

APPLICATION FOR BUILDING PERMIT

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

Application Number:	567	Date:	03/22/2023
Job Location:	32 PARK AVE	Parcel ID:	2.30-6-8.1
Property Owner:	Alexandra Martins	Property Class:	1 FAMILY RES
Occupancy:		Zoning:	
Common Name:			

Applicant	Contractor
Alexandra Martins	Vicki Moses
property owners Alexandra Martins & Eric Topel	3Day Fences LLC (aka Land Design Studio, Inc.)
32 Park Avelrvington NY 10533	76 Spruce Street Blauvelt NY 10913
9175047718	845-494-0015

Description of Work

Type of Work:	Fence	Applicant is:	Owner
Work Requested by:		In association with:	
Cost of Work (Est.):	12350.00	Property Class:	1 FAMILY RES

Description of Work

To install a 72" (6Ft) high aluminum fence to enclose the backyard at 32 Park Ave for the purpose of excluding deer. Proposed fence is a 5/8" x 5/8" Three Rail Ornamental Aluminum Picket Fence (6202 BK) in Black made of 6061 R6 Aluminum allow with DuPont powder coating. Rails are 1" x 1" and it is a smooth top rail that covers each of the fifteen pickets. Pickets pass through the bot.

As seen on the as-built survey, property has a pre-existing chain link fence on right side of the property, covered by a hedge at 26 Park and another on property's side. This chain link fence ends within a few feet from the back stone wall. We propose to connect the new fence to this existing chain link fence, to continue in front of the stone wall (within the property), connecting to the property line just in front of the pre-existing Juniper tree hedge between 32 and 34 Park Ave. Two 72"H gates of same fence panel as per drawing on survey to enclose area and allow access to backyard.

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 PARK AVE

Parcel Id: 2.30-6-8.1

AFFIDAVIT OF APPLICANT

I **Alexandra Martins** being duly sworn, depose and says: That s/he does business as: **property owners Alexandra Martins & Eric Topel** with offices at: **32 Park 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 _____ day of _____ of _____

Notary Public / Commission of Deeds

Applicant's Signature

OWNER'S AUTHORIZATION

I **Alexandra Martins** 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 917 504 7718 Owner email address xanda.martins@gmail.com

☒ ALEXANDRA MARTINS 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 23 day of March of 2022

Notary Public / Commission of Deeds

Applicant's Signature

SARAH PALERMO
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN WESTCHESTER COUNTY
No. 01PA6182438
COMMISSION EXPIRES FEBRUARY 25, 2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/21/2023

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 Broadfield Insurance, a member of pcf ins services 68 Main Street Warwick NY 10990	CONTACT NAME: Kristin Godino PHONE (A/C, No, Ext): (845) 986-2211 FAX (A/C, No): (845) 986-0949 E-MAIL ADDRESS: kgodino@broadfieldinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Selective Insurance Co. of the Southeast INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 39926
INSURED LAND DESIGN STUDIO DBA STEVE GRIGGS DESIGN LLC 76 SPRUCE ST 76 Spruce Street BLAUVELT NY 10913-1920		

COVERAGES**CERTIFICATE NUMBER:** CL2331022923**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:			S 2573731	02/15/2023	02/15/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	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			S 2573731	02/15/2023	02/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	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)

Job: Alexandra Martins, 32 Park Avenue, Irvington NY 10533

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
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CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

<p>1a. Legal Name & Address of Insured (use street address only) LAND DESIGN STUDIO INC. 76 SPRUCE STREET BLAUVELT, NY 10913</p> <p><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></p>	<p>1b. Business Telephone Number of Insured 914-879-5602</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 134155860</p>
<p>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</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL450195</p> <p>3c. Policy effective period <u>08/01/2022</u> to <u>07/31/2024</u></p>

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 3/21/2023 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

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 emailed to PAU@wcb.ny.gov or it can 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 4B, 4C or 5B have 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 (Article 9 of the Workers' Compensation Law) with respect to all of their 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.**



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed 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 cancelled 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 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 NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits 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 Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) 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 employment as defined in this article, 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 the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. 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 disability benefits to any such employee if so employed.

(b) 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 employment as defined in this article and 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 the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

LAND DESIGN STUDIO, INC.

