

VILLAGE OF BAYVILLE BUILDING DEPARTMENT  
34 SCHOOL STREET, BAYVILLE N.Y. 11709  
TELEPHONE 516-628-1247

PERMIT NUMBER

APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

**TREE REMOVAL PERMIT APPLICATION**

FEE \$ \_\_\_\_\_

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_ NUMBER OF TREES TO BE REMOVED \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SITE ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

TREE CONTRACTOR'S NAME \_\_\_\_\_ CELL \_\_\_\_\_

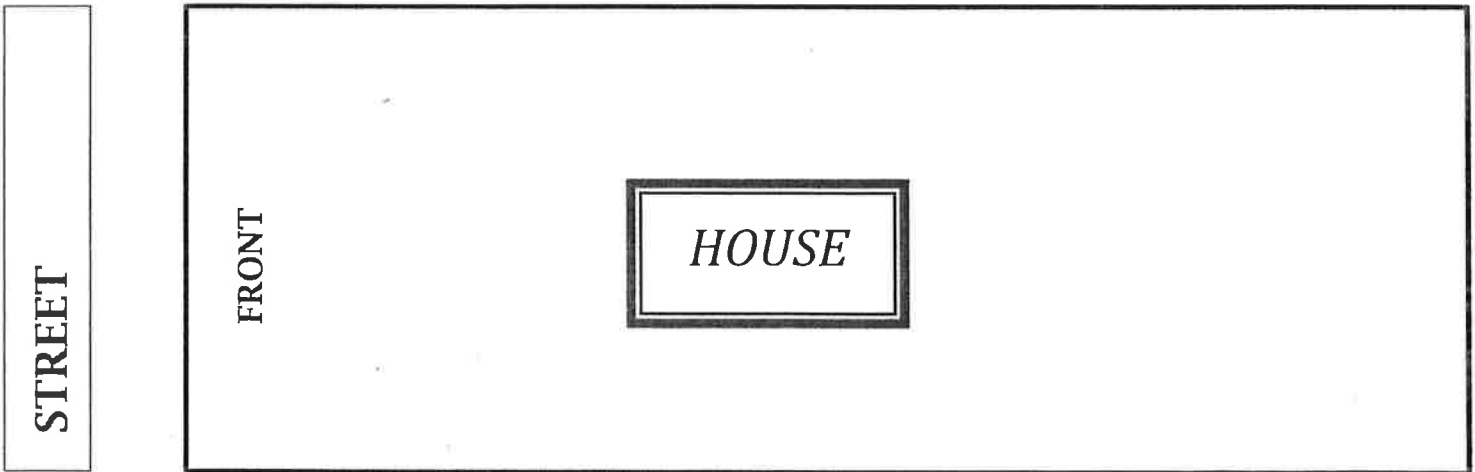
WORKMAN'S COMP POLICY \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_

REASON FOR TREE(S) REMOVED \_\_\_\_\_

**INDICATE ON PLOT PLAN LOCATION OF TREE(S) TO BE REMOVED AND NEW PLANTED**

**PLOT PLAN**

INDICATE: CORNER HOUSE \_\_\_\_\_ INTERIOR LOT \_\_\_\_\_



**STREET**

***CONTACT THE BUILDING DEPARTMENT WHEN TREE(S) ARE CUT***

YOU HAVE TO PLANT A TREE FOR EACH TREE REMOVED PRIOR TO REMOVING ANY TREES

OWNER/AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_