

APPLICATION FOR TREE REMOVAL PERMIT
TOWN OF HUNTINGTON, SUFFOLK COUNTY, NY
(Applicant other than owner)

**ALL APPLICATIONS ARE SUBJECT TO THE CURRENT PROVISIONS
OF HUNTINGTON TOWN CODE.**

PERMIT # _____

DATE: _____

NONREFUNDABLE FEE \$: _____
(\$25 for every 5 trees)

RECEIPT#: _____

SUFFOLK COUNTY TAX MAP: 0400 - SEC. _____ BLK: _____ LOT: _____ ZONE: _____

NAME OF PROPERTY OWNER: (print) _____

SIGNATURE OF OWNER: _____ I authorize the applicant _____ to apply on my behalf

ADDRESS OF PROPERTY OWNER _____

PHONE: _____ FAX: _____

ADDRESS OF PROPERTY
(IF DIFFERENT FROM OWNER): _____

Improvement work to be done by: owner contractor. If Arborist, ISA # _____ SC home improvement license # _____

Tree(s) to be removed by: _____

(Please print name, address and phone number of company)

Contractor's Signature (if contractor is the applicant): _____ Print _____

Number of trees to be removed _____ Total number of trees on property _____

Were you sent here by Code Enforcement? YES NO

Is Tree A Landmark Tree? YES NO Will the removal of the tree affect retaining walls? YES NO (if yes, a separate permit req'd)

Condition of and Reason for Removal of trees: _____

Is property within 100' from a designated wetland? YES NO (if yes, NYSDEC letter required)

NOTE:

1. **Compliance with the current provisions of the Zoning Ordinance, and Town Code Chapter 186, is a condition to the issuance of a permit.**
2. **This permit in no way legalizes any structures on the property, which may have been erected without the required permits.**
3. **This permit is limited to the removal of the trees designated by the Town.**
4. **Please be advised that by issuing this permit the Town makes no representation that the proposed company is properly insured to remove the requested Trees. It is the applicant's responsibility to ensure that the company that is removing these trees is properly insured to remove trees of any and all sizes.**

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

AFFIDAVIT OF APPLICANT OTHER THAN OWNER
STATE OF NEW YORK
COUNTY OF SUFFOLK

That: _____ **is duly authorized by the aforesaid** _____
(name of applicant- please print) (owner or lessee- please print)

to make application for a permit to perform said work in the forgoing application and accompanying plans and all the statements herein contained are true to deponent's own knowledge.

Sworn before me this _____ day

Of _____, 20_____

Applicant _____
Signature

Address _____

Phone _____

Notary Public

for office use only:

Approved / Denied: _____ 20_____ Issued by: _____

Comments/Conditions: _____