



TOWN OF CORTLANDT
 DEPARTMENT OF TECHNICAL SERVICES
 ENGINEERING DIVISION

Town Supervisor
 Linda D. Puglisi

Michael Preziosi, P.E.
 Director – D.O.T.S

Arthur D'Angelo, Jr., P.E.
 Deputy Director
 D.O.T.S – Engineering

Town Hall, 1 Heady Street
 Cortlandt Manor, NY 10567
 Main #: 914-734-1060
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Town Board
 Richard H. Becker
 Debra A. Costello
 James F. Creighton
 Francis X. Farrell

TREE REMOVAL APPLICATION

Statement of Work to Proposed Information (attach additional document or quote)

Total # of Trees Proposed to be Removed: _____

Site Information

Owner's Name _____ Property Address: _____

Section _____ Block _____ Lot _____ Zoning District: _____ Lot Acreage _____ acres

Owner's / Applicant Information

Name: _____

Address: _____

Telephone: _____

Email: _____

Contractor's Information

Name: _____

Address: _____

Telephone: _____

Email: _____

The Applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Town of Cortlandt and laws of New York State.

The Contractor agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Town of Cortlandt and laws of New York State.

Signature: _____

Date: _____

Signature: _____

West. County License # _____

Date: _____

RESIDENTIAL TREE REMOVAL CHECKLIST

(The following items are required as part of this application.)

1. Quote / Estimate prepared by a licensed and insured tree removal company indicating the number of trees including type and size at diameter at breast height proposed to be removed.
2. A written statement signed by the homeowner or authorized proxy detailing the purpose of the proposed removal.
3. Diagrammatic sketch, copy of a site plan or survey showing the location of the proposed removal if less than 10 trees. At minimum the location of the property and property boundaries, the location of structures, driveways and roadways on the property; and the location of the proposed work must be shown.
4. If more than 10 trees are proposed to be removed, a tree removal plan and landscape mitigation plan prepared by a licensed landscape architect, architect, engineer or certified arborist licensed in the State of New York shall be submitted for review and approval.
5. If more than 10 trees are proposed for removal, written notice to neighbors including response to any comments received during the notification period.

COMMERCIAL TREE REMOVAL CHECKLIST

(The following items are required to be submitted as part of this application.)

1. Quote / Estimate prepared by a licensed and insured tree removal company indicating the number of trees including type and size at diameter at breast height proposed to be removed.
2. A written statement signed by the property owner or authorized proxy (tenant) detailing the purpose of the proposed removal.
3. A tree removal plan prepared by a licensed landscape architect, architect, engineer or certified arborist licensed in the State of New York showing at minimum the location of the property and property boundaries, the location of structures, onsite utilities, driveways and roadways on the property; and the location of the proposed work. If more than 3 trees are proposed to be removed, a landscape mitigation plan shall be submitted as well.
4. Response to Conservation Advisory Council comments.
5. If more than 10 trees are proposed to be removed, the Director of Technical Services or his duly authorized representative in may require approval be granted through the Planning Board if substantial changes to a previously approved landscape plan is sought.

******* DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY *******

BP# _____ Arborist Referral Date: _____ Fee Paid (\$50)

PB # _____ CAC Referral Date: _____ Insurance Submitted

Reviewed By: _____ Approved By: _____ Date Approved _____