Inc. Village of Lattingtown P.O. Box 488 299 Lattingtown Road Locust Valley, New York 11560

617-676-6920 Fax: 516-676-8220

TREE REMOVAL PERMIT APPLICATION

In order to facilitate compliance with the Village's Tree protection ordinance, please fill out the following application

Date:	
Homeowners Name and address:	
Telephone #:	Fax:
Have you had an approved tree removal applicati	ion in the past year: Yes No
Name and Address of Contractor/Contact Per	rson:
Telephone #:	Fax:
Description of proposed tree work:	
Circumference of each of the proposed trees to be Proposed timing for tree removal:	e removed:
Homeowner is responsible for all arborist char designated for removal are located on homeow	ges, Homeowner, or its agents certified shat all trees vner's property only
Homeowners signature: All tree removal applications must be signed and dated by the property owner	Date:
Contractors signature:	Date:
~ · · · · · · · · · · · · · · · · · · ·	d 12 copies of this application and 12 copies of the

***Please submit this original application and 12 copies of this application and 12 copies of the required landscape plan to: Humes & Wagner, LLP, Village Attorney, 147 Forest Avenue, P.O. Box 546, Locust Valley, New York 11560.

Each applicant to the Village's Planning Board for approval of a tree removal application shall pay to the Village a filing fee and escrow deposit as follows:

(1) Filing fee: \$250.(2) Escrow deposit: \$750.

Payable to the Inc. Village of Lattingtown