

VILLAGE OF PORT WASHINGTON NORTH

3 Pleasant Avenue
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: _____ P.W. North License #: _____

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, authorize the Building Department to enter the property to inspect the tree(s) and authorize the removal or alteration of the above-referenced tree(s).

Date: _____ Owners Signature: _____