



Red Fox Fence, Inc.
620 Armonk Road
Mt. Kisco, NY 10549

Phone: 914-218-3891

Fax: 914-666-2813

May 11, 2021

Mr. John Shapiro
95 Fargo Lane
Irvington, NY 10533

VIA E-mail: jms@chieftaincapital.com

Proposal

The Following Scope of Work is Included:

Perimeter Fence:

- Remove and dispose of existing fence.
- Install 4 rail oak "Paddock" style fencing on 5x5 pressure treated posts with 1"x1" black welded wire. Gates will be installed in the same place as the old gates.

- | | |
|----------------------------|--------------------|
| • 95 Fargo Lane - 1,299 LF | \$63,651.00 |
| • 97 Fargo Lane - 692 LF | \$33,908.00 |

NOTES ~ EXCLUSIONS

- Upon receipt of Capital Improvement ST-124 – The project will be tax exempt.
- No other work is included if not stated above.
- We are not responsible for any unmarked, underground utilities (i.e. irrigation, invisible dog fencing, etc.) or services.
- Electric, telephone and cable assumes no street work required.
- No rock or concrete removals included if encountered in the work.
- No tree, shrub or brush clearing is included if required unless specified in proposal.
- All connections assumed to be located as per plan at building penetration area.
- No interior work is included in this proposal.
- No permit fees are included unless specified in proposal.

50% Deposit Required.

Acceptance:

This proposal must be **signed and returned** and attached as part of any and all contracts prior to commencement or scheduling of work. Sales Tax, if applicable, is not included in this proposal. I/We agree to the terms and conditions stated above and hereby authorize Red Fox Fence, Inc. to commence work as described.

Signature: _____

Date: _____

12/2/21

Westchester Co. HIC # WC-50923-H18 * Connecticut HIC # HIC.0638191 * Putnam County HIC # PC3452

APPLICATION FOR BUILDING PERMIT

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

Application Number:	1139	Date:	11/20/2021
Job Location:	97 FARGO LN	Parcel ID:	2.20-3-8
Property Owner:	SHAPIRO, JOHN	Property Class:	1 FAMILY RES
Occupancy:		Zoning:	
Common Name:	97 Fargo Lane		

Applicant	Contractor
Thomas Alfredo	Thomas Alfredo
Alfredo LDC	Alfredo LDC
PO Box 250 Armonk NY 10504	PO Box 250 Armonk NY 10504
9146663950	9146663950

Description of Work

Type of Work:	Fence	Applicant is:	Contractor
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	\$63,651.00	Property Class:	1 FAMILY RES

Description of Work

Remove existing Board and Wire fence and Replace with Board and Wire 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: 97 FARGO LN

Parcel Id: 2.20-3-8

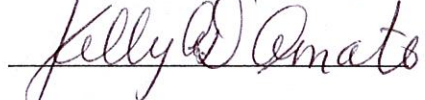
AFFIDAVIT OF APPLICANT

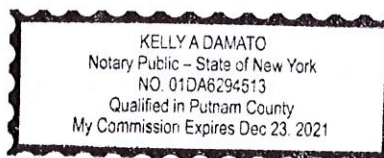
I **Laura Sacewicz** being duly sworn, depose and says: That s/he does business as: **Alfredo LDC** with offices at: **PO Box 250 Armonk NY 10504** and that s/he is:

- ☐ 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 24th day of November of 2021


Notary Public / Commission of Deeds




Applicant's Signature

OWNER'S AUTHORIZATION

I **SHAPIRO, JOHN** 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

APPLICATION FOR BUILDING PERMIT

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

Application Number:	1139	Date:	11/20/2021
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Occupancy:		Zoning:	
Common Name:	97 Fargo Lane		

Applicant	Contractor
Thomas Alfredo	Thomas Alfredo
Alfredo LDC	Alfredo LDC
PO Box 250Armonk NY 10504	PO Box 250 Armonk NY 10504
9146663950	9146663950

Description of Work

Type of Work:	Fence	Applicant is:	Contractor
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	10000.00	Property Class:	1 FAMILY RES

Description of Work

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Notary Public / Commission of Deeds

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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 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 | • 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.

