

INC. VILLAGE OF UPPER BROOKVILLE
Building Department
P.O. Box 600, Oyster Bay, NY 11771
(516) 624-7715x2 phone (516) 624-7137 FAX
upperbrookville.org

Date: _____

TREE PERMIT APPLICATION

Owner(s) Name: _____ Owner(s) Phone No. _____

Owner(s) Address: _____

Reason for Tree Removal Request: _____

Approximate Number of Trees To Be Removed Over 6" in Diameter _____

Will removed trees be replaced? _____ If so, how many? _____

What size & type? _____

2 COPIES OF A SURVEY MAP WITH LOCATION OF TREES (Type & Size) TO BE REMOVED MUST ACCOMPANY PERMIT.

ALL TREES TO BE REMOVED MUST BE TAGGED

Tree Service Name: _____ License No. _____

Tree Service Address: _____

Tree Service Phone Number: _____

CONDITIONS OF APPROVAL _____

Architectural Site Plan Commissioner

Date

Village Arborist

Fee: \$50.00

YOU MUST CONTACT VILLAGE WITH THE DATE OF REMOVAL. FAILURE TO DO SO WILL RESULT IN THE IMMEDIATE STOPPAGE OF WORK WITH PENALTIES.