# 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**
***www.townofossining.com***

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:

_____

PERMIT REQUIREMENTS: * **MARK TREES TO BE REMOVED** * * **PROVIDE TREE REPLACEMENT PLAN** *

- A copy of homeowner's insurance showing General Liability Insurance.
- A copy of Tree Company's Westchester County Home Improvement License.
- A copy of Tree Company's Insurance Certificates showing General Liability Insurance and Workman's Compensation Insurance, Disability Insurance naming the "**Town of Ossining, 16 Croton Ave. Ossining, NY 10562"** as additionally insured. (Contractors - Reference Job address on the General Liability Form).
- A sketch/plan or survey copy 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.*

Applicant Signature _____ Date: _____ **FEE: $100.00**

**The Property Owner is responsible for the removal of all debris, clippings, wood chips and material associated with this tree removal permit. These items shall not be placed by the curb or in the street. You must notify the Building Department upon completion of the project for an inspection of the property.**

| Tree Warden Notes**:** |
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| **Tree Warden:** _____ |

_____ **Date Approved**_____

**Building Inspector** **(Permit expires 60 days from approval date)**