

APPLICATION FOR BUILDING PERMIT

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

Application Number:	1164	Date:	12/03/2021
Job Location:	55 CIRCLE DR	Parcel ID:	2.50-19-8
Property Owner:	david rubin	Property Class:	1 FAMILY RES
Occupancy:		Zoning:	
Common Name:	ADD. TAX PARCEL (DO NOT USE)		

Applicant	Contractor
david rubin	Stephen King
david rubin	Numat Fence
55 circle dr irvington ny 10533	346 Ashford Ave. Dobbs Ferry ny 10522
917-346-2328	914-693-2335

Description of Work

Type of Work:	Fence	Applicant is:	Owner
Work Requested by:		In association with:	
Cost of Work (Est.):	4250.00	Property Class:	1 FAMILY RES

Description of Work

Construction of simple post/rail fence along entire northern boundary of property

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: 55 CIRCLE DR

Parcel Id: 2.50-19-8

AFFIDAVIT OF APPLICANT

I david rubin being duly sworn, depose and says: That s/he does business as: david rubin with offices at: 55 circle dr 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 _____ day of _____ of _____

Notary Public / Commission of Deeds

Applicant's Signature

OWNER'S AUTHORIZATION

I david rubin as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

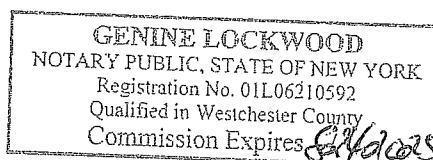
Owner phone number 917-346-2328 Owner email address rubinx4@outlook.com

☒ DAVID RUBIN 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 18 day of December of 21

Genine Lockwood
Notary Public / Commission of Deeds

[Signature]
Applicant's Signature



Application Review Report

Details

Municipality : Irvington
Application No. : 1164
Review Date : 12/10/2021 8:55:07 PM
Zoning :
Job Location : 55 CIRCLE DR
Parcel No. : 2.50-19-8
Reviewed By : Elisa Berger

Your application proposed: Construction of simple post/rail fence along entire northern boundary of property

After review of your last submitted plans for the noted project we have the following comments:

Review Date : 12/10/2021 8:55:07 PM
Review Comments : Thank you for your recent submission. I was able to open the insurance certificates, however the brochure copy said that the file was damaged when I tried to open it. Can you please email me the brochure copy and I will print it out and put it in your file.
Please email to eberger@irvingtonny.gov

Thank you.

Please note: You must reply to this Review Report within a maximum of six (6) months otherwise this application shall automatically become cancelled and the paid fee(s) non-refundable.

Thank You.

Application Review Report

Details

Municipality : Irvington
Application No. : 1164
Review Date : 12/9/2021 2:56:41 PM
Zoning :
Job Location : 55 CIRCLE DR
Parcel No. : 2.50-19-8
Reviewed By : Elisa Berger

Your application proposed: Construction of simple post/rail fence along entire northern boundary of property

After review of your last submitted plans for the noted project we have the following comments:

Review Date : 12/9/2021 2:56:41 PM
Review Comments : Submit the Contractor's Worker's Compensation ON A C-105 FORM
Submit the Contractor's Liability Coverage stating that the Village of Irvington is additional insured.
Please provide brochure copy or cut sheet of fence.
Please upload your entire submission on a flashdrive.
Thank you.

Please note: You must reply to this Review Report within a maximum of six (6) months otherwise this application shall automatically become cancelled and the paid fee(s) non-refundable.

Thank You.

VILLAGE OF IRVINGTON

BUILDING DEPARTMENT

85 MAIN STREET

IRVINGTON, NEW YORK 10533

TEL: (914) 591-8335 • FAX: (914) 591-5870

Web Site: www.irvingtonny.gov

1/13/2006



ARCHITECTURAL REVIEW BOARD (ARB)

Architectural Review Board meetings are held the second and fourth Mondays of the month.
Check the Village of Irvington website (www.irvingtonny.gov) for any changes in the schedule

The following are the requirements necessary for a review by the Architectural Review Board (ARB). The application will be complete when all requirements are submitted.

ADDITIONS AND NEW CONSTRUCTION

Planning/Zoning Board approval required prior to applying to the ARB

All information must be submitted to the Building Department one (1) week prior to the scheduled ARB meeting.

