



TOWN OF NORTH CASTLE

WESTCHESTER COUNTY
17 Bedford Road
Armonk, New York 10504-1898

RESIDENTIAL PROJECT
REVIEW COMMITTEE
Adam R. Kaufman AICP, Chair

Telephone: (914) 273-3000 x 43
Fax: (914) 273-3554
www.nortcastleny.com

RESIDENTIAL PROJECT REVIEW COMMITTEE (RPRC) APPLICATION

Section I- PROJECT

ADDRESS: 103 Old Hickory Way, Bedford, NY 10506

Section III- DESCRIPTION OF WORK:

Removal of 6 trees: note " = diameter of tree

- 1) double-trunk 36" maple tree - alive - dangerously close to house
- 2) 33" Ash Tree near propane tanks - dead
- 3) 23" White Oak tree - alive, near A/C units - dangerously close to house
- 4) 35" Red Oak tree - alive - dangerously close to house
- 5) 29" Black Oak tree - alive - leaning over and dangerously close to house
- 6) 9" Maple Sapling tree - alive - leaning onto front deck

Section III- CONTACT INFORMATION:

APPLICANT: Matthew Cantwell
ADDRESS: 103 Old Hickory Way, Bedford, NY 10506
PHONE: 212.729.3934 MOBILE: 212.729.3934 EMAIL: matthew.s.cantwell@gmail.com

PROPERTY OWNER: same as above

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

PROFESSIONAL: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

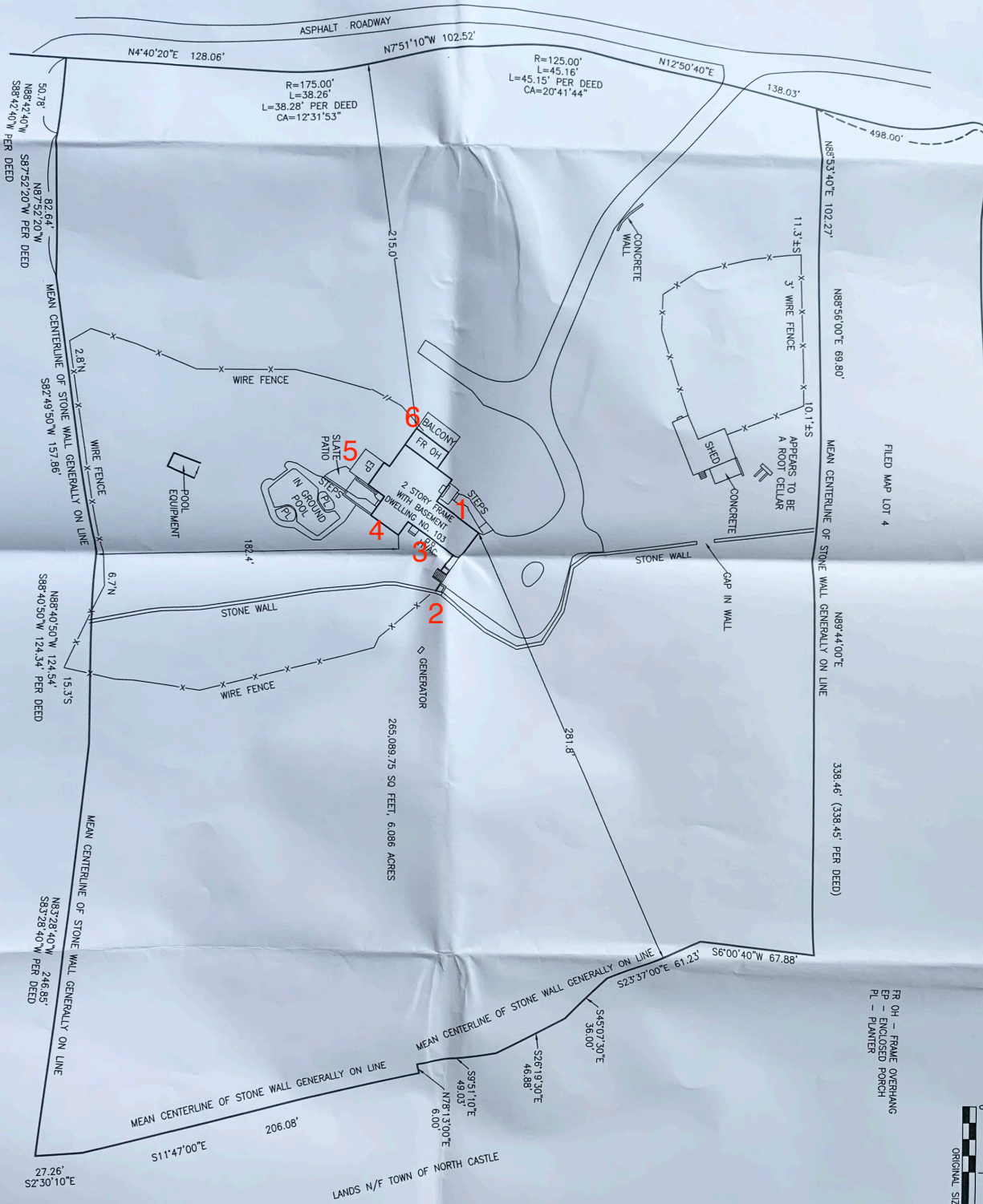
Section IV- PROPERTY INFORMATION:

