



TOWN OF CORTLANDT
 DEPARTMENT OF TECHNICAL SERVICES
 ENGINEERING DIVISION

Town Supervisor
 Linda D. Puglisi

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

Town Hall, 1 Heady Street
 Cortlandt Manor, NY 10567
 Main #: 914-734-1060
 Fax #: 914-734-1066

Town Board
 Richard H. Becker
 Debra A. Costello
 James F. Creighton
 Francis X. Farrell

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

TREE REMOVAL APPLICATION

Statement of Work (attach documentation 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 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.

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.

Signature: _____

Signature: _____

Date: _____

West. County License # _____

Date: _____

Submit copies of the Westchester County Contractor's License, proof of Insurance for Liability, Worker's Compensation (Form CE-200, C-105.2, SI-12, GSI-105.2) and Disability Benefits (Form CE-200, DB-120.1, DB-155) with this application. ACCORD Forms are not acceptable proof. Town of Cortlandt shall be identified as "Certificate Holder."

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 of 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 indicating the location of the proposed removal(s) if less than 10 trees. At minimum, the location of the property and its boundaries, the location of structures, driveways and roadways on the property.
4. If more than 3 trees are proposed for removal, written notice to neighbors including response to any comments received during the notification period.
5. 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.

COMMERCIAL 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 of 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 an architect, engineer, landscape architect, or certified arborist licensed in the State of New York indicating at minimum the location of the property and its 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 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 _____