

DEPT USE ONLY
APPROVAL DATES

Building Dept:

ZBA:



VILLAGE OF NORTH HAVEN
BUILDING DEPARTMENT
335 Ferry Road
Sag Harbor, NY 11963
631-725-1378 (Fax) 725-1120

DEPT. USE ONLY

Permit No.

Date Issued / /

APPLICATION FOR TREE REMOVAL

INSTRUCTIONS

1. TREE REMOVAL PERMIT APPLICATION MUST BE COMPLETED BY TYPEWRITER OR PRINTED IN INK.

2. WORK DESCRIBED IN THIS APPLICATION MAY NOT BE COMMENCED BEFORE PERMIT IS ISSUED

3. THIS APPLICATION MUST BE COMPLETE IN EVERY RESPECT BEFORE THE PERMIT WILL BE PROCESSED.

4. BUILDING INSPECTOR HAS THE RIGHT TO INSPECT TREE(S) IN QUESTION IF A CERTIFIED ARBROIST SUBMITS VERIFICATION OF DISEASED OR DYING TREE.

TAX MAP NUMBER: 901 - - -

DISTRICT SECTION BLOCK LOT

PROPERTY LOCATION:

LEGAL STREET ADDRESS AND NUMBER

PROPERTY OWNER:

MAILING ADDRESS:

PHONE: EMAIL:

APPLICANT IS (Circle One): OWNER LESSEE AGENT ARBORIST OTHER

APPLICANT:

MAILING ADDRESS:

PHONE: EMAIL:

If applicant is not the homeowner, an agent authorization form is required.

IF OWNER OR APPLICANT IS A CORPORATION OR LLC, FURNISH NAMES OR MANAGING OFFICERS OR PARTNERS:

CORPORATE/LLC PROPERTY OWNER

CORPORATE/LLC APPLICANT

NAME:

NAME:

ADDRESS:

ADDRESS:

PHONE:

PHONE:

COMPANY RESPONSIBLE FOR TREE REMOVAL:

NAME:

ADDRESS:

PHONE:

EMAIL:

ATTACH CERTIFICATE OF LIABILITY INSURANCE & WORKERS COMPENSATION FORM C105.2

PLEASE PROVIDE ROUGH SCKETCH OF PROPERTY WHICH SHOWS THE LOCATION OF TREE(S) TO BE REMOVED

DESCRIPTION OF TREE(S): ATTACH PHOTO(S)

SPECIES:

SIZE:

CALIPER:

REASON:

SPECIES:

SIZE:

CALIPER:

REASON:

SPECIES:

SIZE:

CALIPER:

REASON:

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a tree removal permit pursuant to Chapter 163 of the Village of North Haven and all amendments thereto for the removal of a protected tree as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

STATE OF NEW YORK

COUNTY OF

}SS.:

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being duly sworn deposes and says that he is the applicant above named, he is the of said owner or owners, and is duly authorized to perform or have performed the work described above and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me this

day of 20

SIGNATURE OF APPLICANT

NOTARY PUBLIC COUNTY