120 feet of 6ft tall black weld wire fence along driveway side neighbor behind bushes with a top tension wire. The poles will be pounded in ground. Take away the short chain link fence

JOB #3- Install 8 sections of BLACK aluminum on high wall on left side of house in front of garden. Poles to be core drilled into wall and set in hydrolic cement

Job Location: 61 FIELD TER

Parcel Id: 2.170-76-8

AFFIDAVIT OF APPLICANT

I Rachel Alkon **CAMP, HERBERT L** being duly sworn, depose and says: That s/he does business as: with offices at: **61 FIELD TER IRVINGTON NY 10533** and that s/he is:

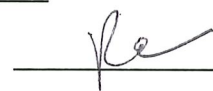
- ☒ The owner of the property described herein.
- ☐ The _____ of the New York Corporation _____ with offices at: _____ duly authorized by resolution of the Board of Directors, and that said corporation is duly authorized by the owner to make this application.
- ☐ A general partner of _____ with offices _____ 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 1st day of November of 2021


Notary Public / Commission of Deeds




Applicant's Signature

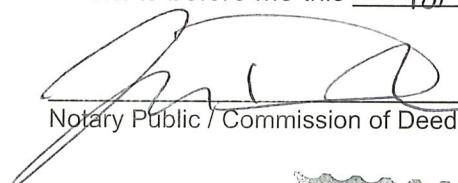
OWNER'S AUTHORIZATION

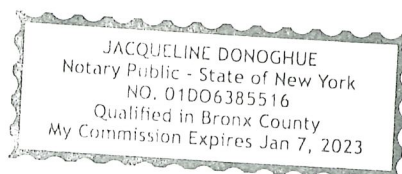
I Rachel Alkon **CAMP, HERBERT L** as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.


Owner phone number 516 238 4173 Owner email address RFAUKW@gmail.com

- ☒ Rachel Alkon 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 1st day of November of 2021


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 likened 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

• Solid Fuel: \$50

• Foundation and footing drain: \$50

• Energy Code Compliance: \$50

• Sediment and erosion control: \$50

• Footing: \$50

• Preparation for concrete slabs and walls: \$50

• Footing: \$50

• Preparation for concrete slabs and walls: \$50

• Framing: \$50

• Building systems, including underground and rough-in: \$50

• Fire resistant construction and penetrations: \$50

• Final Inspection for C.O.: \$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.)

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

CAMPANELLA CONSTRUCTION COMPANY INC.

CAMPANELLA FENCE

289 ROUTE 6

MAHOPAC, NY-10541

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-04145-H91

Date of Expiration

11/08/2023



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 061196865
CAMPANELLA CONSTRUCTION COMPANY INC
D/B/A CAMPANELLA FENCE
289 ROUTE 6
MAHOPAC NY 10541



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER CAMPANELLA CONSTRUCTION COMPANY INC D/B/A CAMPANELLA FENCE 289 ROUTE 6 MAHOPAC NY 10541		CERTIFICATE HOLDER VILLAGE OF IRVINGTON, NEW YORK 85 MAIN STREET IRVINGTON NY 10533	
POLICY NUMBER Z1190 627-8	CERTIFICATE NUMBER 995237	POLICY PERIOD 05/01/2021 TO 05/01/2022	DATE 10/7/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1190 627-8, 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 CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

ANTHONY CAMPANELLA AND
PAUL PAPINEAU OF
CAMPANELLA CONSTRUCTION CO.INC.

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: 842174672



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2021

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	CONTACT NAME:
JEFFREY D KAVOVIT	PHONE (A/C, No, Ext): 845-562-0701
FARM FAMILY CASUALTY INSURANCE CO.	FAX (A/C, No): 845-562-0852
88 OLD ROUTE 9W, SUITE 100	E-MAIL:
NEW WINDSOR, NY 12553	ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A: FARM FAMILY CASUALTY INSURANCE CO. NAIC # 408-13803
INSURED	INSURER B:
CAMPANELLA CONSTRUCTION COMPANY INC	INSURER C:
DBA CAMPANELLA FENCE	INSURER D:
289 ROUTE 6	INSURER E:
MAHOPAC, NY 10541	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 <input checked="" type="checkbox"/> SELECT BUSINESS PKG <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		3101X1956	110/1/20 11/01/21	11/01/21 11/01/22	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			3140C0245	110/1/20 11/01/21	11/01/21 11/01/22	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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			3101E1316	110/1/20 11/01/21	11/01/21 11/01/22	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	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 OTH-ER 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)

NEW FENCE AND /OR GATE INSTALLATION AND REPAIRS

THE VILLAGE OF IRVINGTON IS NAMED AS ADDITIONAL INSURED.

