

150 Miller Pl. Syosset, NY 11791 (516) 677- 5821 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:	
	Zip:	
Phone #:	Email:	
Work Description		
a. Address where tree(s) is to be rem	oved:	
Nearest C	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):	
Tree Type (if known):	Tree Caliper (if known):	
Tree Type (if known):	Tree Caliper (if known):	
	e). Yes No If yes, how many:	
	may be required to replace trees if deemed necessary by the tree inspector. ing of replacement trees are the responsibility of the property owner.)	
Contractor Information (Optional)	
Company Name:	Contact Name:	
Address:	Town: Zip:	
Phone #:	Cell #:	
License#:		

Date: _____

Signature: ____



Town of Oyster Bay Highway Department 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.

MUST Have Affidavit Notarized

Notary Public's Signature_____

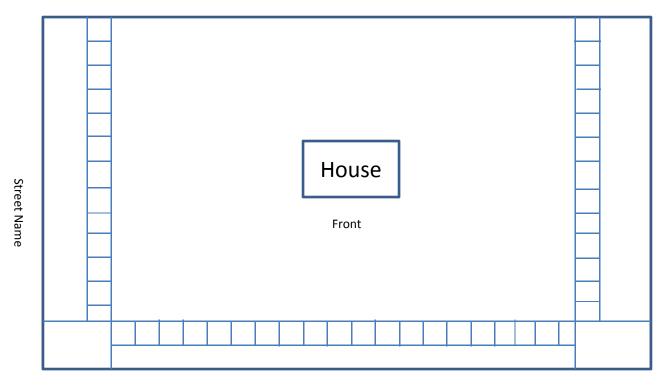
PROPERTY SURVEY

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





Street Name

Street Name