

Frank A. Nocerino  
Commissioner



George Baptista, Jr.  
Deputy Commissioner  
Michael J. Schwalje  
Deputy Commissioner

**Town of Oyster Bay  
Department of Parks**

977 Hicksville Road  
Massapequa, New York 11758  
(516) 797-4128 Fax: (516) 797-4145  
www.oysterbaytown.com

**Tree Removal Permit Application**

*(Please 'mark' the trees you are taking down in any way you can.)*

In accordance with Chapter 225, "Trees," of the Code of the Town of Oyster Bay, Nassau County, New York.  
All information requested in this application shall be answered completely.

**Property Owner Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Work Description:**

a. Address location of tree(s) to be removed: \_\_\_\_\_  
Nearest Cross Street: \_\_\_\_\_  
b. Property Information: Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
c. Number of trees to be removed: \_\_\_\_\_  
d. Estimated date of removal: \_\_\_\_\_  
e. Reasons for removal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tree Type (if known): \_\_\_\_\_ Tree Caliper (if known): \_\_\_\_\_  
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f. Will you be replacing trees?: Yes \_\_\_ No \_\_\_ If yes, how many? \_\_\_\_\_  
*(Please note: Property owner may be required to replace trees if deemed necessary by the tree inspector.  
The purchase and planting of replacement trees are the responsibility of the property owner.)*

**Contractor Information (optional):**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
License #: \_\_\_\_\_

*As the applicant, I hereby certify that the information I have provided on this form is complete and accurate to the best of my knowledge. I agree to abide by the terms set forth in this application.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Town of Oyster Bay Department of Parks  
Tree Removal Affidavit**

The owner of the property and the undersigned agree to conform to all applicable laws of the Town of Oyster Bay, County of Nassau and State of New York.

**Homeowner**

State of New York    )  
County of \_\_\_\_\_ )  
                                  )

ss. (Stamp):

(Homeowner Name) \_\_\_\_\_, being duly sworn, deposes and says: That he/she resides at (Address) \_\_\_\_\_ in the hamlet of (City) \_\_\_\_\_ in the State of (State) \_\_\_\_\_ and that he/she is the owner in fee of all that certain lot, piece or parcel of land shown on the attached survey, situated, lying and being within the unincorporated area of the Town of Oyster Bay; that the work proposed to be done upon the said premises will be done in accordance with the approved application and accompanying plans and hereby authorize (Homeowner Name) \_\_\_\_\_ (applicant) to make application for a permit to perform said work in the foregoing application and accompanying plans; and that all the statements herein contained are true to deponent's own knowledge.

Owner's Signature \_\_\_\_\_

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

Notary Public's Signature \_\_\_\_\_

***MUST Have Affidavit Notarized***

PROPERTY SURVEY

Name \_\_\_\_\_ Address \_\_\_\_\_

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Please specify location of tree(s) to be removed:

**X- Tree(s) to be removed**

**O- Tree(s) to remain**

