

INCORPORATED VILLAGE OF NORTH HILLS

One Shelter Rock Road, North Hills, NY 11576 • Tel. (516) 627-3690 • Fax (516) 627-0703

Application For Tree Removal Permit

Sec. Block Lot

Zoning Occupancy Type

Location

House Number, Street, City, State, Zip

APPLICATION no.

Do Not Write In This Space

Owner Address

(If corporation, state name and address of officer authorized to make this application)

Tel. (H) (C) Email

Applicant Address

Tel. (W) (C) Email

Number of Trees to be Removed:

Purpose of tree removal:

Tree Removal Contractor Address

Tel. (W) (C) Email

License Number:

Liability:

Insurance Co.

Policy No.

Exp. Date

Workers' Compensation:

Insurance Co.

Policy No.

Exp. Date

Disability Insurance:

Insurance Co.

Policy No.

Exp. Date

Applicant Signature

This Application Becomes Permit When Signed & Sealed by Building Inspector

For Village Use Only

Date:

Basic Fee \$

Additional Fee \$

Total \$

NOT VALID UNLESS STAMPED & SIGNED HERE