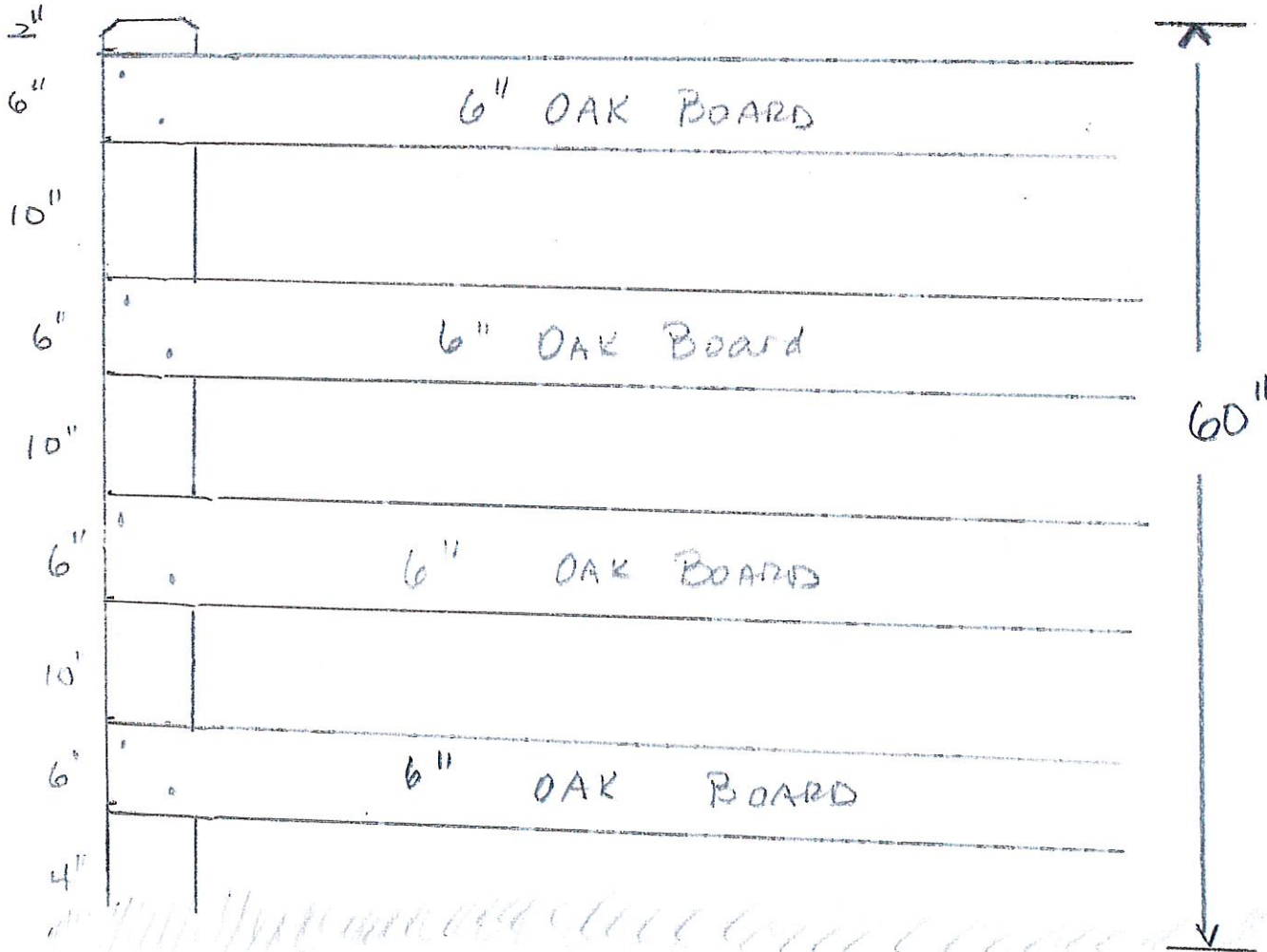
(To be collected at time of submission of application)Total _____

(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.)



Red Fox Fence, Inc.