1. Completed Building Permit Application (incomplete applications will be returned);
2. All plans must be submitted on a 24"x36" or smaller format;
3. Eight (8) copies of a survey (must show all existing conditions) of which one copy is signed and sealed;
4. All plans will be to scale;
5. All plans will be legible;
6. All existing elevations affected by the application will be shown;
7. All site information must be shown (for example, but not limited to, walls, fences, off-street parking, walkways, patios, etc.);
8. Details regarding colors and materials must be listed on the drawings. Colors matching existing materials must be listed in the application as well (catalogue illustrations of the fenestration specified);
9. Pictures of the existing structure and neighboring structures need to be brought to the meeting of the ARB;
10. All buildings, as defined by the Code of the Village of Irvington, will have correct height listed on drawings, materials and finishes to be indicated, and catalogue cuts of the same must be submitted;
11. Eight sets of drawings must be submitted (three stamped and signed);
12. Eight (8) copies of approved site plan from the Irvington Planning Board (IPB) showing all sediment and erosion control, tree removal, construction access, and any other requirements mandated by the IPB;
13. A chart of exterior finish materials on all elevation pages;
14. A statement attesting to general code compliance;
15. A statement of compliance with the New York State energy code.

FENCES

All information must be submitted to the Building Department one (1) week prior to the scheduled ARB meeting.

- 3 copies ✓
1. Completed Building Permit Application (incomplete applications will be returned);
 2. ~~Eight (8)~~ ✓ Eight (8) copies of a survey (must show all existing conditions) with location of proposed fence highlighted;
 3. ~~Eight~~ ✓ Eight copies of either:
 - (a) A manufacturer's cut sheet showing proposed fence (as well as any gates, colors, arbors, or unique features); or
 - (b) Architect's drawings showing location, style, color, and dimensions of proposed fence;
 4. All pool fences must meet NYS code for pool barriers;
 5. ~~All pool fences must meet Section 224-60 of the Village Zoning code, including screening from the neighbors;~~
 6. ✓ One (1) set of photos, including the area that is to be fenced, and adjoining properties.

SIGNS

Allowed in the Business Districts only
(Section 224-36-A-11 of the Village Zoning Code)

All information must be submitted to the Building Department one (1) week prior to the scheduled ARB meeting.

1. Completed Building Permit Application (Incomplete applications will be returned);
2. Eight (8) copies of a survey (must show all existing conditions);
3. Eight (8) copies of proposed sign drawing showing all dimensions, letter size, colors;
4. Eight (8) copies of elevation of the building with the proposed sign;
5. One (1) set of photos, including: the building or property where the sign will be installed, both buildings adjoining proposed building or property, any sign within 200' of proposed sign;
6. Temporary signs are prohibited while waiting for ARB approval.



VILLAGE OF IRVINGTON

Building Department
85 Main Street
Irvington, NY 10533

Phone: (914) 591-8335
Fax: (914) 591-5870
Hours:
M - F 8:30 AM - 4:30 PM

PAYMENT RECEIPT

Receipt Number	2021-1073	Application No.	1164
Payment Date	12/09/2021	Applicant	david rubin
Cost of Work (EST)	4250.0000	Property Owner	david rubin
Amount Paid	228.00	Job Location	55 CIRCLE DR
Payment Type	Permit		
Permit Type	Fence		
Check Number	4607		
Account Code			

Description of Work

Construction of simple post/rail fence along entire northern boundary of property

This receipt does not constitute a permit or permission to begin any work

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

NUMAT FENCE DISTRIBUTORS INC.

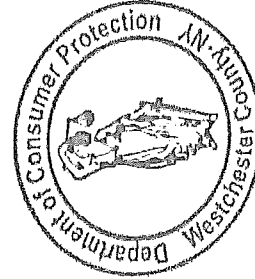
346 ASHFORD AVENUE

DOBBS FERRY, NY-10522

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-19361-H07

Date of Expiration
07/17/2023





NUMAFEN-01

DLEBRON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/22/2021

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 Allan M. Block Agency, Inc. 24 South Broadway Tarrytown, NY 10591	CONTACT NAME:	
	PHONE (A/C, No, Ext): (914) 631-4353	FAX (A/C, No): (914) 631-2930
	E-MAIL ADDRESS: sales@allanblockinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Preferred Mutual Insurance Company	15024
INSURED Numat Fence Distributors Inc Steve King 346 Ashford Avenue Dobbs Ferry, NY 10522	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BOP0100720431	11/10/2021	11/10/2022	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	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						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)
The Village of Irvington is included as an additional insured if required by written contract