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



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) <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 1c. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" 3c. Policy effective period _____ to _____


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 _____ By  _____
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number _____ Name and Title _____

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.**





www.campanellafence.com

289 Route 6 Mahopac NY 10541

paul@campanellafence.com

845-628-2200 phone | 845-628-5649 fax



Westchester 4145-H91 Yonkers 4418 Putnam 135 Connecticut 581036 Rockland H11709-12-00-00

Date: 10-6-21
Customer: Alkon, Rachel
Contact:
Job Site: 61 Field Terrace

Project Manager: Paul Papineau
E-mail: rfalkon@gmail.com
Phone:
Phone: 516-238-9173
Other:
Fax:
Other Email:

Town: Irvington

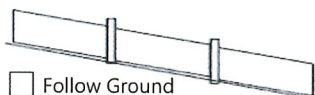
State: NY

Zip: 10533

Billing Address:



☐ Stepped



☐ Follow Ground



☐ Straight Top

JOB #1- ALUMINUM FENCE ON HIGH WALL

Take down and away the existing old chain link.

Install on top of entire wall **6ft tall BLACK** powder coated aluminum fence core drilled into stone.

There will be a single gate at the wooded stairs.

There is 219 feet in total.

All poles set in hydrolic cement.

TOTAL=\$22,181.00

(JOB WILL TAKE-4-5 DAYS TO COMPLETE)

JOB #2- Install 120 feet of 6ft tall black weld wire fence along driveway side neighbor behind bushes with a top tension wire.

The poles will be pounded in ground.

Take away the short chain link fence

TOTAL=\$3,750.00

JOB #3- Install 8 sections of BLACK aluminum on high wall on left side of house in front of garden.

Poles to be core drilled into wall and set in hydrolic cement.

TOTAL=\$2,386.00

Prices are only valid for 3 days due to volatility of the market

Date of Acceptance: 10-9-21

Sub Total: \$28,317.00

Capital Improvement: 0.000% \$0.00

Customer Signature: Rachel Alkon

Total: \$28,317.00

50% Deposit Required/If paying by credit card a 3% surcharge added

Deposit Received:

Authorized Signature (CF): _____

Balance Due Upon Completion

Purchaser has an unconditional right to cancel this contract until midnight of the third business day after the contract was signed. Cancellation must be done in writing.



www.campanellafence.com

289 Route 6 Mahopac NY 10541

paul@campanellafence.com

845-628-2200 phone | 845-628-5649 fax



Westchester 4145-H91 Yonkers 4418 Putnam 135 Connecticut 581036 Rockland H11709-12-00-00

Date: 10-6-21

Project Manager: Paul Papineau

Customer: Alkon, Rachel

E-mail: rfalkon@gmail.com

Contact:

Phone:

Job Site: 61 Field Terrace

Phone: 516-238-9173

Other:

Town: Irvington

Fax:

State: NY

Zip: 10533

Other Email:

Billing Address:

TERMS AND CONDITIONS OF CONTRACT

If necessary, Campanella Fence will contact "Dig Safely" to mark out all public utilities such as electric, sewer, water and gas prior to installation. Flags and sprayed markings may be placed on the property and should not be disturbed. Customer is responsible to mark all private underground utilities, including, but not limited to, electrical wires, propane lines, septic tank and lines, sprinkler lines, pool equipment, path lighting and drainage pipes. Restrictions of any nature which might interfere with installation, cause injury and/or damage should be made known to Campanella Fence prior to installation. Campanella Fence is not responsible for damages to any unforeseen items.