76 SPRUCE STREET

BLAUVELT, NY-10913

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-32004-H19



Date of Expiration
07/09/2023



**Workers'
Compensation
Board**

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

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>Land Design Studio Inc. 76 Spruce Street Blauvelt, NY 10913</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>914-879-5602</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>13-4155860</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Village of Irvington 82 Main Street Irvington, NY 10533</p>	<p>3a. Name of Insurance Carrier</p> <p>Hartford Accident & Indemnity Co.</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>16WECAJ8NUK</p> <p>3c. Policy effective period</p> <p><u>02/19/2023</u> to <u>2/19/2024</u></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".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? ☐ YES ☒ NO


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: RICHARD A . SAVINO
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 
(Signature) (Date)

Title: MANAGING PARTNER

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-986-2211

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.

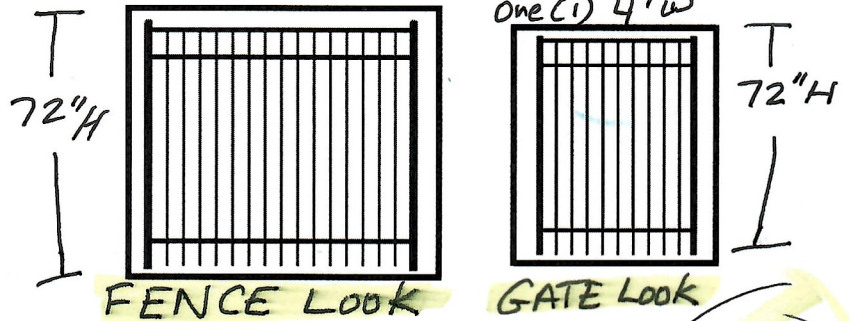
6' H Black Aluminum Fence Panel Specs

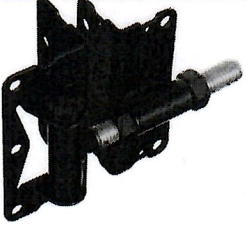
72" High 5/8" x 5/8" Three Rail Ornamental Aluminum Picket Fence

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

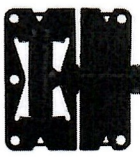
Pickets pass through the bot

- Smooth rackability
- 6061 T6 Aluminum Alloy
- DuPont powder coating
- Pickets: Fifteen 5/8" x 5/8" Pickets
- Rails: Three 1" x 1" Rails






Cam Locking
Tension Clip



- Size:
 - Fence side (H) 4" x (W) 1.75" x (L) 1.875"
 - Gate side (H) 4" x (W) 1.375" x (L) 1.375"
- Horizontal adjustment - Two-sided attachment
- Hidden spring enclosed
- #304 stainless steel - Powder-coated paint
- Self-tapping #14 x 1" hex head stainless steel screws supplied for faster installations
- 12 pairs per case - 31 lbs

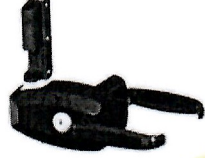
Part # AD1006B (black)
AD1006W (white)




EOL-BK

Ornamental Latch BLACK

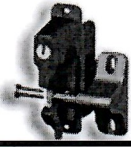
BK



V21LL

BK Black Gravity Latch Keyed 2-Sides

20





American Design Fences Inc.

51 Bleeker Street, Paterson, NJ 07524
Tel: 973-345-5580 Fax: 973-345-5595

SPECIFICATION – ALUMINUM RAILINGS

MATERIAL

Standard Sections are available in 6' or 8' width's (182.88 cm or 243.84 cm) and heights from 2' to 15' (60.96 cm to 457.20 cm). Custom sections are available upon request.

VERTICAL ALUMINUM PICKETS

Aluminum pickets are extruded from 6063-T6 Aluminum alloy with a minimum yield strength of 35,000 PSI (240 Mpa) and a minimum tensile strength of 38,000 PSI (260 mpa).