CERTIFICATE HOLDER

CANCELLATION

The 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



**Workers'
Compensation
Board**

CERTIFICATE OF INSURANCE COVERAGE
under the NYS 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) NUMAT FENCE DISTRIBUTORS INC. 346 ASHFORD AVE DOBBS FERRY NY 10522 <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 914-693-2335 1c. Federal Employer Identification Number of Insured or Social Security Number 205849705
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village Of Irvington 85 Main St Irvington NY 10533	3a Name of Insurance Carrier HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY 3b Policy Number of Entity Listed in Box "1a" LNY-816522 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 02/10/2021

Elizabeth Tello

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

Telephone Number (212) 553-8074

Name and Title: Elizabeth Tello – Assistant Director, Statutory Services

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.





**Workers'
Compensation
Board**

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

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>NUMAT FENCE DISTRIBUTORS, INC 346 ASHFORD AVE DOBBS FERRY, NY 10522</p> <p>Work Location of Insured <i>(Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>914-693-2335</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>20-5849705</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>VILLAGE OF IRVINGTON 85 MAIN ST IRVINGTON, NY 10533</p>	<p>3a. Name of Insurance Carrier</p> <p>THE PHOENIX INSURANCE COMPANY</p> <p>3b. Policy Number of entity listed in box "1a"</p> <p>UB-7J642769-21</p> <p>3c. Policy effective period</p> <p>12/18/2021 to 12/18/2022</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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: Michael James Mulligan
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  12/09/2021
(Signature) (Date)

Title: 2VP BI Small Commercial Operations

Telephone Number of authorized representative or licensed agent of insurance carrier: (888) 661-3938

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

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into 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.



