



Engineering & Public Works
Department
938 King St., Rye Brook 10573
(914) 939-0753
ryebrook.org

TREE REMOVAL PERMIT APPLICATION

PERMIT No _____
 PERMIT FILING FEE: \$50 [] paid
 RESTORATION FEE _____
 PERMIT EXPIRES _____
 REPLANT & INSPECT BY _____
 REPLANT _____ TREE(S)

INSTRUCTIONS & INFORMATION FOR A PERMIT FOR TREE REMOVAL:

- For further information refer to Village Code Section 235 available at www.ryebrookny.gov
- All trees requested for removal shall be marked with ribbon or string, in a non-harming fashion.
- All persons granted a Tree Removal Permit shall be required to replant a native noninvasive 2" to 2 1/2" caliper tree on said property per code section 235-18. Please refer to <https://ryebrookny.gov/documents/tree-replanting-approval-list> for an illustrated list of some trees that may be planted.**
- All stumps shall be removed as per code section 235-18. Location shall be top soiled and seeded with grass.
- Allow for 10 business days for processing of application.
- An appeal to a denial may be made in writing as per code section 235-14 within 30 days of decision.
- Village of Rye Brook does not verify ownership of trees in relation to lot lines. Applicants are urged to check surveys on Rye Brook docs RB to verify ownership/possession of tree(s).**

PROPERTY OWNER INFORMATION

OWNER'S NAME _____
 ADDRESS _____
 PHONE NUMBER _____
 CELL PHONE _____
 E-MAIL _____
 *SIGNATURE _____

***I AGREE TO ASSUME FULL RESPONSIBILITY FOR COMPLIANCE WITH RYE BROOK TREE CODE CHAPTER 235, AND WILL REPLACE TREES AS REQUIRED BY THE VILLAGE OF RYE BROOK TREE ORDINANCE**

For activities that include proposed removal of tree(s) the straddle a property line, a signature from the adjacent/affected property owner acknowledging the application for tree removal(s) shall be included below.

Adjacent/Affected Property Owner:

SIGNATURE _____
 Date _____
 ADDRESS _____

CONTRACTOR INFORMATION

*COMPANY NAME _____
 SUPERVISOR/SIGNATURE _____
WESTCHESTER COUNTY CONTRACTOR'S LICENSE # _____
 ADDRESS _____
 PHONE NUMBER _____
 CELL _____
 E-MAIL _____
 FAX NUMBER _____
 ARBORIST CERTIFICATION # _____

***I AGREE TO ASSUME FULL RESPONSIBILITY FOR THE REMOVAL OF SAID TREE(S) AND FOR THE COMPLIANCE WITH ALL APPLICABLE COUNTY, STATE, AND LOCAL REGULATIONS REGARDING PROPER REMOVAL AND DISPOSAL OF TREE(S)**

LIST TREE(S) TO BE REMOVED (DBH=DIAMETER AT BREST HEIGHT):

SPECIES: _____ HEIGHT: _____ DBH: _____ LOCATION: _____
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PURPOSE OF REMOVAL

CIRCLE ONE: Routine Emergency

Notes: _____

APPROVED _____ DENIED _____ SIGNED: _____ DATE: _____

FIELD EVALUATION WORKSHEET

(THIS SIDE FOR OFFICE USE ONLY)

CROWN LEADERS AND LIMBS

GENERAL APPEARANCE	0-25% DIEBACK	26-50% DIEBACK	51-75% DIEBACK	NO GROWTH
BROKEN LIMBS/LEADERS	NONE EXTENSIVE	LITTLE	MODERATE	SIGNIFICANT
CRACKED LIMBS/LEADERS	NONE EXTENSIVE	LITTLE	MODERATE	SIGNIFICANT
DEAD LIMBS/LEADERS	NONE EXTENSIVE	LITTLE	MODERATE	SIGNIFICANT
INSECT DAMAGE	NONE EXTENSIVE	LITTLE	MODERATE	SIGNIFICANT

TARGETS HOME ROAD WIRES SIDEWALK OTHER _____

TARGETS HOME ROAD WIRES SIDEWALK OTHER _____

TARGETS HOME ROAD WIRES SIDEWALK OTHER _____

SOIL CONDITIONS NEAR PAVEMENT SOIL COMPACTED NATURAL GRADE OTHER _____

SOIL CONDITIONS NEAR PAVEMENT SOIL COMPACTED NATURAL GRADE OTHER _____

SOIL CONDITIONS NEAR PAVEMENT SOIL COMPACTED NATURAL GRADE OTHER _____

ROOT FLARE BURIED DECAYED/ROTTED MUSHROOMS BARK SEPERATION GIRDLING

ROOT FLARE BURIED DECAYED/ROTTED MUSHROOMS BARK SEPERATION GIRDLING

ROOT FLARE BURIED DECAYED/ROTTED MUSHROOMS BARK SEPERATION GIRDLING

TRUNK SPLIT CRACKED MUSHROOMS CAVITY INSECTS OOZING

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NOTES: _____

THIS FORM IS FOR RECORD PURPOSES ONLY, NOT TO BE CONSTRUED AS A TREE HAZARD EVALUATION. ALL INSPECTIONS ARE PREFORMED VISUALLY BY THE INSPECTOR.