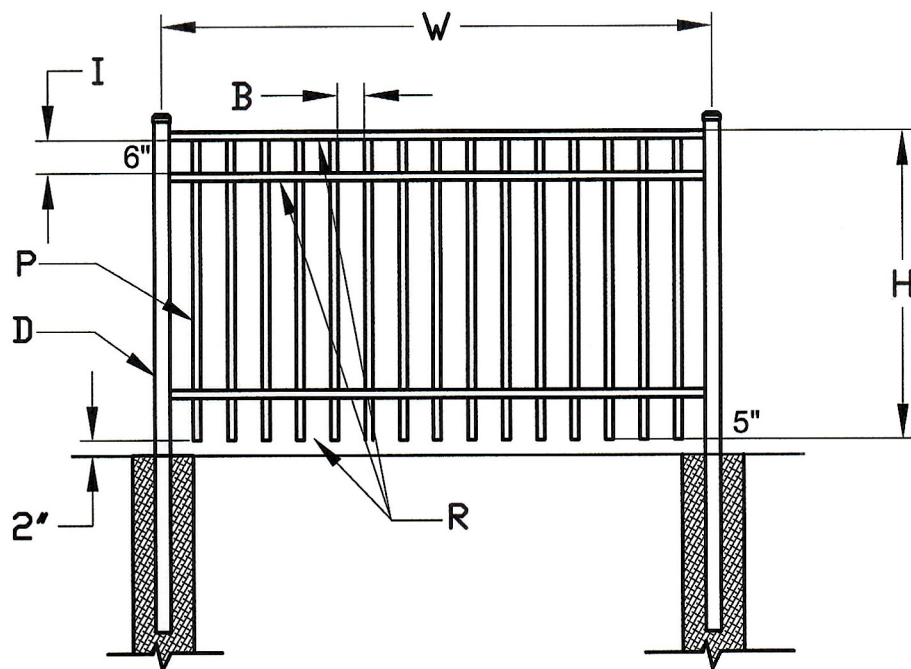
INCHES	GAUGE	CENTER SPACING	LBS/FT
5/8"	0.050"	4 ½"	0.168
5/8" x 1"	0.050"	5"	0.179
1" x 5/8"	0.050"	4 ½"	0.179
¾"	0.062"	5"	0.205
1"	0.062"	5"	0.280
1 ¼"	0.062"	6"	0.380
1 ½"	0.062"	6"	0.424

MATERIAL – HORIZONTAL ALUMINUM RAILS

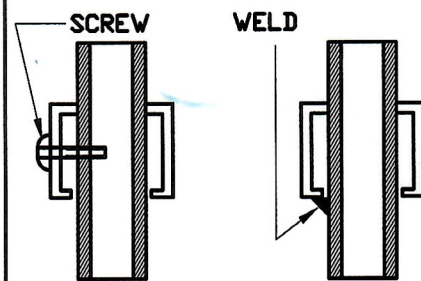
Horizontal aluminum rails are extruded into a channel from 6063-T6 aluminum alloy with a minimum yield strength of 35,000 PSI (240 Mpa) and a minimum tensile strength of 38,000 PSI (260 Mpa).

RAILS INCHES	TOP WALLS INCHES	PICKETS INCHES	LBS/FT
1"	.055"	5/8"	0.266
1 ¼"	.125"	¾"	0.526
1 5/8"	.070"	1"	0.895
1 5/8"	.135"	1"	1.270
2" x 2"	0.060"	1 ½"	0.424

