



TOWN OF OSSINING
BUILDING DEPARTMENT
101 ROUTE 9A, P.O. Box 1166
OSSINING, N. Y. 10562
(914) 762-8419 FAX (914) 944-0195

TREE REMOVAL PERMIT

PARCEL LOCATION: _____

Section _____, Plate _____, Block _____ Lot(s) _____

Zoning District: _____ Size of parcel: _____

PARCEL OWNER AND ADDRESS: _____

APPLICANT (if other than owner) AND ADDRESS: _____

PARCEL OWNER'S AGREEMENT FOR APPLICANT TO ACT ON OWNER'S BEHALF:

NUMBER OF TREES INVOLVED AND THEIR LOCATION ON THE PARCEL **INDICATED ON ATTACHED SKETCH SUBMITTED WITH APPLICATION:**

REASON FOR REMOVAL: _____

DATE OF REMOVAL: _____

NOTE: YOU MUST SUBMIT A COPY OF YOUR HOMEOWNERS INSURANCE SHOWING GENERAL LIABILITY COVERAGE

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: -WAIVED- Applicant Signature: _____ Date: _____

Building Inspector Date Approved _____
(Permit expires 60 days from approval date)

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