

TREE REMOVAL APPLICATION & PERMIT

TOWN OF OSSINING BUILDING DEPARTMENT 101 ROUTE 9A, P.O. Box 1166 OSSINING, N. Y. 10562



PHONE: (914) 762-8419 Fax: (914) 290-4656 <u>www.townofossining.com</u>

PROPERTY AD	DDRESS:			
Section	Block	Lot(s)	Size of lot:_	
PROPERTY OV	VNER & ADDRESS:		EMAIL	
		Phone I	Number:	
APPLICANT NA	ME & ADDRESS (if oth	er than owner):		
		Phone I	Number:	
NUMBER OF T	REES TO BE REMOVE	D: DA	TE OF REMOVAL:	
REASON FOR	REMOVAL:			
NAME, PHONE	NUMBER AND EMAIL	OF TREE SERVI	CE: EMAIL	
PERMIT REQUIRE	MENTS: * MARK TREES TO	D BE REMOVED * *	PROVIDE TREE REPLACE	MENT PLAN *
- A copy of Tre Compensation NY 10562" a - A sketch/pla I	see Company's Westchester Company's Insurance Company's Insurance Company's Insurance Company's Insured. (Company copy of proper company copy of proper company copy of proper company copy of proper cop	Certificates showing urance naming the ntractors - Referenct showing trees to	General Liability Insurance "Town of Ossining, 16 Co ce Job address on the Ge be removed and locations by Owner and/or Applicant) on notice to property Owner g Inspector or his designate the Town of Ossining harmless fiect property in connection we detion of the work.	croton Ave. Ossining, eneral Liability Form). s. s. , being aware that the er and Applicant at any ed representatives, give is against any damage or with the processing of the
with this tree remo	ner is responsible for the re oval permit. These items s ent upon completion of the	hall not be placed b	y the curb or in the street.	
Tree Warden Notes	s:			
		Tree Wa	rden:	
		Date App	roved	
Building Inspector (Permit expires 60 days from appro				from approval date)

NOTICE:

Tree removal permit applications must be submitted a minimum of 15 days in advance of the tree removal date.

If it is an actual emergency situation where there is imminent danger to life and/or property that timeframe may be waived.

Additionally trees to be removed must be marked with a highly visible tape or cloth.