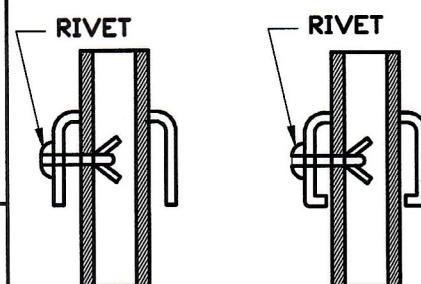
STYLE 204



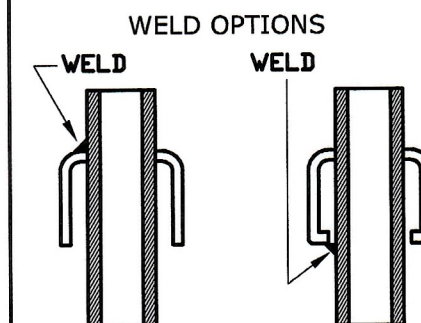
Picket & Rail INSTALLATION OPTIONS



ALUMINUM

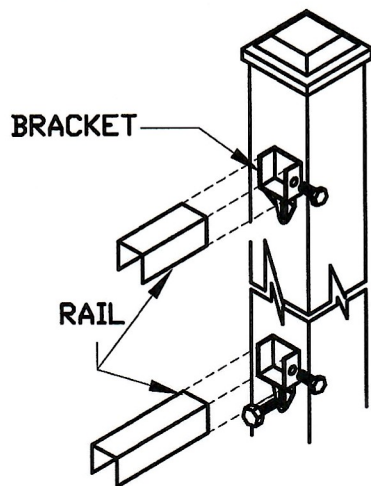


STEEL

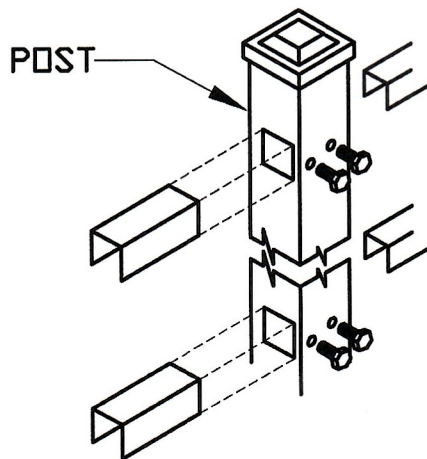


STEEL

POST & RAIL USING BRACKETS



ROUTED POST & RAIL



MATERIAL:

ALUMINUM ✓

OR

GALVANIZED STEEL

American Design Fences Inc.

★★★
★ American
★ Design
Fences

51 Bleeker Street, Paterson, NJ 07524

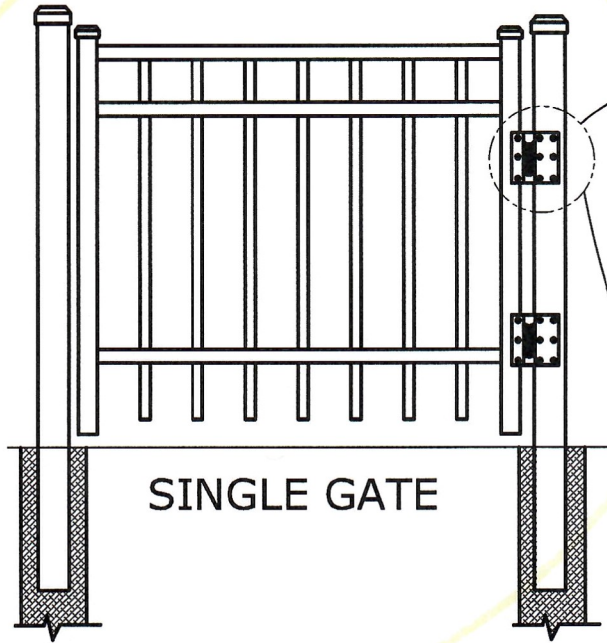
Tel: 973-345-5580

Fax: 973-345-5595

WEBSITE: WWW.ADFENCE.NET

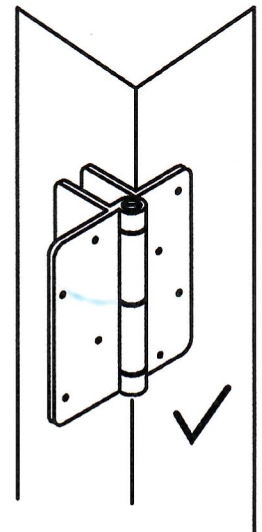
W	WIDTH	72"
H	HEIGHT	72"
R	RAIL	1" x 1"
P	PICKET	5/8 Sq
D	POST	2" Sq
B	BETWEEN PICKET	3 7/8
S	SPACING	

