

TREE REMOVAL PERMIT APPLICATION

SUBMIT TO: Building & Engineering Department, Town of New Castle,
200 S. Greeley Avenue, Chappaqua, NY 10514

1. **IDENTIFICATION OF APPLICANT**

Date _____

Owner _____ Phone _____

Address _____

Applicant (if other than owner) _____

Phone _____

Address _____

Professional preparing site plan: _____

SIGNATURES: _____
(Applicant) (Owner)

2. **IDENTIFICATION OF SUBJECT PROPERTY**

Address _____

Abutting Street(s) _____

Tax Map Designation: Sec _____ Sheet _____ Lot _____ Zoning District _____

3. **TYPE OF PROPOSED ACTIVITY**

- _____ Clearing (10 or more trees to be removed)
- _____ Tree Removal Within Regulated Setback Zone
(R-2A - 15ft., R-1A - 10ft., R-1/2A - 5ft., R-1/4A - 3ft.)
- _____ Removal of a Specimen Tree (24" or greater)

4. **SITE PLAN OR SKETCH MAP**

Please provide a copy of a site plan, if available, or a detailed sketch map with subject tree(s) to be removed clearly identified.

5. **PURPOSE FOR TREE REMOVAL**

Any site for which an application has been submitted shall be subject to inspection at any reasonable time, including weekends and holidays, by the Town Wetland Inspector, the Building Inspector or by members of the Environmental Review Board, Planning Board, or their designated representatives. By making of this application the above applicant agrees to indemnify and hold harmless the Town, its officers and employees against any damage or injury that may be caused by or arise out of any entry onto the subject property in connection with the processing of the application, during construction or within one (1) year after the completion of work.