559 North Main Street
Brewster, NY 10509



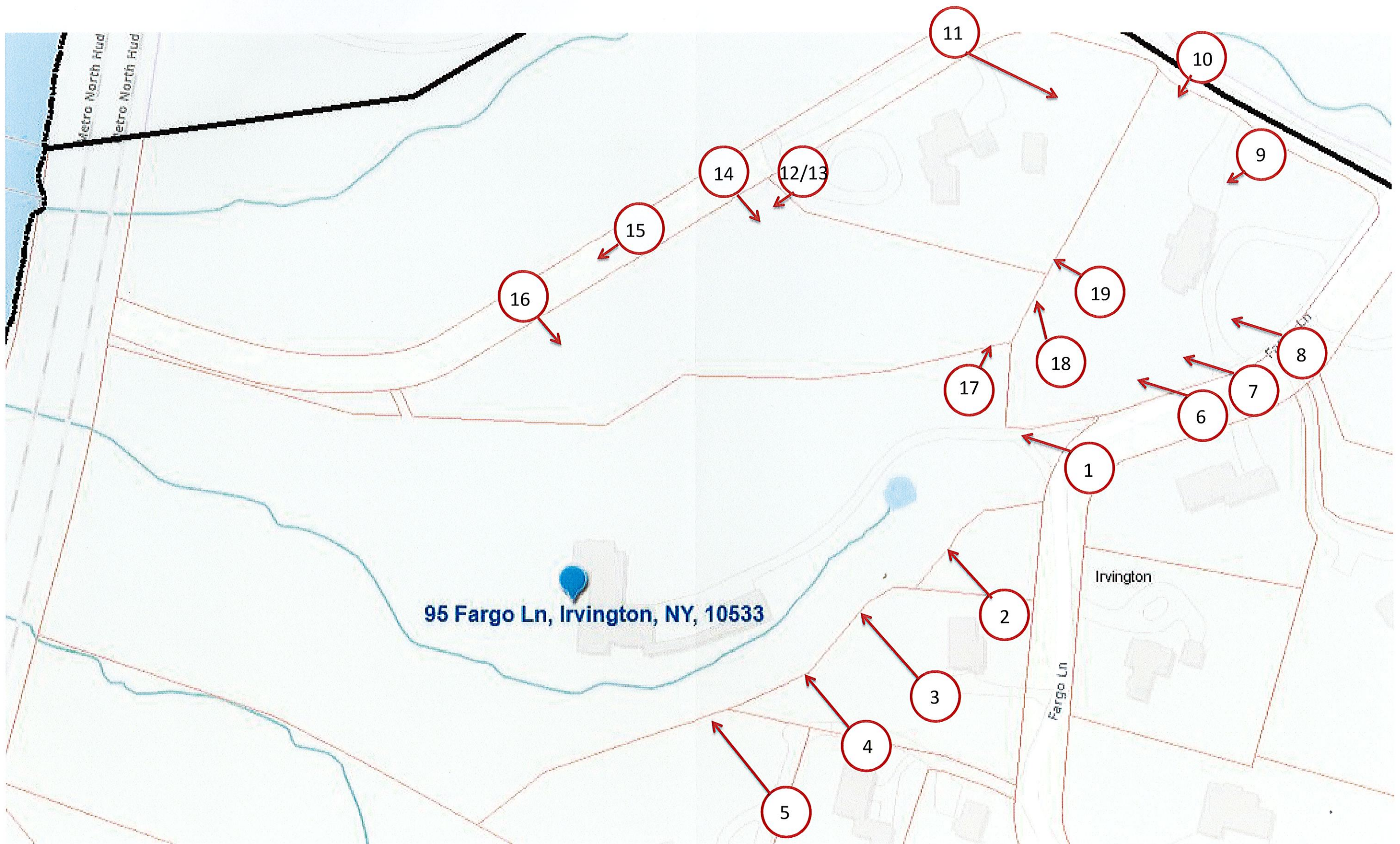
5" x 5" Pressure Treated Posts

1" x 6" OAK Boards

POSTS set 8' on center.







VILLAGE OF IRVINGTON
BUILDING DEPARTMENT
85 MAIN STREET
IRVINGTON, NEW YORK 10533
TEL: (914) 591-8335 • FAX: (914) 591-5870
WWW.IRVINGTONNY.GOV



Proxy Statement

John Shapiro is the owner of the property
located at 97 Fargo Lane Irvington, NY 10533 and has authorized
Alfredo LDC to make the attached building permit
application for a fence permit.

