



**INCORPORATED
VILLAGE OF SANDS POINT
Tibbits Lane
Sands Point, NY 11050**

ADDRESS ALL COMMUNICATIONS
TO:
INCORPORATED VILLAGE OF
SANDS POINT
P.O. BOX 188
PORT WASHINGTON, NY 11050
TELEPHONE # (516) 883-3044

MARK ALL TREES AND SUBMIT LOCATION DRAWING

TREE REMOVAL/ALTERATION APPLICATION

(or substantial Clearing of Wooded Area or Denuding of Natural Ground Cover)

APPLICATION FEE \$50.00 (one to three trees) \$10.00 each additional tree

Section 1 - Applicant Information

Application #

Full Name of Property Owner _____ Date of Application _____
 Address _____ Section _____ Block _____ Lot(s) _____
 Telephone # (Home) _____ (Work) _____
 Name and Telephone # of Contractor to Perform Work: _____
 Sands Point Landscaper Lic# YES NO **EXPIRATION DATE:** _____

Section 2 - Description of Proposed Work

List separately all trees to be removed, destroyed or altered: (use additional pages if necessary)

Note: Size measurement must be taken at height of 4'6" above ground.

Type of Tree (if known)	Size (circumference)	Status (check one)	Location (Distance from Property Line)
		Healthy	Dead
		Diseased	Damaged
		Healthy	Dead
		Diseased	Damaged
		Healthy	Dead
		Diseased	Damaged
		Healthy	Dead
		Diseased	Damaged

1. Attach a drawing or survey showing the location of each tree listed above. Include property lines, dwelling, driveway and all other structures. Indicate location of replacement trees (if any) listed in Questions 3 below.
2. Explain purpose of removal, destruction or alteration: _____
3. If you are planning to replace trees that are to be removed, please indicate type of replacement tree(s), new location and approximate height and circumference of replacement tree(s). (use additional page if necessary).

4. If the appropriate box or boxes on the lower part of this form have been checked, please:
 - Provide a report of a certified arborist in order to process this application, and/or
 - Provide photograph(s) of the trees to be removed and surrounding areas.
 - Call the Building Department to arrange for a final inspection once the work is completed.
5. Please check here if expedited review is necessary because trees are dangerous and must be removed as soon as possible.
6. Is this application for the clearing of a wooded area or substantial denuding of natural ground cover? Yes No
7. I certify that all trees listed above are on the property described in Section 1 and that all of the information on this form is accurate.

Note: if applicant is not the property owner, please state Relationship and provide phone number and address here:

Applicant's Name

Applicant's Signature Date

FOR BUILDING DEPARTMENT USE ONLY

Certified Arborist Report Required/Photo Required (circle if applicable)

Approved Denied

Inspector's Signature _____ Date _____

PAID AMT _____	DATE _____
<input type="checkbox"/> CHECK # _____	<input type="checkbox"/> CASH

TREE REMOVAL MAY NOT BE DONE ON WEEKENDS OR AT ANYTIME WHEN THE OFFICE IS CLOSED WITHOUT PRIOR PERMISSION FROM THE VILLAGE OFFICE.

FINAL INSPECTION Required Not Required

Date _____ Comments _____

Reinspection for Tree Replacement to be made on or after _____

Reinspection Comments _____ Date _____