Zone: _____ Tax ID (lot designation) _____



OLD HICKORY WAY

HICKORY KINGDOM ROAD



CERTIFIED TO:
 MATTHEW S. CANTWELL AND MERTEN CANTWELL
 RADIAN TITLE INSURANCE INC.
 THOROUGHbred TITLE SERVICES, LLC
 CITIZENS BANK, N.A. ISAKA, ANIMA

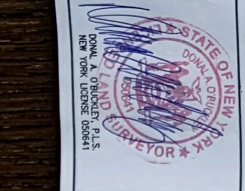
TAX MAP
 SECTION 95.03
 BLOCK 2
 LOT 23

TOWN OF NORTH CASTLE
 COUNTY OF WESTCHESTER

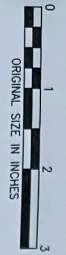
TITLE No. 1B143900
 STATE OF NEW YORK

KNOWN AND DESIGNED AS PLOT 7 AS SHOWN ON A CERTAIN MAP ENTITLED "MIDDLE PATENT FARMS, INC., MADE BY EDWARDS DESIGNED, DATED JANUARY 18, 1929 AND FILED IN THE WESTCHESTER COUNTY CLERK'S OFFICE ON FEBRUARY 19, 1929 AS MAP NO. 3386.

DATE SURVEYED: DECEMBER 9, 2020
ALL COUNTY LAND SURVEYOR PC
 DONAL A. O'BROCKLEY, PLS
 167-17 45TH AVENUE
 FLUSHING, NY 11358
 TEL. 718-358-8114
 FAX. 718-353-0938
 EMAIL: DOBROCKLEY@AOL.COM



- NOTES:
1. THIS SURVEY WAS DONE FOR THOROUGHbred TITLE AGENCY, LLC AND IS INTENDED TO BE USED FOR TITLE PURPOSES ONLY.
 2. NO GUARANTEE IS IMPLIED BY THIS MAP AS TO THE EXISTENCE OR NONEXISTENCE OF ANY EASEMENTS OF RECORD THAT WOULD AFFECT SUBJECT PROPERTY, UNLESS SURVEYOR HAS BEEN FURNISHED WITH A COMPLETE COPY OF TITLE REPORT.
 3. THIS MAP WAS MADE AT A SCALE OF 1" = 40' WHEN ORIGINALLY DRAWN.
 4. PROPERTY CORNER MONUMENTS WERE NOT PLACED AS PART OF THIS SURVEY.
 5. IT IS A VIOLATION OF THE STATE EDUCATION LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED LAND SURVEYOR TO ALTER AN ITEM IN ANY WAY.
 6. THIS IS TO CERTIFY THAT THERE ARE NO VISIBLE STREAMS NOR NATURAL WATER COURSES IN THE PROPERTY EXCEPT AS SHOWN ON THIS SURVEY.
 7. ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY MARKED WITHIN AN ORIGINAL OF THE LAND SURVEYOR'S EMBOSSED SEAL SHALL BE CONSIDERED TO BE VALID TRUE COPIES.
 8. THIS SURVEY IS NOT INTENDED TO BE USED FOR NEW CONSTRUCTION.



845-621-4350 Office

PROPOSAL

845-621-4355 Fax

BIZEE BEE TREE SERVICE

ROSAMILIA BROTHERS INC.

P.O. BOX 716, MAHOPAC, NY 10541

Westchester County Lic.#: 19402 -- Putnam County Lic.# 3428 -- Connecticut Lic.# 0646273

team@bizeebeetree.com www.bizeebeetree.com

Proposal Submitted to: Mr. Matthew Cantwell	Home:	Date: 4/28/2021
Street: 103 Old Hickory Way	Cell: 212-729-3934	Email: matthew.s.cantwell@gmail.com
City, State, Zip Code: Bedford, N.Y. 10506	Referred By: RSVP	

We hereby submit specifications and estimates for: TREE WORK

FRONT PROPERTY

Take down (1) double trunk 36" dia. Maple tree between the walkway and the house.

REAR PROPERTY

Take down (1) 33" dia. Ash tree by the propane tanks, which is diseased with Emerald Ash Borer.

Take down (1) 23" dia. White Oak tree next to the A/C units.

Take down (1) 35" dia. Red Oak tree against the back of the extended part of the house.

RIGHT SIDE PROPERTY

Take down (1) 29" dia. Black Oak tree leaning over the screened in porch.

Take down (1) 8"- 9" dia. Maple Sapling leaning over the side of the house.

All branches and debris will be chipped into wooded area on hillside.

We will place all logs from all the trees being cut down, in the same area in wooded area, at the bottom of the hillside.

\$10,500.00

RSVP DISC.