Fence permits, wetland permits and ordinances are the responsibility of the Customer. Customer should check with their local building department to determine if a permit is necessary and if there are any restrictions. Customer warrants that the work will not violate any town, county or state municipal codes, any pool codes, wetland setbacks and/or buffer zone ordinances. Customer is responsible to disclose to Campanella Fence any setbacks, buffer zones or environmental areas located within 500 feet of the proposed work area prior to the commencement of installation. It is the Customers responsibility for placement and location of the fence. If property markers are not present, it is recommended that you have a survey done with proper markings by a licensed surveyor to ensure the fence is installed within your property boundaries. If survey markers are not present, then Purchaser assumes 100% responsibility for the placement of the fence and any costs associated with removal and reinstallation. Customer understands that the erection of a fence on Customers' property will require Campanella Fence to remove sod, soil, grass, shrubbery and/or plantings that could affect the installation. Accordingly, Purchaser agrees that Campanella Fence its agents, and employees are not responsible for any damage caused to Purchaser's sod, soil, grass, shrubbery and/or plantings or for consequential damage because of the erection of the fence, absent gross negligence. The price quoted by Campanella Fence in the proposal is based upon normal construction conditions. All grading and or filling required after the completion of the project is the sole responsibility of the Customer, unless otherwise stated in writing. All work to be completed in a workmanlike manner per standard practices. Any alteration or deviation from specifications involving extra costs will be executed upon written orders with an extra charge, if any, above contracted price. Customer agrees to indemnify and hold harmless, Campanella Fence, its agents, and employees for any damage caused by a breach of any of the foregoing warranties. All fence materials are the responsibility of the Customer after servicemen leave the construction site. The product contracted for does not become the property of the Customer until final payment is made. Campanella Fence can withdraw, at any time, all materials supplied and/or installed by them should payment not be made per the agreed upon terms. In the event of legal proceedings brought by Campanella Fence to enforce the terms of this Agreement, the Customer agrees to pay contractor's reasonable legal fees, expenses and court costs. Campanella Fence carries a 4-year labor warranty on installations. Self-closing gates, latches and hinges, and any gate adjustments are not included in the labor warranty. Any acts of God are not covered under labor warranty. Chain link, aluminum and PVC materials are warrantied as specified by the manufacturer. Campanella Fence offers no warranties or guarantees on wood products. Wood is a natural product that may crack, split, warp, mildew, twist or stain. Dog kennels and animal enclosures are not covered under installation guarantees or warranties. Manufacturer warrantied materials, **do not** include labor to remove and reinstall. Staining or painting of any wood product is done only at the customer's request. Peeling, blistering or cracking may occur. Rough wood surfaces, knot holes, nail holes etc. may become noticeable with staining. Campanella Fence does not warranty any staining or its stained materials.

Campanella Fence accepts Visa, MasterCard, Discover and American Express. If using a credit card, a 3% service charge will be added

to the total. Unless otherwise stated pictures of completed jobs may be used in Campanella Fence advertising. Initial: RFA

**ALL CEMENT FOOTINGS INCLUDED - ALL ROCK DRILLING INCLUDED UNLESS OTHERWISE STATED
WARRANTY ON ALL PVC THROUGH THE MANUFACTURERS**

ANY ADDITIONAL LABOR OR MATERIAL NOT WRITTEN IN THIS CONTRACT CAN RESULT IN ADDITIONAL CHARGES

Customer Signature Rachel Alkon

Contract pricing is valid for 14 days



New York State and Local Sales and Use Tax

Certificate of Capital Improvement

After this certificate is completed and signed by both the customer and the contractor performing the capital improvement, it
Read this form completely before making any entries.

This certificate may not be used to purchase building materials exempt from tax.

Name of contractor Campanella Fence			Name of customer Aldon, Rachel		
Address 289 Route 6			Address 61 Field Terrace		
City Mahopac	State NY	ZIP code 10541	City Irvington	State NY	ZIP code 10533
			Sales tax Certificate of Authority number (if any)		

To be completed by the customer

Describe capital improvement to be performed:

Fence Installation

Project name Aldon, Rachel			
Address (where the work is to be performed) 61 Field Terrace	City Irvington	State NY	ZIP code 10533

I certify that:

- I am the (mark one) ☒ owner ☐ tenant of the real property identified on this form; **and**
- work described above will result in a capital improvement to the real property as outlined in the instructions of this form; **and**
- this contract (mark one) ☐ includes ☒ does not include the sale of any items that will not become a permanent part of the real property (for example, a free-standing microwave or washing machine).

I understand that:

- I will be responsible for any sales tax, interest, and penalty due on the contractor's total charge for tangible personal property and for labor if it is determined that this work does not qualify as a capital improvement; **and**
- I will be required to pay the contractor the appropriate sales tax on tangible personal property (and any associated services) when the property installed by the contractor does not become a permanent part of the real property: **and**
- I will be subject to civil or criminal penalties (or both) under the Tax Law if I issue a false or fraudulent certificate.

Signature of customer Rachel Aldon	Title Homeowner	Date 10-9-21
--	---------------------------	------------------------

To be completed by the contractor

I, the contractor, certify that I have entered into a contract to perform the work described by the customer named above, and that I accept this form in good faith. (A copy of the written contract, if any, is attached.) I understand that my failure to collect tax as a result of accepting an improperly completed certificate will make me personally liable for the tax otherwise due, plus penalties and interest.