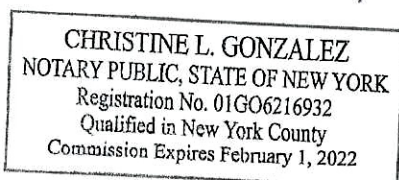
Signature of Owner

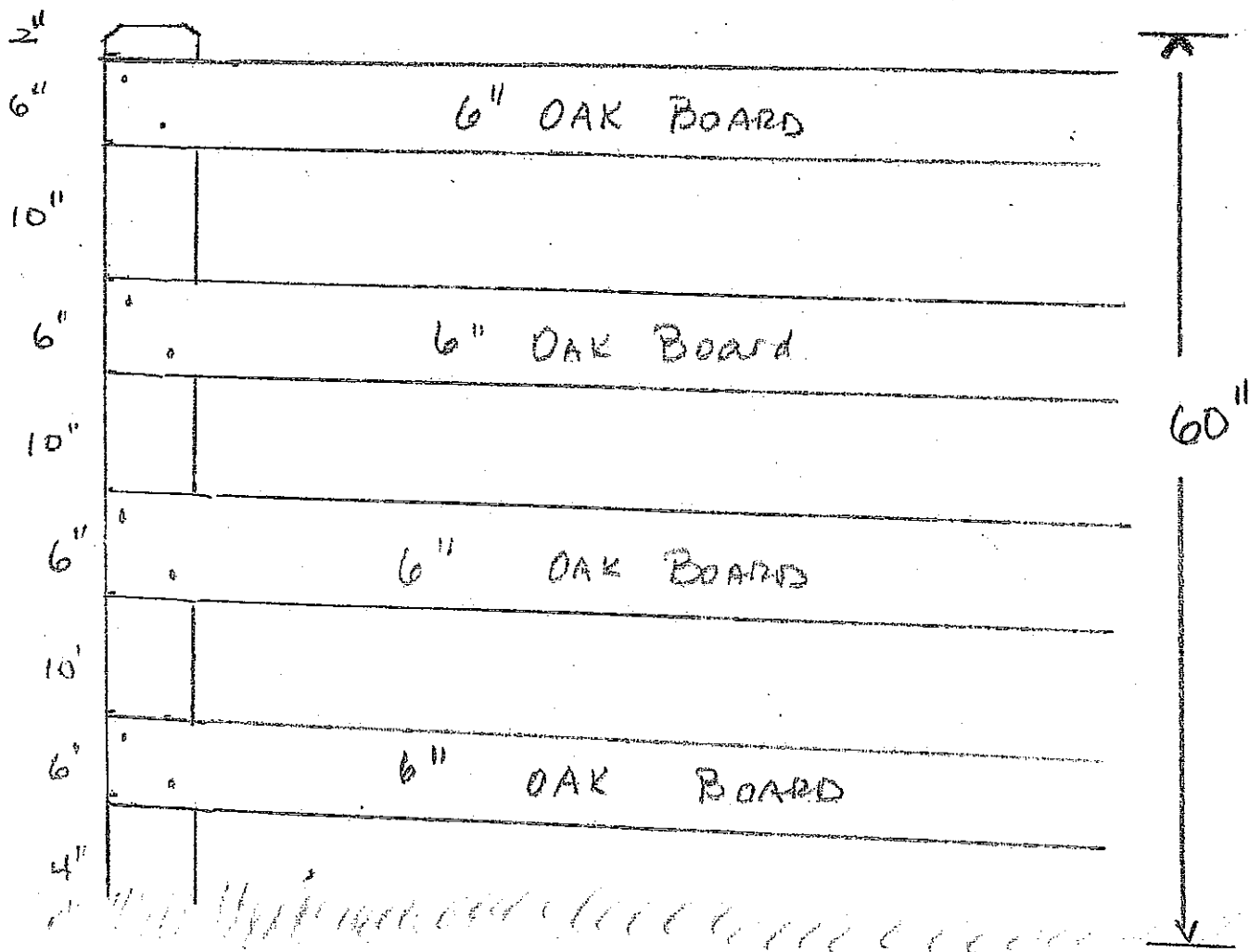
NOTARY:

