FEE SCHEDULE *Dead/damaged tree- \$75 for all per site *Live/viable tree-\$200 each *Replant Bond - \$1,000 each

Village of Flower Hill Code (§219) APPLICATION FOR TREE REMOVAL/SUBSTANTIAL ALTERATION PERMIT

Today's Date					
Homeowner's Na		Phone:			
Address			Zip	Email:	
Section	Block	Lot		_	
Where is tree loca etc.) or attach yo	ated? Be specific ur survey showin	(e.g.: front, i g the locatio	rear, side y on of the tr	yard, next to garage, along fence, ree(s) to be removed:	
Number of trees_	Locatio	n			
<u>You MUST mark t</u>	ame Phone:				
Why do you want	t to remove/alter	the tree?			
Name of Tree Cor			Phone:		
Address		Phone:			
Flower Hill Lands	caping Permit #				
	ame of Tree Contractor Phone: Idress ower Hill Landscaping Permit # your contractor does not have a Flower Hill Permit, they must obtain one before any work ay be done. ereby authorize the Village Arborist to enter my property to examine the tree(s) I am questing removal for. ATE OF NEW YORK UNTY OF NASSAU: Being duly sworn, deposes and says he is int name) e owner in fee of the property/agent of the property owner described in the foregoing (choose one) plication and that the statements contained herein are true to the best of his knowledge				
STATE OF NEW YORK COUNTY OF NASSAU	:				
		Being duly sv	worn, depose	es and says he is	
	ne property/agent of	the property ov	<u>wner</u> describ	bed in the foregoing	
•	,	iined herein are	e true to the l	best of his knowledge	
Sworn to me this Signed				Notary	
		OFFICIAL	USE ONLY		
FEE	BOND	NO.	OF REPLACE	EMENTS REQUIRED	