

Incorporated Village of Lattingtown
P.O. Box 488
299 Lattingtown Road
Locust Valley, NY 11560
516-676-6920/FAX: 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: _____

Homeowner Name: _____

Address: _____

Telephone: _____ Section _____ Block _____ Lot _____

Have you had an Approved Tree Removal Application in the past year? Yes _____ No _____

Description of proposed tree work:

Circumference of each of the proposed trees to be removed _____

Proposed timing for tree removal _____

Please attach a site plan (survey with trees designated for removal if you are requesting removal of more than one tree).

Homeowner is responsible for all arborist charges. Homeowner, or its agent, certifies that all trees designated for removal are located on homeowner's property only.

Name/address/phone # of Contractor: _____

Homeowner's Signature: _____

Contractor's Signature: _____

APPROVED BY: _____ **Date:** _____

NOT APPROVED BY: _____ **Date:** _____

