

Village of Flower Hill

APPLICATION FOR A TREE REMOVAL PERMIT

FEE SCHEDULE

*Dead/damaged tree- \$50
for all per site
*Live/viable tree-\$150
each
*Replant Bond - \$500 each

Today's Date _____

Homeowner's Name _____ Phone: _____

Address _____ Zip _____ Email: _____

Section _____ Block _____ Lot _____

Where is tree located? Be specific (e.g.: front, rear, side yard, next to garage, along fence, etc.) or attach your survey showing the location of the tree(s) to be removed:

Number of trees _____ Location _____

You MUST mark the tree with a ribbon or some other method.

Why do you want to remove the tree? _____

Name of Tree Contractor _____ Phone: _____

Address _____

Flower Hill Landscaping Permit # _____

If your contractor does not have a Flower Hill Permit, they must obtain one before any work may be done.

I hereby authorize the Village Arborist to enter my property to examine the tree(s) I am requesting removal for.

STATE OF NEW YORK

COUNTY OF NASSAU:

_____ Being duly sworn, deposes and says he is
(print name)

the owner in fee of the property/agent of the property owner described in the foregoing
(choose one)

Application and that the statements contained herein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____ 20____

Signed _____ Notary _____

OFFICIAL USE ONLY

APPROVED _____ DENIED _____ LANDSCAPE PLAN REQUIRED? _____

FEE _____ BOND _____ NO. OF REPLACEMENTS REQUIRED _____