Sworn to before me

this 22nd day of November, 2021

Notary Public:





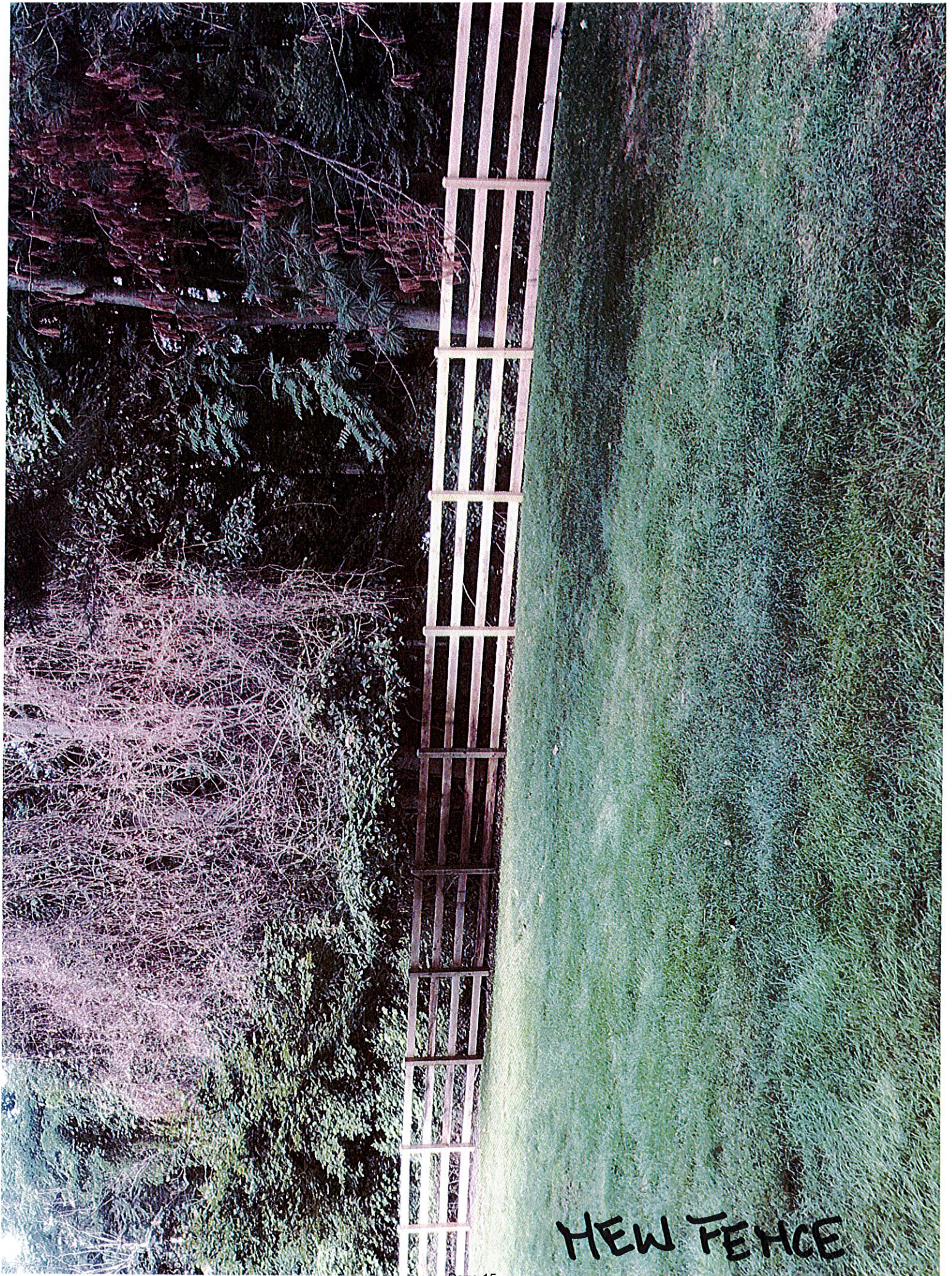
5" x 5" Pressure Treated Posts

1" x 6" OAK Boards

POSTS SET 8' ON CENTER.