(\$300.00)

\$10,200.00

OPTION: (NOT INCLUDED IN PRICE LISTED BELOW) - WILL NOT PROCEED AT THIS TIME

Remove all dead wood within the large double trunk White Oak tree on the right side of the driveway, before getting to the house.

Thin out all inner shoots up to 2" dia., throughout the tree.

Supply and install (1) steel cable within the double trunk Oak tree.

Thin out all inner shoots up to 2" dia., and remove all dead wood within the large Red Oak tree, in the circular part of the driveway, next to the well pump.

~~\$1,200.00~~

*A PERMIT MAY BE REQUIRED BY THE TOWN FOR THE REMOVAL OF THE TREES.

ANY FEES RELATED TO THE PERMIT, WILL BE THE RESPONSIBILITY OF THE HOME OWNER.

We Propose to furnish Equipment and labor to complete in accordance with above specifications for the sum of:

TEN THOUSAND, TWO HUNDRED..... dollars(\$10,200.00)

Payments to be made as follows: **ALL PRICES SUBJECT TO NYS TAX** TAX 854.25

BALANCE DUE UPON COMPLETION OF WORK AND RECEIPT OF INVOICE \$11,054.25

All work is guaranteed to be as specified, All work to be completed in a workman like manner according to standard practices. Any alteration or deviation from above specifications involving ^{at this price} extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control.

Authorized Signature Robert Rosamilia
Please Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified.

Signature: Robert Rosamilia

Payment will be made as outlined above.

Signature: Matthew S. Cantwell

Date of Acceptance: 5/11/21

CUSTOMER COPY

MELTEM CANTWELL
MATTHEW SCOTT CANTWELL
103 OLD HICKORY WAY
BEDFORD, NY 10506-0000

1117
94-221/1212
3500

5/12/21 Date

Pay to the Order of Town of North Castle \$ 25.00
twenty-five 00/100 Dollars



Charles Schwab Bank
Westlake, TX

High Yield Investor Checking

For Certificate of Compliance WJSSA MP

⑆ 1 2 1 2 0 2 2 1 1 ⑆ 4 4 0 0 3 1 0 8 0 8 6 2 1 ⑆ 1 1 1 7

Harland Clarke

MELTEM CANTWELL
MATTHEW SCOTT CANTWELL
103 OLD HICKORY WAY
BEDFORD, NY 10506-0000

1116
94-221/1212
3500

5/12/21 Date

Pay to the Order of Town of North Castle \$ 50.00
fifty 00/100 Dollars



Charles Schwab Bank
Westlake, TX

High Yield Investor Checking

For Tree Removal Application WJSSA MP

⑆ 1 2 1 2 0 2 2 1 1 ⑆ 4 4 0 0 3 1 0 8 0 8 6 2 1 ⑆ 1 1 1 6

Harland Clarke

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

ROSAMILIA BROTHERS INC.
BIZEE BEE LAWN & TREE MAINTENANCE
585 UNION VALLEY RD.
MAHOPAC, NY-10541

This license is issued in accordance with Article XVI of the Westchester County
Consumer Protection Code and is valid only upon presence of the official department seal.

License Number
WC-19402-H07



Date of Expiration
07/23/2021



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only)
ROSAMILIA BROTHERS INC
DBA BIZEE BEE LAWN & TREE MAINTENANCE
PO BOX 716
MAHOPAC, NY 10541
1b. Business Telephone Number of Insured
914-557-6587
1c. NYS Unemployment Insurance Employer Registration Number of Insured
1d. Federal Employer Identification Number of Insured or Social Security Number
208300596
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
TOWN OF NORTH CASTLE
15 BEDFORD RD.
ARMONK, N.Y. 10504
3a. Name of Insurance Carrier
FARM FAMILY CASUALTY INS CO
3b. Policy Number of Entity Listed in Box "1a"
3101W9834
3c. Policy effective period
11-19-20 to 11-19-21
3d. The Proprietor, Partners or Executive Officers are
[] included. (Only check box if all partners/officers included)
[X] all excluded or certain partners/officers excluded.

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: JEFFREY KAVOVIT
(Print name of authorized representative or licensed agent of insurance carrier)
Approved by: [Signature] 05-12-21
(Signature) (Date)
Title: AGENT

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-562-0701

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.

CERTIFICATE OF INSURANCE COVERAGE

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>ROSAMILIA BROTHERS INC DBA BIZEE BEE LAWN & TREE MAINTENANCE 585 UNION VALLEY RD MAHOPAC, NY 10541</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p style="text-align: center;">914-557-6587</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p style="text-align: center;">208300596</p>
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<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>TOWN OF NORTH CASTLE 15 BEDFORD RD. ARMONK, N.Y. 10504</p>	<p>3a Name of Insurance Carrier</p> <p style="text-align: center;">HARTFORD LIFE AND ACCIDENT</p> <p>3b Policy Number of Entity Listed in Box "1a"</p> <p style="text-align: center;">LNY631821</p> <p>3c Policy effective period</p> <p style="text-align: center;">10-01-2020 to 09-30-2021</p>
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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 05-12-2021 *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.