



Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

Tree Removal Application

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

Section I- PROJECT ADDRESS: 21 DAY ROAD DATE: 11/17/20

Section II- CONTACT INFORMATION: (Please print clearly. All information must be current)

APPLICANT: EVAN HARRIS

ADDRESS: 21 DAY ROAD, ARMONK, NY 10504

PHONE: 908-415-0994 MOBILE: _____ EMAIL: evanharris24@gmail.com

PROPERTY OWNER: SAME AS ABOVE GTA Tree Shrub Inc

ADDRESS: _____ GARY BOYD RECEIVED Gmail.com

PHONE: _____ MOBILE: _____ EMAIL: _____ NOV 23 2020

Tree Company: GTA Tree & Shrub Care Inc TOWN OF NORTH CASTLE BUILDING DEPARTMENT

ADDRESS: 17 DECIPHER DR, ARMONK, NY 10504

PHONE: _____ MOBILE: 914-804-4052 EMAIL: ~~GTA TREE SHRUB INC~~ GTA TREE SHRUB INC@gmail.com

Section III- REGULATED ACTIVITY: (Check all that apply)

- Removal of a tree within a property's regulated setback zone or landscaped buffer zone.
- Removal of a significant tree.
- Removal of any tree in the wetlands, within clearing lines, or conservation easements.
- Clearing/Thinning.
- Removal of any tree within the right of way.
- Removal in any calendar year of more than ten (10) trees on any lot.

Section IV- DESCRIPTION OF WORK: (Please include how many trees will be removed)

ATTACHED

Section V- FUTURE PLANS:

Do you have any intention of tearing down the house to build a new house within the next six (6) months. Yes No

Town of North Castle Building Department

Section V- FUTURE PLANS: (Continued)

Do you have any intention to expand the house over 1500 square feet within the next six (6) months? Yes No

Section VI- RESTRICTION:

Is there any conservation easements on your deed? Yes No

Section VII- PERMIT FEES: (\$50 application fee and a \$25 Certificate of Compliance fee)

Section VIII- APPLICANT CERTIFICATION

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature: [Signature] Date: 11/17/20

Section IX- AFFIDAVIT OF OWNER AUTHORIZATION: (To be notarized)

STATE OF NEW YORK }
COUNTY OF WESTCHESTER } SS:

[Signature]
PETER J. CHO
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01CH6308766
QUALIFIED IN WESTCHESTER COUNTY
MY COMMISSION EXPIRES JULY 28, 2022

The applicant Evan Harris has proper consent from said owner to make this application as submitted and said owner agrees to all terms and conditions placed upon same.

Owner's Name (PRINT) Evan Harris Owner's Signature [Signature]

Sworn to before me this 19 day of Nov, 2020

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Zone: _____ Section: _____ Block: _____ Lot: _____

Building Department Checklist:

Does this permit require RPRC approval? Yes No

Has a plan delineating all improvements, site grading and disturbance proposed on the subject property. Yes No

GC License Work. Comp. Liability. Ins. Disability Two sets of documents

Permit Fee \$75.00 Payment type: _____ Check #: _____ Cash

Name on check: _____ Received By: _____ Date: _____

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Conditions: _____

To whom it may concern

21 Day Road
Armonk, Ny 10504

Tree number 1 located in the front of the house is a 20" sugar Maple with exposed buttress roots leaning towards the garage causing the need for removal.

Tree number 2 located in the front of the house is a 10" Tulip tree with a lean towards the garage and being the species of this tree it is highly possible that it could fail during a storm causing the need for removal.

Tree number 3 is a 18" tulip, tree number 4 is a 21" tulip, tree number 5 a 24" tulip located at the left front of the house looking in from Day road have a high potential for failure due to the lack of trunk taper, the size and species of the three trees causing concern and the need for removal.