Image capture: Aug 2018 © 2021 Google

Irvington, New York

Google

Street View - Aug 2018





Image capture: Aug 2018 © 2021 Google

Irvington, New York

Google

Street View - Aug 2018





Image capture: Aug 2018 © 2021 Google

Irvington, New York

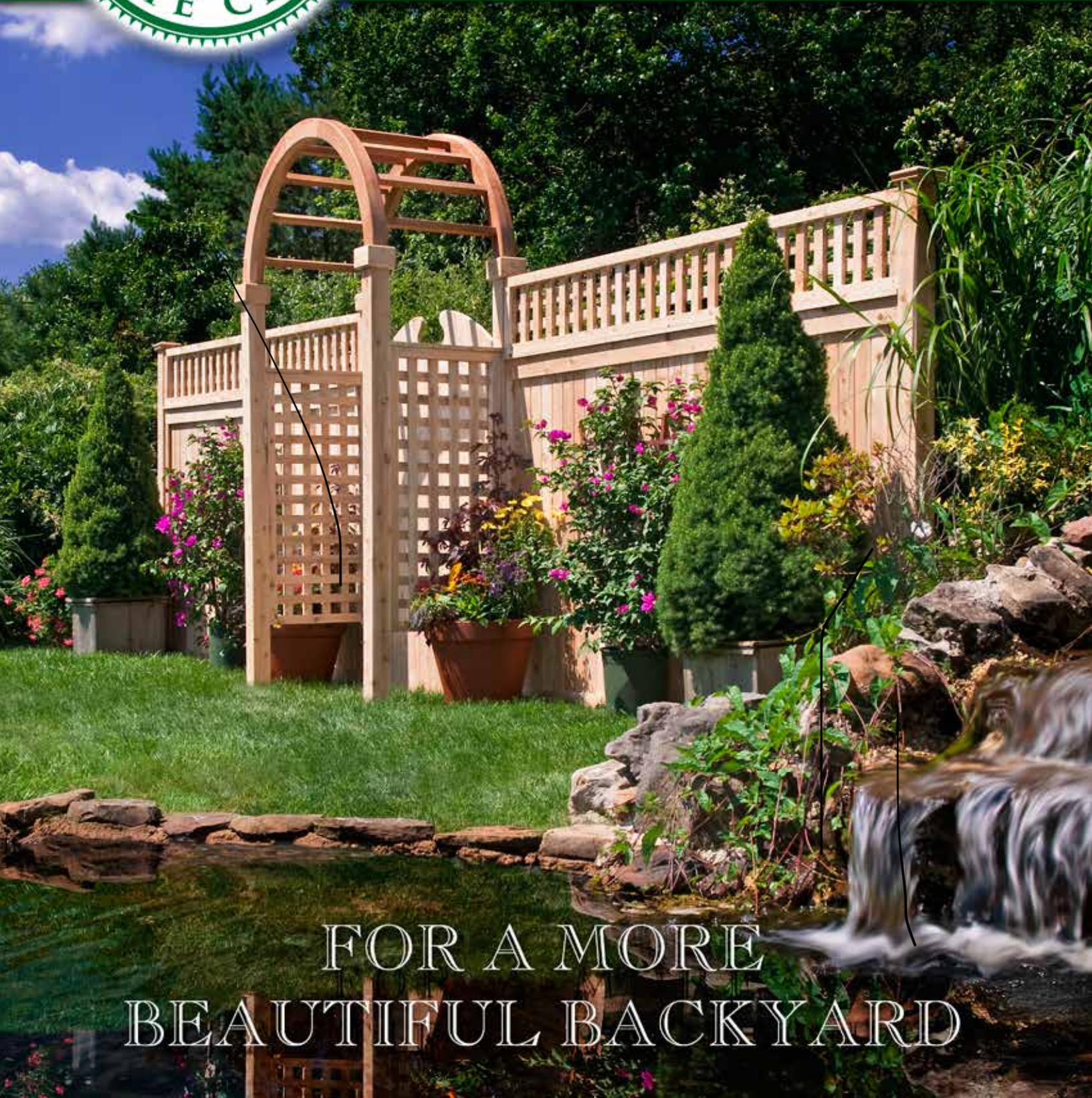
Google

Street View - Aug 2018





CUSTOM CEDAR WOOD FENCING



FOR A MORE
BEAUTIFUL BACKYARD

TONGUE & GROOVE



300 Framed or Add Topper



300 T&G Base
with 215-1 Topper



300 T&G Base
with SQL18 Topper



300 T&G Base
with 400S-1 Topper



400 One Piece Diamond



400WO One Piece
without Diamonds

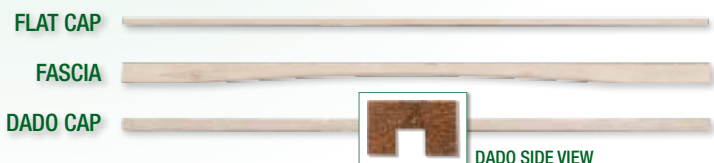


300 T&G Base With 400H Heart Topper

TONGUE & GROOVE

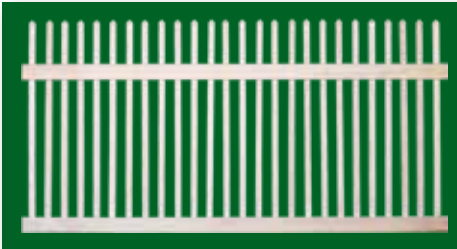
The perfect “good neighbor” fence. Available in heights ranging from 3’ to 8’ high. The Tongue & Groove line may be customized with many of our available options including fascia boards, custom edging and toppers. (See pg. 7)

