



Roslyn Harbor

500 MOTTS COVE ROAD SOUTH, ROSLYN HARBOR, NY 11576
TEL # (516) 621-0368 FAX # (516) 621-1803
WWW.ROSLYNHARBOR.ORG

TREE PERMIT APPLICATION

PERMIT NO: _____ DATE: _____ FEE \$ _____

Owner's Name: _____

Address: _____ Section: _____ Block: _____ Lot (s): _____ Zone: _____

Phone: _____ Email: _____

Applicant's Name: _____

Address: _____

Phone: _____ Email: _____

Number of Trees to be Removed: _____

Village Arborist is required when removing 3 or more trees. A \$130 fee to be paid by applicant.

- Is the work under this permit being performed in a required setback? Yes ___ No ___
- Is the work under this permit located within a sloped area? Yes ___ No ___
- Have any trees been removed from this property within the past 4 years? Yes ___ No ___

Species of Tree:	Circumference:	Reason for Removal: <small>(Use Number from "Reasons for Removal" List Below)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reasons for Tree Removal

1. The work under this permit is part of a construction project which has or will require a building permit.
2. The work under this permit part of a more comprehensive landscape plan
3. The location of the tree(s) endanger the health, safety, welfare or property of the public, property owner or adjoining property owner
(circle all that apply).
4. The tree(s) is dead, diseased or dying.
5. The tree(s) is within 15' of the house.
6. Other. Explanation: _____

MARK TREES ON PROPERTY

Applicant **MUST** place a RED RIBBON OR TAPE around each tree to be inspected for removal or alteration. *If the trees are not properly marked, the trees will not be inspected and the applicant will be subject to a \$25.00 Re-inspection Fee.* Initial Here _____

REQUIRED ATTACHMENT TO APPLICATION

Applicant **MUST** attach to this application a sketch, plan or survey showing (a survey or landscape plan is required for the removal of 4 or more trees):

- Location of trees to be removed.
- Any nearby trees within a 10 foot radius of each tree to be removed.
- Location of any structures, planned improvements on the property.

CONTRACTOR INFORMATION (All entities who or which perform Tree Removal functions **MUST** be licensed with the Village. See §132 Professional Property Management)

Tree Service Name: _____ Contact Name: _____

Address: _____ Phone: _____ Email: _____

The undersigned hereby authorizes the following individuals to enter onto my property to inspect the trees and terrain so that a determination can be made on the application: 1) Members of the Tree Committee; 2) Members of the Planning Board; 3) Village Code Enforcement; 4) Village Building Inspector; 5) Village Arborist; or 6) any Village Official, their agents or consultants.

The undersigned affirms that the foregoing statements and all information provided on this application and supplemental documents are true and accurate.

Owner's Name (Print)	Signature	Date
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Applicant's Name (Print)	Signature	Date
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"No person shall use or operate any tractor, earthmoving machine, crane, machinery, or any equipment for soil excavation, maintenance, construction, demolition, alteration or repair work or any other construction work except between the hours of 8:00am and 5:00pm on Mondays through Fridays.

PERMIT EXPIRES IN 60 DAYS

APPLICANT MUST BE IN GOOD STANDING WITH THE VILLAGE OFFICE BEFORE A PERMIT OR C of O WILL BE ISSUED

FOR VILLAGE USE ONLY		
# Dead: _____	# Living: _____	Total # of trees for removal: _____
#Replacement trees required: _____	Screening required: _____	
Village Inspector: _____		
Inspectors' Comments: _____		Date: _____
Trees Planted: _____	_____	_____
	Date	Signature
Tress Inspected: _____	_____	_____
	Date	Signature



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AFFIDAVIT OF PROPERTY OWNER

STATE OF NEW YORK) : SS
COUNTY OF NASSAU)

_____, being duly sworn, deposes and says that Applicant resides at _____, and is the owner of the property hereinbefore described and is the Applicant herein; that the statements contained in the foregoing Application and in any papers submitted herewith are in all respects true and complete to Deponent's knowledge, and hereby authorizes _____ with address at _____ as his agent to make this application and to enter into agreements with respect to the subject property.

• ***If Corporate Applicant:***

<i>Full Name of Corporation</i>	<i>Title</i>	<i>Address of Corporation</i>

Owner's Signature

Sworn to before me this
___ Day of _____ 20___

Notary Public

AFFIDAVIT OF APPLICANT DESIGNEE

STATE OF NEW YORK) : SS
COUNTY OF NASSAU)

(Applicant) _____, being duly sworn, deposes and says that he resides at _____; and that he is the _____ of the property herein described and is authorized by _____ (Architect, Engineer, Builder, Contractor) the Owner to make the foregoing application and that the statements contained herein and in any papers submitted herewith are in all respects true and complete.

Applicant's Signature

Sworn to before me this
___ Day of _____ 20___

Notary Public