STYLE 204

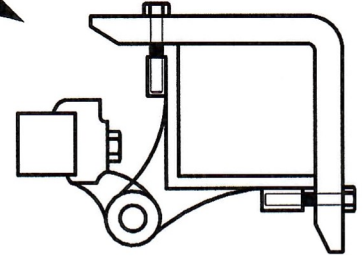


SINGLE GATE

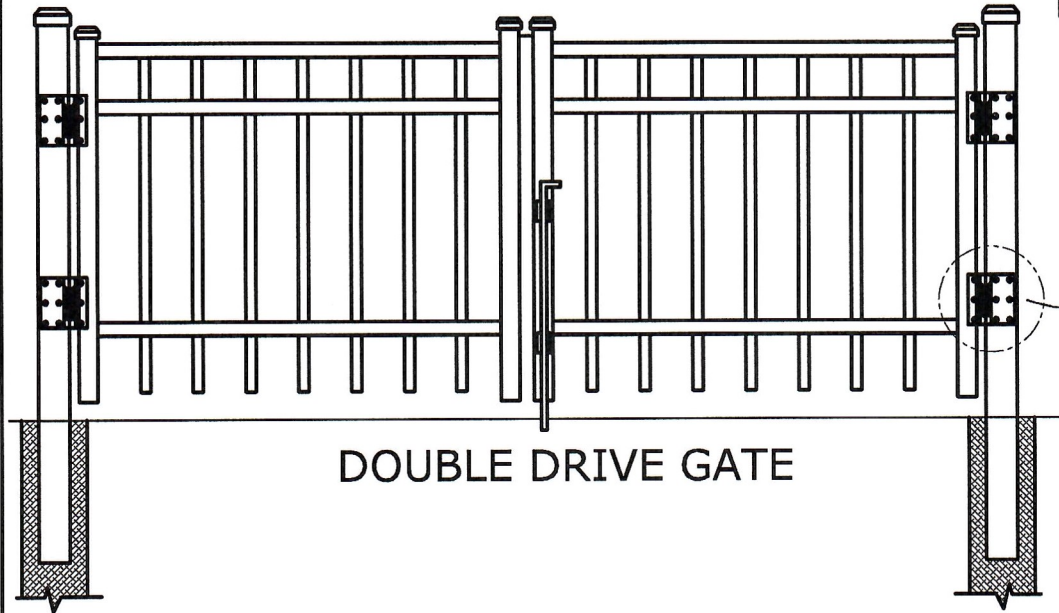
HD Spring hinges



OR



DOUBLE DRIVE GATE



W	WIDTH	
H	HEIGHT	
R	RAIL	
P	PICKET	
D	POST	
B	BETWEEN PICKET	

MATERIAL: **ALUMINUM** ✓ **OR**
GALVANIZED STEEL

American Design Fences Inc.

☆☆☆
★ American
★ Design
Fences

51 Bleeker Street, Paterson, NJ 07524

Tel: 973-345-5580

Fax: 973-345-5595

WEBSITE: WWW.ADFENCE.NET

32 PARK AVE — GATE HINGE & LATCH



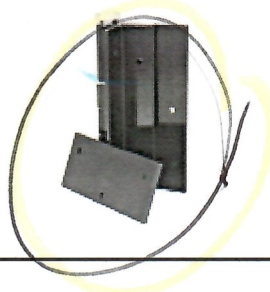





ORNAMENTAL FENCE & RAILING

06/27/20

ORNAMENTAL GATE HARDWARE



GATE HARDWARE

Item #	Description	Color	Loose Each	
EOH-BK	Ornamental Self-Closing Hinge (Pair) BLACK	BK	-	
EOH-BZ	Ornamental Self-Closing Hinge (Pair) BRONZE	BZ	-	
EOHIND-BK	Ornamental Industrial Hinge BLACK (Each)	BK	-	
EOL-BK	Ornamental Latch BLACK	BK	-	
DDLLDAB-K-BK	D&D Lokk Latch - Keyed	BK	-	
EODR-BK	Ornamental Drop Rod with Guides	BK	-	
MLDD-BK	Magna Latch D&D	BK	-	

NEW ITEM!

PHOTOS OF THE PROPERTY & AREAS TO BE FENCED

32 Park Ave Irvington, NY 10533

Property owners: **Alexandra Martins & Eric Topel**

THE BACKYARD (to be enclosed)



PROPERTY FEATURES: Right side has pre-existing chain link fence, Back has stone wall on the property line, and left side has pre-existing Juniper hedge on shared property line with 34 Park ave.

Proposal is to complete the existing gap in the chain link fence up to the stone wall with a short panel of 6ft aluminum fence. That aluminum fence will continue in front of the stone wall (within 32 Park Ave property) to the property line on left back.. Fence to continue from back up the left side of property, located within 32 Park Ave property, just in front of the Juniper hedge (which is shared with 34 Park Ave on the mutual property line).