Custom Section Cap Options

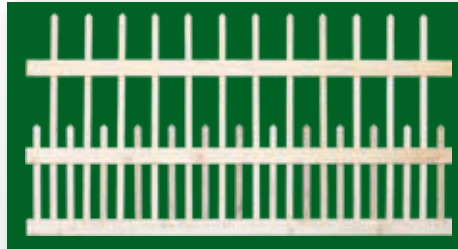


CLASSIC VICTORIAN PICKET

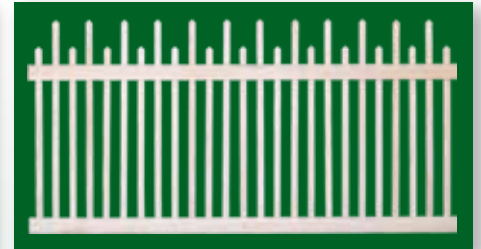
WESTERN RED CEDAR 2" X 2" PICKETS



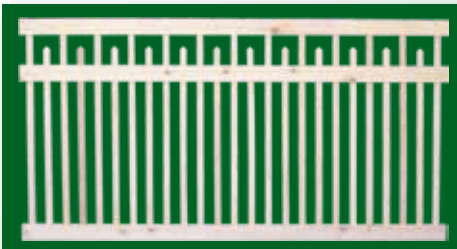
700 Straight



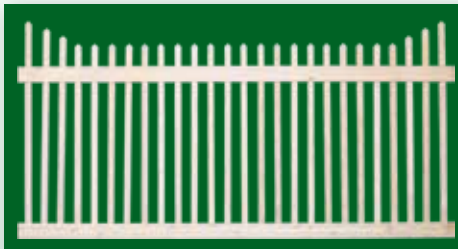
703 3-Rail Staggered



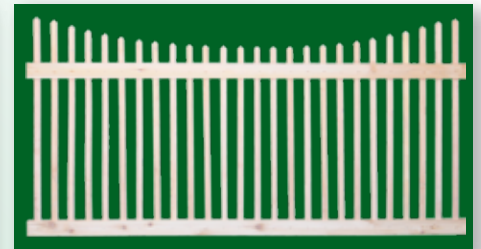
702 2-Rail Staggered



705 Top Rail



706 Step Down

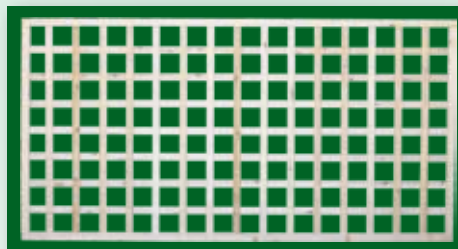


707 Scalloped

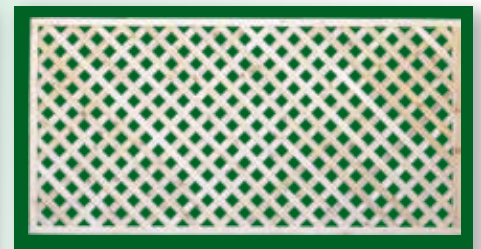
LATTICE FENCE

LATTICE FENCE

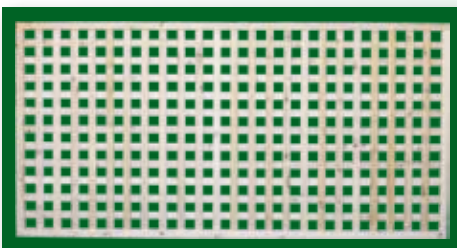
Eastern White Cedar Lattice Fence is the perfect landscape accent. Carefully created with an old world charm and 1" x 2" eastern white cedar boards. Like all of our cedar panels, these panels are hand crafted at our facility.



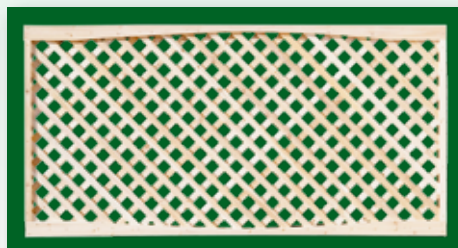
SQL4 Square Lattice 4"



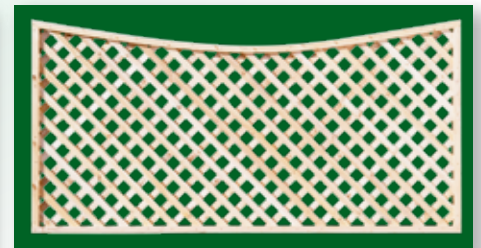
215 Diagonal Lattice



SQL Square Lattice



Lattice w/Fascia Top and Bottom



215SCA Scallop Lattice

SOLID PANELS



120



111



420



390



600



501



503



200



990



502

SOLID PANELS

Eastern White Cedar Solid Panels are available in heights ranging from 3' to 8' high. Privacy, security and longevity are key components of any style you choose. These exceptional fences will enable you to express your individuality and provide an attractive addition to your home.

SOLID PANELS



502H



121



300

SOLID SHAPED PANELS

SOLID SHAPED PANELS

Eastern White Cedar Shaped Panels are available in heights ranging from 3' to 8' high. Eastern's Shaped Panels are another way for you to individualize your landscape setting.



