



TOWN OF OSSINING
BUILDING & PLANNING DEPARTMENT

101 ROUTE 9A, P.O. Box 1166
OSSINING, N. Y. 10562

PHONE: (914) 762-8419 FAX: (914) 944-0195

www.townofossining.com

TREE REMOVAL APPLICATION & PERMIT

PROPERTY ADDRESS: _____

Section _____ Block _____ Lot(s) _____ Size of lot: _____

PROPERTY OWNER & ADDRESS: _____

_____ Phone Number: _____

APPLICANT NAME & ADDRESS (if other than owner): _____

_____ Phone Number: _____

NUMBER OF TREES TO BE REMOVED: _____ DATE OF REMOVAL: _____

REASON FOR REMOVAL: _____

NAME AND PHONE NUMBER OF TREE SERVICE:

Applicant must submit the following:

- A copy of homeowner's insurance showing General Liability Insurance
- A copy of Tree Company's Westchester County License
- A copy of Tree Company's Insurance Certificate showing General Liability Insurance and Workman's Compensation Insurance.
- A sketch/plan of property showing trees to be removed and locations

I _____ (Property Owner and/or Applicant), being aware that the subject site of this application shall be subject to inspection upon notice to property Owner and Applicant at any reasonable time, including weekends and holidays by the Building Inspector or his designated representatives, give consent to such inspection; and further, shall indemnify and hold the Town of Ossining harmless against any damage or injury that may be caused by or arise out of any entry onto the subject property in connection with the processing of the application, during tree removal or within one (1) year after the completion of the work.

FEE: \$ 50.00 Applicant Signature _____ Date: _____

_____ Date Approved _____

Building Inspector

(Permit expires 60 days from approval date)

It is the responsibility of the permit holder to comply with all Code, Rules and Regulations governing this permit.