Proposal includes two gates to enclose the backyard. One (1) 5'Wx6'H gate on left side of property, connecting new aluminum fence with house wall, just behind deck area as per photos below. And one (1) 4'Wx6'H gate on the right side of the property, connecting the existing chain link fence with the house wall in the area as per photos below.

Proposed location of the 5'Wx6'H Aluminum Gate



Photo View: Left side of property. Walking to the backyard, down the left side of the house towards the backyard. Proposed fence on property line connecting to side wall of house, just behind the white gutter/retaining wall.



View from Park Ave.

Proposed location of the 4'Wx6'H Aluminum Gate



Photo view: Right side of property. Standing in the backyard, looking towards the FRONT of the house/Park Ave, showing the proposed gate location. *Gate to connect existing chain link fence (left side of this picture) with the side of the house just behind the shown faucet area.*



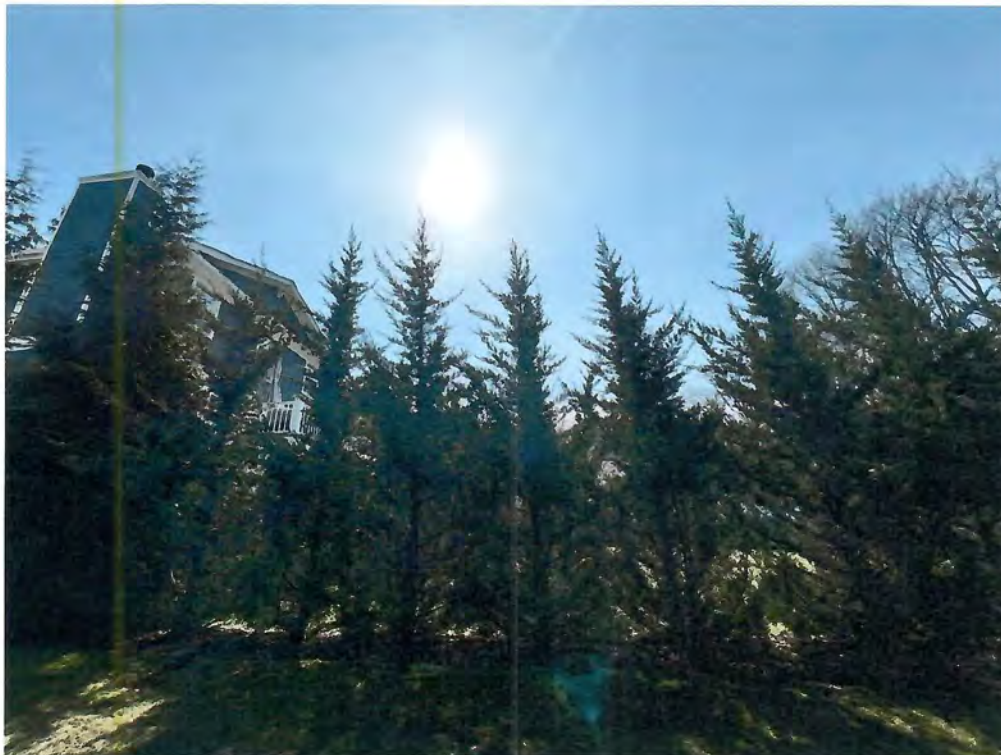
View from Park Ave.

Adjoining properties

34 Park Ave.



Front view



Backyard view

Showing Juniper hedge on shared property line.

26 Park Ave.



Front view

Showing existing chain-link fence dividing properties.



Backyard view
Showing division

with existing chain link fence, covered by hedge.

32 Park Ave
Backyard (location of proposed fence)



32 Park Ave
Left side of property (5'Wx6'H gate location)



32 Park Ave
Left side of property (view from Park Ave)



32 Park Ave
Right side of property (4'Wx6'H gate location)



32 Park Ave
Right side of property (view from Park Ave)



**Adjoining Property to 32 Park Ave
(34 Park Ave)**



**Adjoining Property to 32 Park Ave
(34 Park Ave - Backyard)**



**Adjoining Property to 32 Park Ave
(26 Park Ave)**



**Adjoining Property to 32 Park Ave
(26 Park Ave - Backyard)**



32 Park Ave survey
Proposed fence highlighted in yellow