301 Scallop



303 Crown



304 Double Crown



202 Double Concave



204 Double Convex

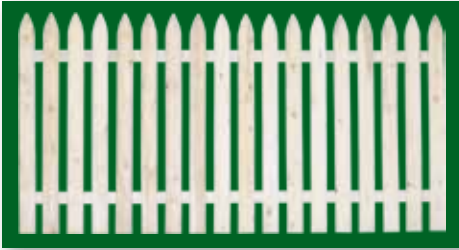


203 Concave



206 Convex

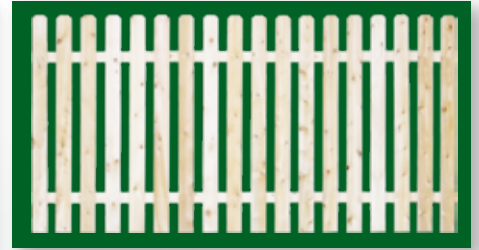
SPACE PICKET



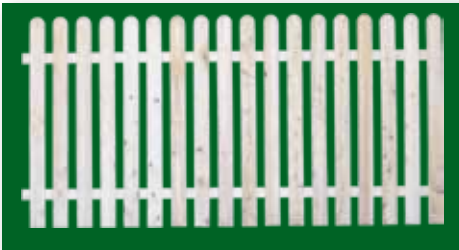
401



102



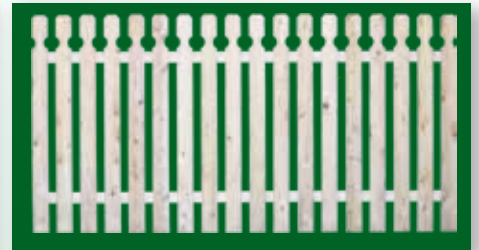
350



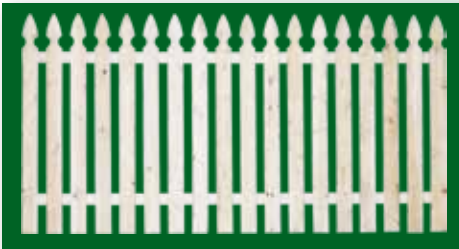
111



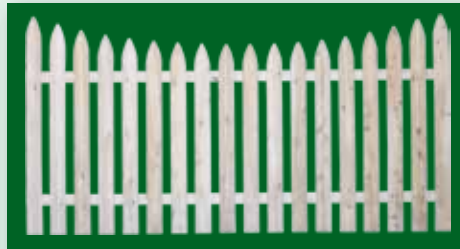
352



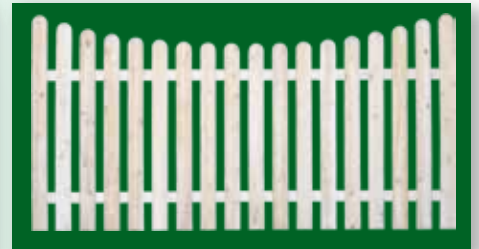
110



101



402

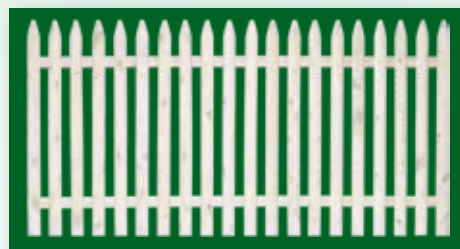


112

STOCKADE



C346 - Cedar Stockade



CPS344 - Cedar Spaced Picket



C346S - Scalloped Stockade

BOARD ON BOARD

BOARD ON BOARD

Available in heights running from 3' to 8' high. Known as the traditional "good neighbor" fence due to it being the same on both sides. This is considered 'the' fence for semi privacy as the alternate board styling allows for air flow through the openings.



210



310



210 - with 215-1 Topper



210 - with 400-1 Topper



210 - with 800-1 Topper

GATES



10



20



30



40



50

TOPPERS

Toppers are available with Tongue & Groove and Board on Board fence lines.



