

PERMIT APPLICATION FOR TREE REMOVAL

FEES: \$35 FIRST TREE + **\$10** EACH ADDITIONAL

TOTAL FEE: \$ _____

SECTION _____ BLOCK _____ LOT(S) _____

APPLICANT'S NAME _____

OWNER'S NAME _____ SITE ADDRESS _____

HOME ADDRESS _____

PHONE NUMBER _____ STATE _____ ZIP _____

BAYVILLE LICENSED TREE CONTRACTOR _____

4-DIGIT **BAYVILLE LICENSE** (NOT NASSAU COUNTY) NUMBER _____

INDICATE THE APPROXIMATE LOCATION OF THE TREES IN REFERENCE TO THE DISTANCES
FROM STRUCTURES AND PROPERTY BOUNDARIES, AND REASON FOR TREE(S) REMOVED

**AS A CONDITION OF PERMIT ISSUANCE, ALL REMOVED TREES MUST BE REPLACED WITH
NEW TREES OF A SIMILAR SPECIES. LOCATION TO BE CHOSEN BY PROPERTY OWNER.**

_____ says that he/she is the applicant above named.
(Name of individual signing application)

He/She is the _____ of said owner or owners, and is duly authorized
(Contractor, agent, corporate officer, etc.)

to perform or have performed the said work and to make and file this application; that all statements contained in the
application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in
the
application and in the plans and specifications filed therewith.

CONTACT THE BUILDING DEPARTMENT WHEN TREE(S) ARE CUT

OWNER/AGENT SIGNATURE _____ DATE _____