NEW FENCE

**Department of Consumer Protection
Home Improvement License**

ALFREDO LDC FOX MEADOW FARM LTD

ALFREDO LDC

PO BOX 250

ARMONK, NY-10504

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



WC-26693-H14

License Number

04/04/2022

Date of Expiration

George Latimer
Westchester County Executive



James Maisano
Director, Consumer Protection



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/15/2021

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 The Flanders Group 300 Linden Oaks Suite 210 - 1st Floor Rochester, NY 14625	CONTACT NAME:	
	PHONE (A/C, No, Ext): (585) 381-8070	FAX (A/C, No): (585) 381-3565
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Michigan Millers Mutual Insurance Company	14508
INSURED Alfredo LDC Fox Meadow Farms Ltd PO Box 250 Armonk, NY 10504	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			C051944205	12/4/2021	12/4/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 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 checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			V050722305	12/4/2021	12/4/2022	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			C070137505	12/4/2021	12/4/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Shapiro Residence, 95 & 97 Fargo Lane, Irvington, NY

CERTIFICATE HOLDER

CANCELLATION

Village of Irvington, New York
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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 133189054
THE FLANDERS GROUP
300 LINDEN OAKS
SUITE 210 - 1ST FLOOR
ROCHESTER NY 14625



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER ALFREDO LDC FOX MEADOW FARMS LTD P O BOX 250 ARMONK NY 10504		CERTIFICATE HOLDER VILLAGE OF IRVINGTON, NEW YORK 85 MAIN STREET IRVINGTON NY 10533	
POLICY NUMBER Z1405 625-3	CERTIFICATE NUMBER 79751	POLICY PERIOD 04/01/2021 TO 04/01/2022	DATE 11/15/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1405 625-3, 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.

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 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

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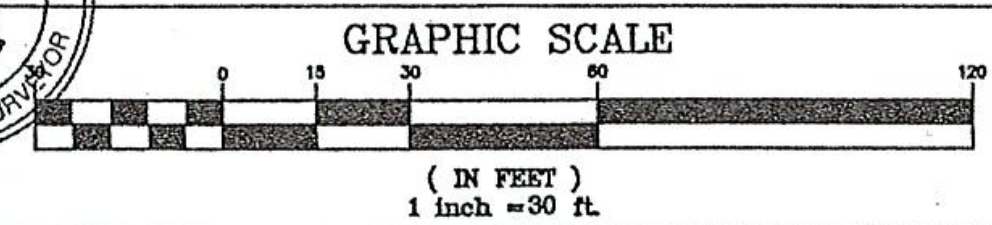


P:\PROJ\00011\DEPT\4 SURVEY\DWG\4_FINAL\GESSON2002.DWG (TBC 1/29/02)