215-1 Diagonal



SQL18 Square Lattice



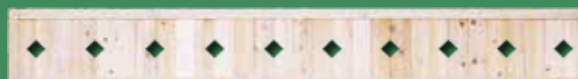
700-1 Classic Victorian



800-1 Criss Cross



400S-1 Shamrock



400-1 Diamond



400H-1 Hearts



OT-1 Rings

ARBORS & PERGOLAS

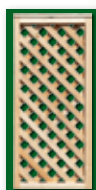


ARBORS & PERGOLAS

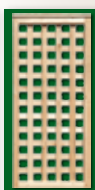
Whether framing a gate or a walkway, you can't go wrong with Eastern White Cedar Arbors & Pergolas. They are the ideal final accents for a beautiful and complete landscape setting.

Available Side Panels

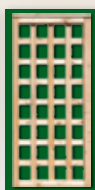
"Let your creativity flow" by choosing from any of our six Arbor and Pergola custom side panels.



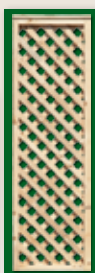
ARB-LP
4' Diagonal



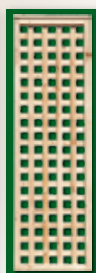
ARB-SP
4' Square



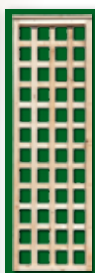
ARB-SP4
4' Old English



ARB-LP6
6' Diagonal



ARB-SP6
6' Square



ARB-SP46
6' Old English

HARDWARE



HT1108B
8" Tee Black



HSS1608B
8" Twin Strap Black



HSL1508B
8" Spring Load Tee Black



HBH7012B
12" Bolt Hook/Strap Black



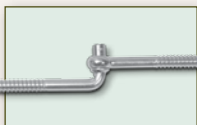
HSH2008B
Screw Hook & Strap



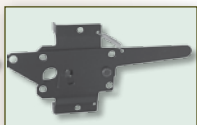
HT9012B
12" Tee Black



HSE5000C (1/2" x 4")
Screw Hook & Eye Cadmium



HSE6000C (5/8" x 5")
Screw Hook & Eye Cadmium



WGL
Hatchet Latch - Black



GLT200B
Thumb Latch - Black 7" Lever



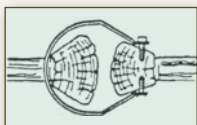
V21A
Universal Floating Gravity Latch



V23A
Heavy Duty Gravity Floating Latch



SBI-307C
Slide Bolt Latch - Black



GL9
Split Rail Loop Latch - Cadmium



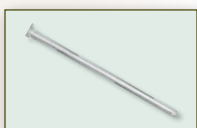
CSB-12
12" Spring Closer - Black



SR1
Gate Sag Kit



WTS
Wood to Steel Adaptors



SPIKES



LAGS
5/16" x 1-1/2"



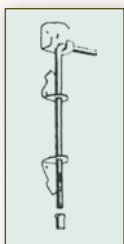
OF18 / OF24
Heavy Duty Hinges 18" & 24"



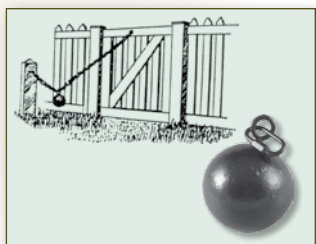
OFTR
Twisted Ring Latch - Black



GL201B
Gate Pull - Black



CBD5024B
24" Deluxe Cane Bolt



OFBC
Ball and Chain Closer - Black

POST & RAIL

Eastern White Cedar Post & Rail
Available as 2 or 3 Rail,
Paddle or Dowelled Rails

