



VILLAGE/TOWN OF MOUNT KISCO

WESTCHESTER COUNTY, NEW YORK

Building Department

104 Main Street

Mount Kisco, New York 10549

Phone: (914)241-0500 ♦ Fax: (914)864-1085

On the Web: www.mountkisco.org

TREE REMOVAL OR ALTERATION PERMIT APPLICATION

REQUIREMENT CHECKLIST

- A **completed and notarized application** must be submitted to the Building Department along with a \$10.00 fee (cash or check made out to the Village/Town of Mount Kisco)
- All trees to be removed or altered should be clearly marked with ribbon (other than yellow), taped, paint, etc. Markings on trees should differentiate to show if the tree(s) is going to be removed or altered. Any trees that are not marked will not be considered and the application will be returned to the applicant for resubmission.
- If the application is being made for a tree that is considered hazardous or endangering to public safety, a letter from a Certified Arborist stating the condition of the tree(s) and reason for immediate removal must accompany the application.

APPLICATION FOR TREE REMOVAL OR ALTERATION PERMIT

Date: _____ Property Tax ID No. _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone: _____

Property Owner's Name: _____
(IF DIFFERENT FROM ABOVE)

Property Owner's Address: _____

Property Owner's Phone: _____

Number and Species of Trees to be Removed: _____

Number and Species of Trees to be Altered: _____

Reason for Removal or Alteration of Trees: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone: _____

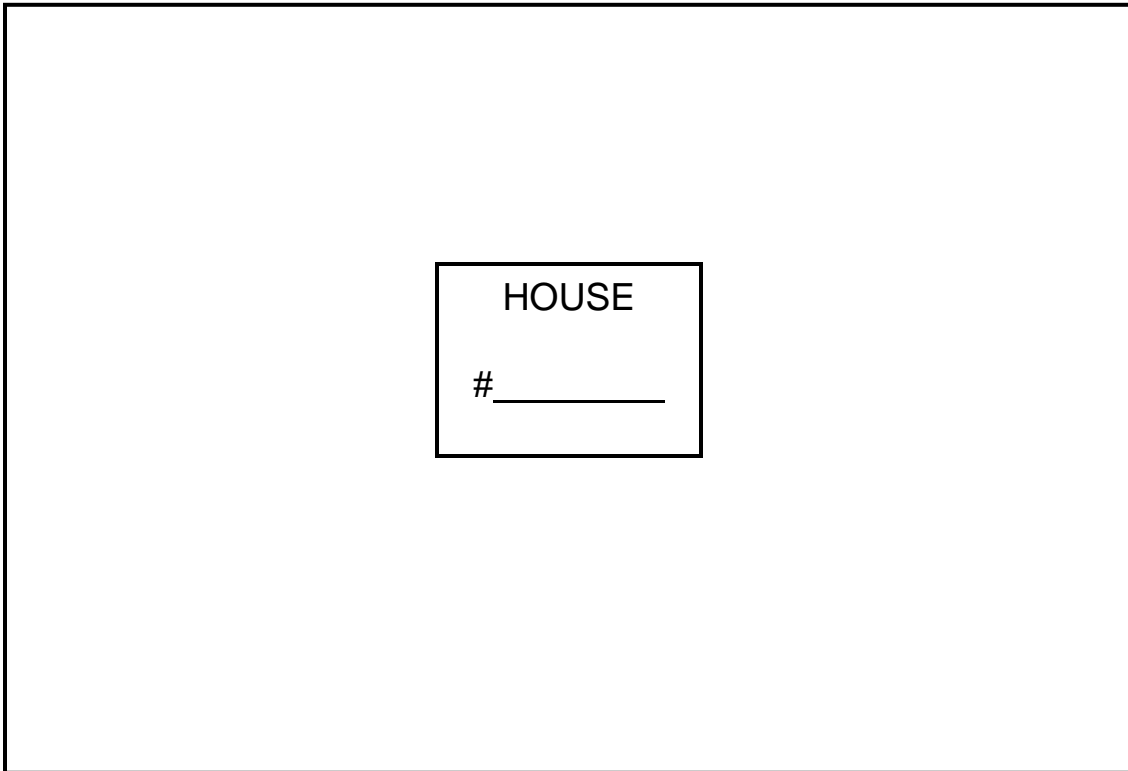
Owner's Signature: _____

Owner's Name: _____

SWORN TO ME THIS _____ DAY OF _____, 20 _____

Notary Public

PLEASE INDICATE LOCATION OF TREES WITH A ⊗ ON MAP BELOW



Name of Street or Road: _____



FOR DEPARTMENTAL USE ONLY

APPLICATION APPROVED: _____ DENIED: _____

Comments, terms and conditions of application approval or denial:

Signature of Inspector: _____ Date: _____