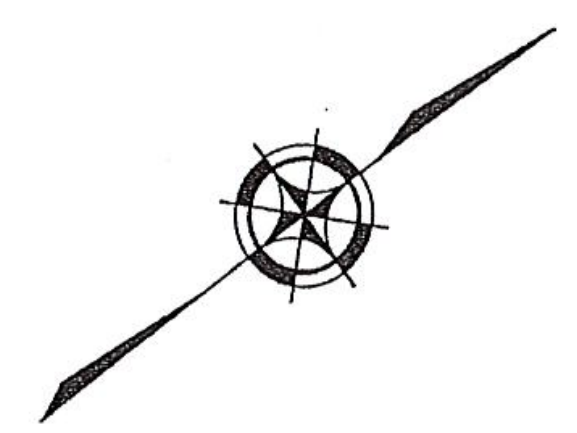
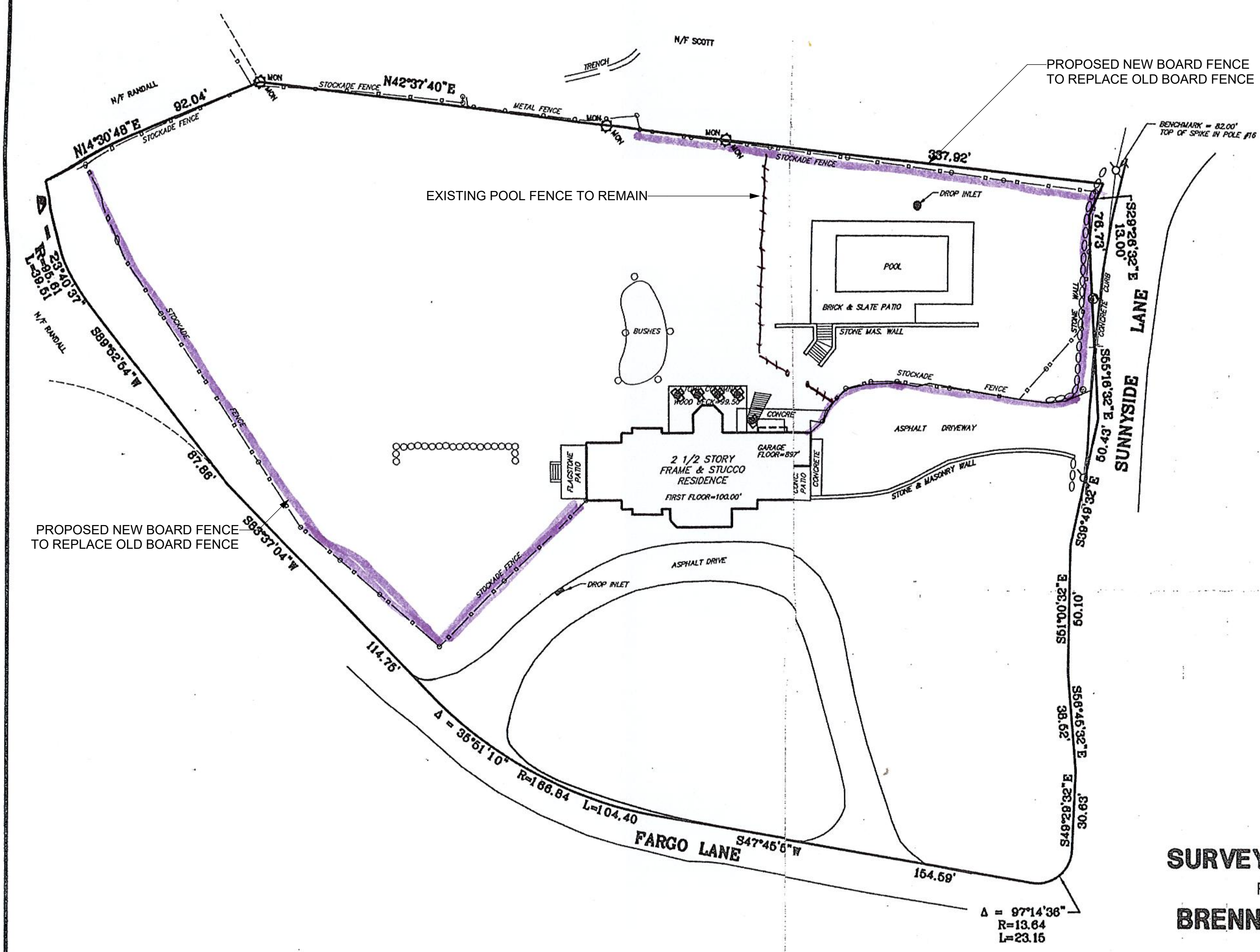
ALFREDO LDC
PROPOSED REPLACEMENT OF EXISTING FENCE

No.	REVISION	DATE
1		
2		
3		
4		

By: CHAS. H. SELLS, INC.
Peter D. Cronk
N.Y. State Licensed Land Surveyor



COMPUTED BY: SS DRAWN BY: SS/TE CHECKED BY: PC



- LEGEND
- UTILITY POLE
 - SEWER MANHOLE
 - WATER VALVE
 - MONUMENT
 - DROP INLET
 - FENCE POST

SURVEY OF PROPERTY
PREPARED FOR
BRENNAN RESIDENCE
SITUATE IN
VILLAGE OF IRVINGTON
TOWN OF GREENBURGH
WESTCHESTER CO. N.Y.
SCALE: 1" = 30' JANUARY 29, 2002

00011

CHAS. H. SELLS, INC.
Consulting Engineers, Surveyors & Photogrammetrists
CIVIL, STRUCTURAL AND TRANSPORTATION ENGINEERING