Diamond Style Cedar

Posts:
4x4
5x5
or
6x6
Rails:
4x4

Locust Split Post & Hardwood Rail
Available in 2, 3 or 4 Rail



BOARD STYLES



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

FINIALS & POST CAPS



F100



F101



F102



F103



F104



F106



F107



POINTED

S103P



FLAT

S103F

POSTS & EDGING STYLES



STD. FLAT



CHAMFERED



COVED



ROUNDED POINT



CONTEMPORARY



FRENCH GOTHIC



DECO



RAISED PANEL



FLUTED PANEL



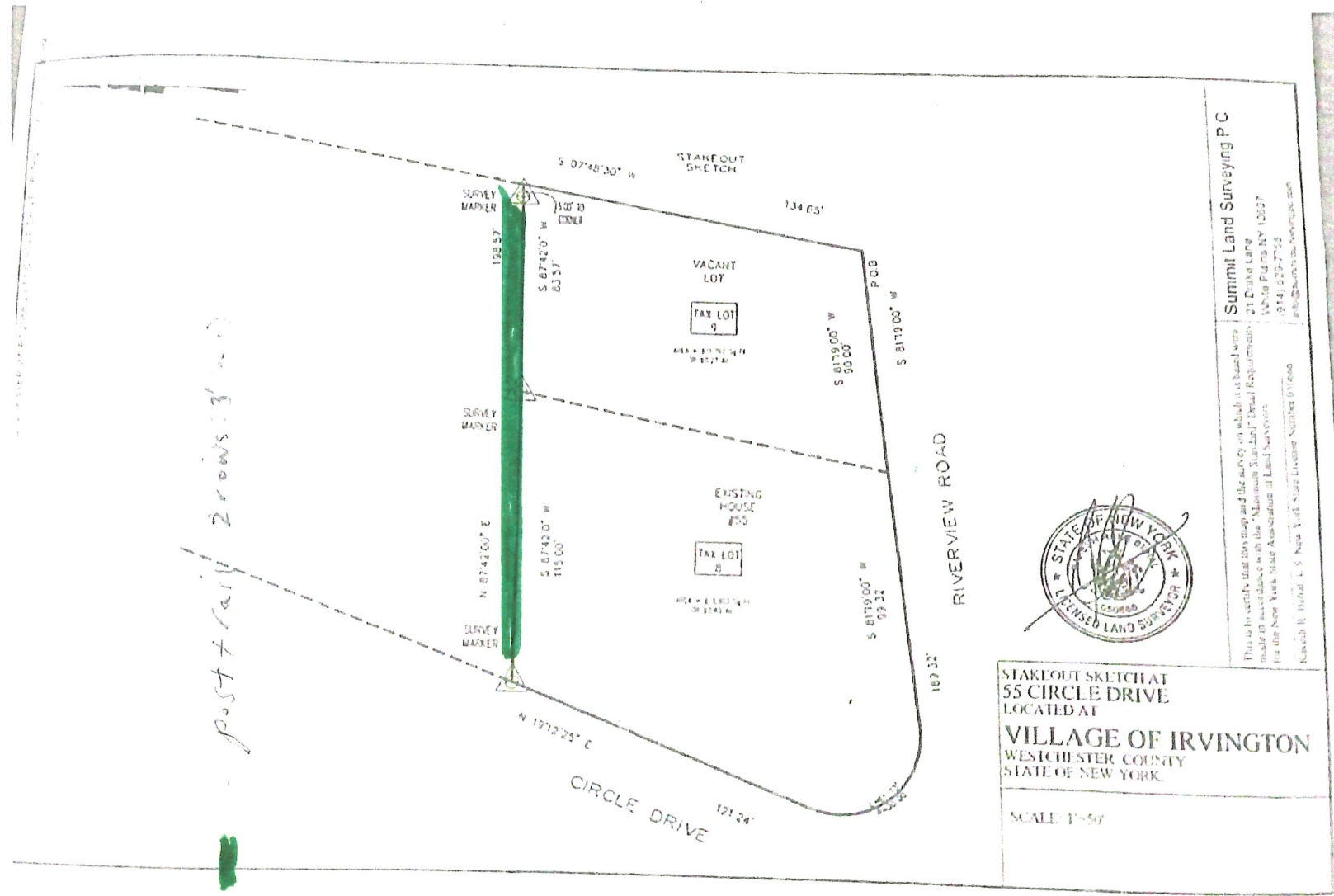
Carefully created with an old world charm and hand crafted in the USA, Eastern White Cedar Brand Wood Fencing is the perfect landscape accent.

1-800-339-3362
www.EasternWoodFence.com

S U P P L I E R S T O T H E T R A D E O N L Y

Dealer:

post + rail 2 rows (3 in.)



STAKEOUT SKETCH AT
55 CIRCLE DRIVE
LOCATED AT
VILLAGE OF IRVINGTON
WESTCHESTER COUNTY
STATE OF NEW YORK

SCALE 1"=50'

Summit Land Surveying P.C.

21 Diana Lane
White Plains NY 10607
(914) 927-7754
info@summitlandsurvey.com

This is to certify that this map and the survey on which it is based were made in accordance with the "Minimum Standard Detail Requirements for the New York State Association of Land Surveyors".
Kenneth R. DePalma, E.S. New York State License Number 016440





↑
Fence

