FEE SCHEDULE

* Non-refundable application fee \$75

*Dead/damaged tree- \$75 for all per site

*Replant Bond - \$1,000 each

*Live/viable tree-\$200 each

Village of Flower Hill Code (§219)

APPLICATION FOR TREE REMOVAL/SUBSTANTIAL ALTERATION PERMIT

Today's Date					
Homeowner's Name		Phone:			
Address			Zip	Email:	
Section	Block	Lot		-	
Where is tree loca etc.) or attach you	nted? Be specific (ur survey showing	e.g.: front, r g the locatio	ear, side y n of the tr	ard, next to garage, along fence, ee(s) to be removed:	
Number of trees_	Location	1			
You MUST mark t	he tree with a rib	bon or some	other me	thod.	
Name of Tree Contractor				Phone:	
Address					
Flower Hill Landso					
				y must obtain one before any work	
I hereby authorize requesting remov	e the Village Arbo al for.	rist to enter	my prope	rty to examine the tree(s) I am	
STATE OF NEW YORK					
COUNTY OF NASSAU:		_ Being duly sv	vorn, depose	es and says he is	
(print name) the owner in fee of th		the property ov	<u>vner</u> describ	ed in the foregoing	
(cho) Application and that t and belief.			true to the b	pest of his knowledge	
Sworn to me this Signed	day of	20		Notary	
APPROVED	DENIFD	OFFICIAL USE ONLY LANDSCAPE PLAN REQUIRED?			
		NO OF PEDLACEMENTS PEOLIDED			