Signature of contractor or officer Anthony Campanella	Title Contractor	Date 10-9-21
---	----------------------------	------------------------

This certificate is not valid unless all entries are completed.

UNAUTHORIZED ALTERATION OF
ADDITION TO THIS SURVEY IS A
VIOLATION OF SECTION 7209
OF THE N.Y.S. EDUCATION LAW

CERTIFICATIONS HEREON ARE
VALID ONLY IF THE IMPRESSED
SEAL OF CHARLES RILEY, L.S.
APPEARS HEREON

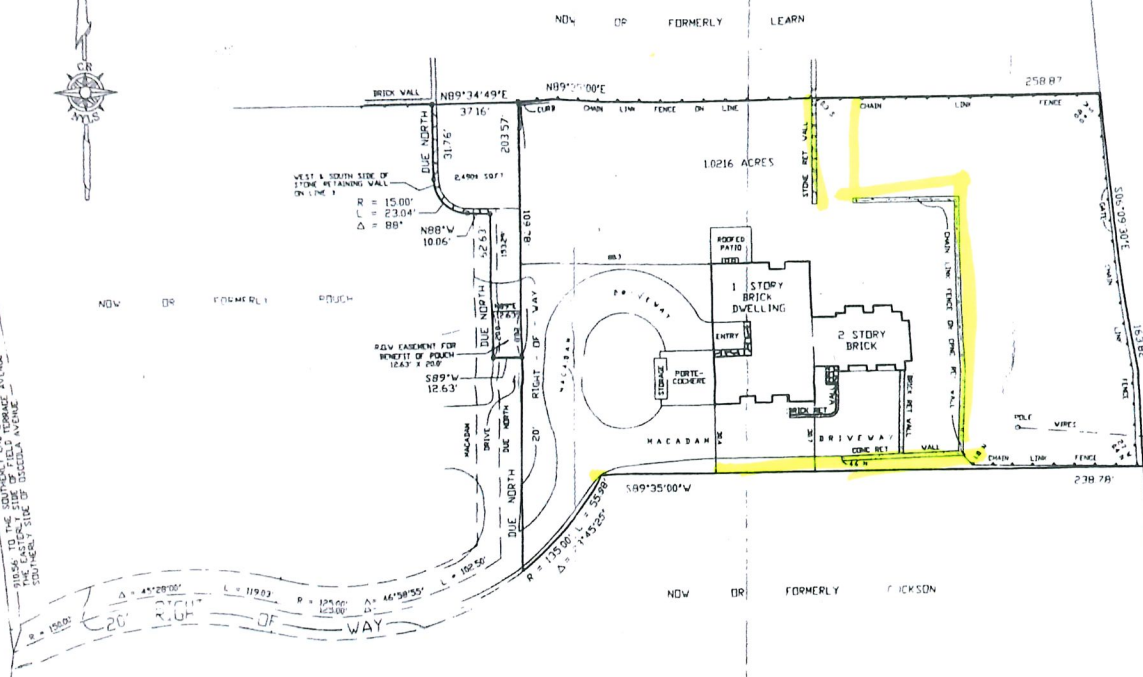
CERTIFICATIONS ARE NOT TRANSFERABLE
USE OF THIS SURVEY FOR SUBSEQUENT
TRANSACTIONS OR BY SUBSEQUENT OWNERS
VOIDS CERTIFICATIONS, SIGNATURE AND
SEAL HEREON

ACCURACY OR COMPLETENESS
OF SUBSURFACE INFORMATION
IS NOT CERTIFIED



FIELD
TERRACE
AVENUE

910.56' TO THE SOUTHWEST CORNER OF A CURVE CONNECTING
THE SOUTHWEST CORNER OF THE FIELD WITH THE
SOUTHWEST CORNER OF THE FIELD



OSCOLA
AVENUE

SURVEY OF PROPERTY
PREPARED FOR

HERBERT L. & SARAH H. CAMP

LOCATED IN THE
VILLAGE OF IRVINGTON
TOWN OF GREENBURGH
WESTCHESTER COUNTY, N.Y.

Charles Riley
CHARLES RILEY
LAND SURVEYOR
LAND PLANNER
69 MAIN STREET
TARRYTOWN, N.Y.

SCALE 1" = 30'
JULY 5, 1994
AUGUST 12, 1994