

**VILLAGE OF PORT WASHINGTON NORTH**

71 Old Shore Road  
Port Washington, New York 11050  
Tel: 516-883-5900 Fax: 516-883-5926  
portwashingtonnorth.org

**Date Approved** \_\_\_\_\_

**Permit #** \_\_\_\_\_

**Denial Basis** \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Inspector** \_\_\_\_\_

**APPLICATION FOR TREE PERMIT**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Purpose of Proposed Removal/Alteration: \_\_\_\_\_

Indicate on Survey Location & Size of Tree Being Removed/Altered: \_\_\_\_\_

Condition of Tree (disease, hazard, proximity to existing/  
proposed structures, interference with utility services): \_\_\_\_\_

Fee: \$75 for one tree to be removed, \$50 for second tree,  
\$25 each additional tree \_\_\_\_\_

Attach proof of workers compensation and liability insurance: \_\_\_\_\_

Attach the recommendation of a certified arborist or  
the tree service that will be performing the removal: \_\_\_\_\_

NOTE: Only a certified arborist or experienced tree service shall be permitted to remove or substantially alter the habit of a tree within the Village. Any proposed tree service shall be required to provide satisfactory proof of its experience to the Building Inspector upon request. Any permit issued shall expire six months from and after the date of its issuance.

I, \_\_\_\_\_, owner of the above-referenced property, hereby authorize this application for a tree removal or alteration permit and authorize the removal or alteration of the above-referenced tree.

Date: \_\_\_\_\_ Owners Signature: \_\_\_\_\_