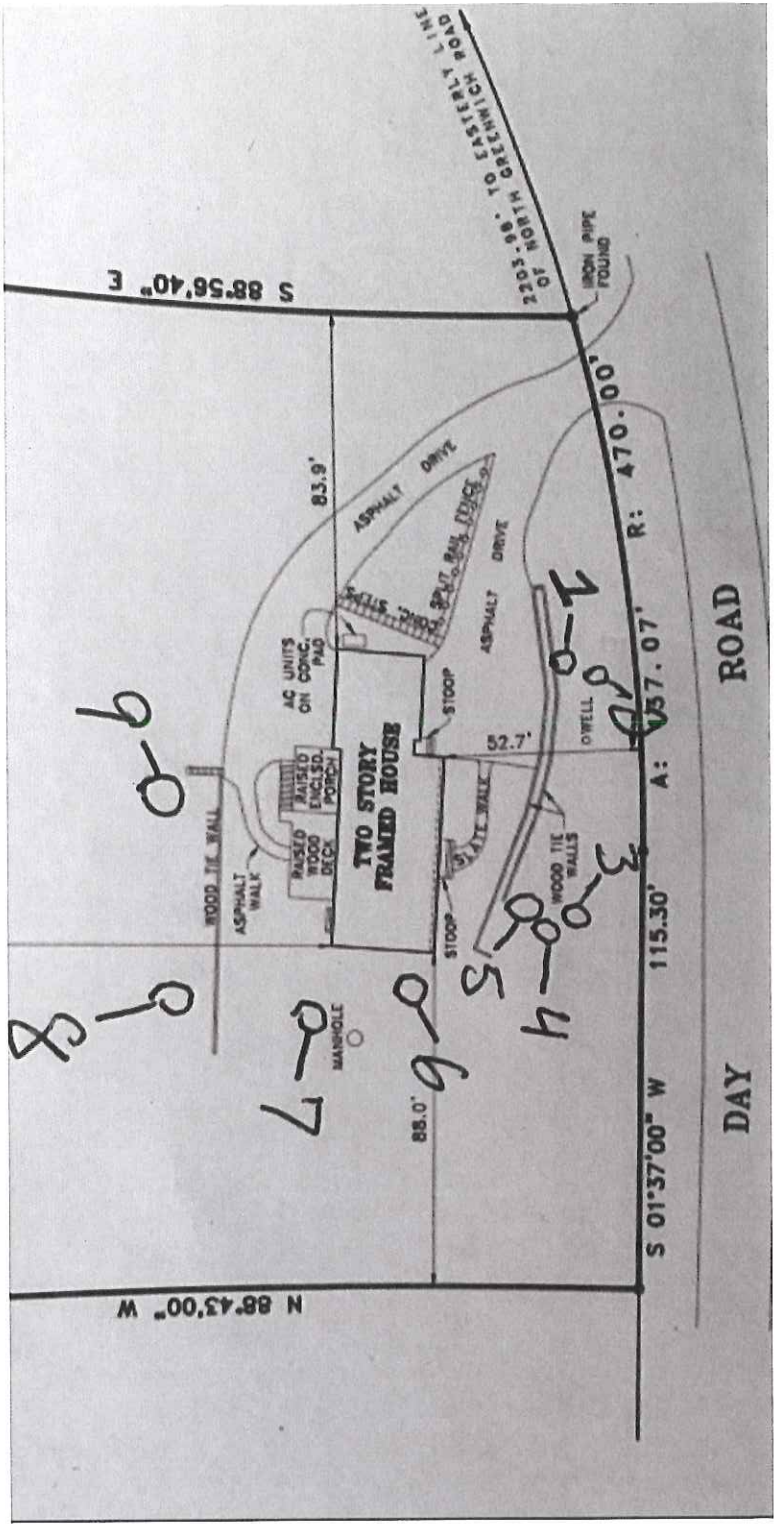
Tree number 6 is a 28" tulip and it is located on the left side of the house looking in from Day road it to has a high potential for failure due to the species and height with its proximity to the house it to needs to be removed.

Tree number 7 is a 10" tulip tree located at the right / rear of the house looking in from Day road and it has a lean towards the deck with decay at the base causing concern and the need for removal.

Tree number 8 is a 6" Maple located at the back of the house just behind the retaining wall towards the left side looking in from Day road it has cavity with severe decay approximately 10' from the ground causing the need for removal.

Tree number 9 is a 21" Ash located directly behind the retaining wall at the rear center of the house that is dead causing the need for removal.

Thank you,
Gary Boyd
Certified Arborist NY-5331A



Take down (1) 24" diameter (1) 21" diameter, (1) 18" diameter tulip trees left front corner of the house

Take down (1) 28" tulip tree on the left side of the house.

Take down (1) 10" diameter tulip tree on the left side of the house that is severely rotted at the base of the tree leaning towards the deck.

Take down (1) 21" diameter dead ash tree behind the house.

Take down (1) 10" Maple to the last of the ash in rear of house that is decayed approximately 10' above the ground.

Remove (1) 20" diameter sugar maple and (1) 10" tulip tree above the railroad tie wall which are leaning towards the garage.

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

G T A TREE & SHRUB CARE INC
17 ORCHARD DRIVE
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



License Number
WC-20366-H08

Date of Expiration
04/03/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/06/2020

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED AGENT, REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

NOTE: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. COVERAGE 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).

Y D KAVOVIT
FAMILY CASUALTY INSURANCE CO.
ROUTE 9W, SUITE 100
INDSOR, NY 12553

3 T A TREE & SHRUB CARE INC
17 ORCHARD DRIVE
ARMONK, NY 10504

CONTACT NAME:	
PHONE (A/C, No, Ext): 845-562-0701	FAX (A/C, No): 845-562-0852
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: FARM FAMILY CASUALTY INS. CO.	NAIC # 13803
INSURER B: UNITED FARM FAMILY INS CO	29963
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

AGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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, CONDITIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR SELECT BUSINESS PKG AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER: MOBILE LIABILITY (ANY AUTO) <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			3160X0946	04/02/20	04/02/21	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
UMBRELLA LIAB EXCESS LIAB RETENTION \$ EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? (Y/N) (describe under SCOPE OF OPERATIONS below)			3101C3377	10/13/20	10/13/21	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
			3102W8334	10/13/20	10/13/21	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

REMOVAL

DATE: EVAN & JESSICA HARRIS, 21 DAY RD, ARMONK, NY 10504

CERTIFICATE HOLDER

TOWN OF NORTH CASTLE
15 BEDFORD RD.
ARMONK, NY 10504

CANCELLATION

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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25 (2016/03)

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NOV 23 2020

TOWN OF NORTH CASTLE
BUILDING DEPARTMENT