



# VILLAGE OF EAST HILLS

INCORPORATED JUNE 24, 1931

209 Harbor Hill Road, East Hills, New York 11576  
Telephone (516) 621-5600 • Fax (516) 625-8736

## APPLICATION FOR TREE REMOVAL PERMIT

**Project Location:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_ **Zone:** \_\_\_\_\_

1. Trees to be removed (If you need additional room, please continue list on the back of this form)

Tree #	Species	Diameter	Reason for Removal
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
<b>TOTAL # OF TREES TO BE REMOVED:</b> _____			

2. I certify that ALL trees to be removed have been marked with a ribbon as required (initial here): \_\_\_\_\_

3. Is this tree removal part of a construction/renovation project, either ongoing or planned in the next 12 months? (May require ARB approval and/or additional application forms)     Yes     No

4. Are there any ARB or ZBA decisions regarding this property in the past 5 years?     Yes     No

Date(s): \_\_\_\_\_

5. Have any trees been removed in the past 5 years?     Yes     No    # of Trees Removed (Total): \_\_\_\_\_

6. Are there any proposed grade changes that might adversely affect trees?     Yes     No

7. Who should be the primary contact for this application?     Owner     Contact Person     Other \_\_\_\_\_

8. Owner(s): \_\_\_\_\_

If owner is a corporation or association, state name of officer authorized to make this application: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

9. Contact Person (if different than the owner): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FOR BUILDING DEPARTMENT USE ONLY	
Date Received: _____	
<input type="checkbox"/> ARB Required - Approval Date: _____	
<input type="checkbox"/> ZBA Required - Approval Date: _____	
# of Trees Permitted to be Removed: _____	
<input type="checkbox"/> Replacement Trees Required: _____	<input type="checkbox"/> Replacements Planted
Closed on: _____ by: _____	
Associated Building Permit #: _____	
	<b>Application Fee \$ 25.00</b> _____
	<b>ARB/ZBA Fee \$</b> _____
	<b>Arborist Fee \$</b> _____
	<b>Permit Fee \$</b> _____
	<b>Total \$</b> _____



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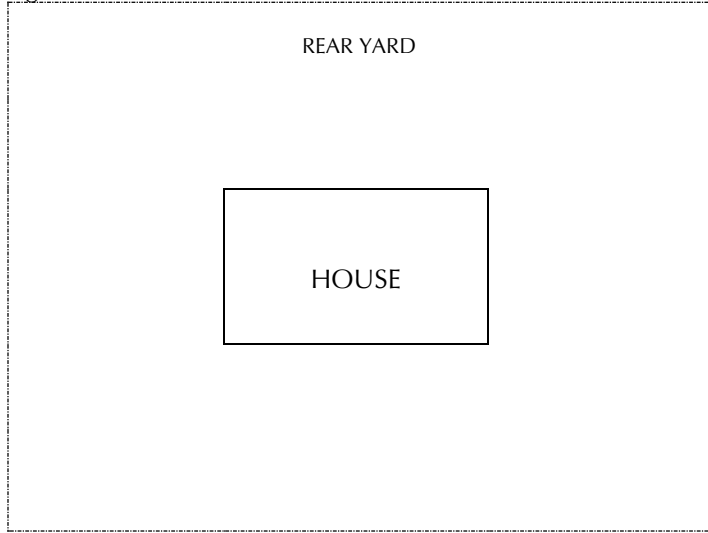
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**10. Diagram of Tree Location(s):**



**CHECKLIST:**

- Indicate Driveway Location
- Mark ALL tree(s) to be removed with ☒

You may also include the following optional attachments with your application:

- Color photos showing existing conditions of tree(s)
- Arborist report
- Information on any proposed tree replacements

**11. For any proposed removal of tree(s) that straddle a property line, the signature of the adjacent/affected property owner acknowledging the application for tree removal(s) shall be included below:**

Adjacent/Affected Property Owner Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF NEW YORK, COUNTY OF NASSAU, ss.:** I state that I am the property owner or one of the property owners of the subject property, and I certify that the information provided on the application is accurate and the statements are true to the best of my knowledge and belief. I understand and agree that these statements are being relied upon by a municipality; that false statements are perjurious and may result in criminal prosecution; and/or a fine of \$10,000. If there is more than one property owner, I further certify that I am authorized to act on behalf of all owners with respect to the submission of this application, and that they have been informed of all information included in this application as well as its terms and conditions. In submitting this application, I authorize any agents listed on this application to act on my behalf. I grant permission for Building Department Officials, members of the ARB or ZBA and other consultants, legal counsel, or agents of the Village to enter onto the property for the purpose of performing any necessary inspections or inspecting the trees and terrain so that a determination can be made on the application, without prior notice. I agree to comply with all rules and regulations of the Zoning and Building Code, deed restrictions, with every other provision of the law of the Village of East Hills and the Uniform Code of the State of New York.

As the property owner, I hereby acknowledge the following requirements:

- Any tree(s) removed without a permit are subject to a fine of \$1,000 per tree.
- A fee of \$100 per tree shall be due when and if a tree removal permit is issued, and may be waived for those which are demonstrably dead or dangerous.
- Should this application require Architectural Review Board approval, a fee of \$100 shall be charged to the applicant.
- If inspection by a professional arborist is required, a fee of \$100 per visit shall be charged to the applicant.
- Whenever a tree is removed, a replacement tree shall be planted by the applicant.
- Any tree removal/trimming must be performed by a professional licensed by the Village of East Hills for the current calendar year.

Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, Nassau County, New York