



**Town of Oyster Bay
Department of Public Works
Highway Division
Trees & Sidewalks
(516) 677-5888**

APPLICATION FOR TREE REMOVAL

Please initial each number to indicate that you have read and understand the guidelines. If you have any questions please call (516) 677-5888 or (516) 677-5761. Please return this application to : TOB Highway Division, 150 Miller Place, Syosset, NY 11791

1. REQUEST FOR TREE REMOVAL IN THE HIGHWAY RIGHT-OF-WAY:

(Initial) When a tree is in the Town Right-of-Way and is causing a raised sidewalk condition, impeding the normal function of a sewer line or is dead, dying or diseased, the homeowner can request the Town to perform an inspection of the tree and sidewalk by completing this application. The inspection will be from property line to property line and will cover all tree(s) as well as the sidewalk, thus includes all flags within the property line, not limited to the flags affected by the tree. If a sidewalk hazard does exist, the homeowner will be placed "On Notice" to replace the flag(s) that have been marked. Please complete the lower portion of this application and return it to the Highway Division. ****Requests to remove a tree with roots that impede the normal function of a sewer line, will be considered only when copies of the repair bill accompany the application. Please note: Tree removal is at NO cost to the homeowner. If a tree is deemed as healthy by our inspector, tree removal will be denied.**

2. LOCAL LAW # 3-2016 / CHAPTER 205-9.1 –REPLACEMENT OF SIDEWALK FLAGS:

(Initial) In the event that the Highway Division notifies an owner/occupant, by letter, of a hazardous sidewalk which has been deemed by inspection, the owner/occupant shall replace those flags marked through a private contractor. The owner will complete the noted sidewalk replacement no later than 90 days from the date of the notice of defect deemed by the Highway Division. Until such time, the owner/occupant is liable for the sidewalk condition as it remains and until it has been replaced. If additional time is required to replace the sidewalk due to weather restrictions during winter months, the owner/occupant shall submit a request, in writing, to the Highway Division for additional time. Once a private contractor has been obtained, a permit from the Highway Division will be required for work performed on the right-of-way which must be completed and on file prior to commencement of work.

NON-COMPLIANCE:

3. (initial) Failure to correct sidewalk violations within the specified timeframe may result in the issuance of a summons, resulting in a fine. In addition, if the work is performed by the Town of Oyster Bay due to non-compliance, the Town shall be reimbursed for the entire cost of such work within 60 days of the completion. In the event that the property owner does not fully satisfy allocated costs, the Town shall be reimbursed through an assessment resolution deemed by the Town Board as provided for and in the manner specified in Section 205-9.1 of this article. ***PLEASE NOTE: The Town of Oyster Bay no longer has a sidewalk replacement program with a set price per square foot, thus the cost of required work may vary.**

Address/Town: _____

Nearest Intersection: _____

Reason for Removal: _____

Date: _____ Phone (home): _____ Phone (other): _____

Print Name: _____ Property Owner Signature: _____

Case #: _____ Service Request # _____ Work Order # _____

FOR HIGHWAY INSPECTOR USE ONLY

Area: _____

Map: _____

Left Card: _____

TOB Removal: _____ Removal Contractor: _____

Inspection Results

Item	Qty	Unit	Item	Qty	Unit
Overhead Wires Yes__ No__			Curb and Gutter		LN. FT
Remove A Trees			Handicap Ramp Concrete		SQ. FT
Remove B Trees			Homeowner Crossover Sidewalk		SQ. FT
Remove C Trees			Catch Basin		SQ. FT
Stump Grind			Epoxy		
TOB Sidewalk			Overlay		
Sidewalk Concrete Homeowner		SQ. FT	Cut Out		SQ. FT
Apron Concrete (paid by TOB)		SQ. FT	Radius		
		SQ. FT			
Curb Concrete		LN. FT			

A Sidewalk Lifted

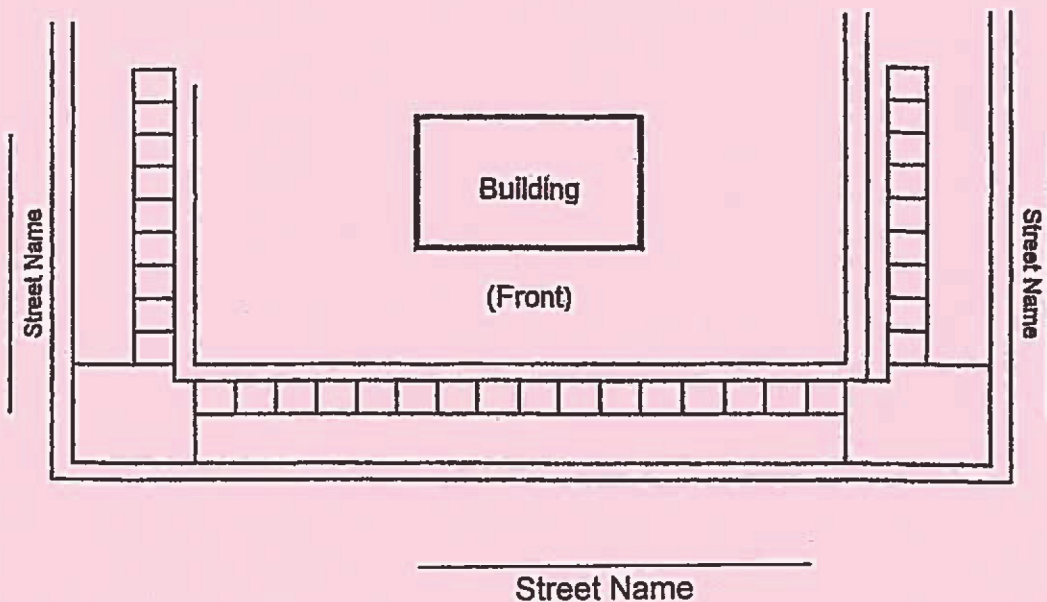
B Tree Condition

C Sewer

D Other

X Tree To Be Removed

O Healthy Tree



Comments: _____

Insp. I.D. & Printed Name: _____ Signature: _____ Date: _____