



**Engineering & Public Works
Department**

938 King St., Rye Brook 10573
(914) 939-0753 (fax) (914) 939-0242
ryebrook.org

TREE REMOVAL PERMIT APPLICATION

PERMIT No. **23-**_____

PERMIT FILING FEE: \$50 [] paid

RESTORATION FEE _____

PERMIT EXPIRES _____

REPLANT &
INSPECT BY _____

REPLANT _____ TREE(S)

INSTRUCTIONS & INFORMATION FOR A PERMIT FOR TREE REMOVAL:

1. For further information refer to Village Code Section 235 available at www.ryebrook.org
2. All trees requested for removal shall be marked with ribbon or string, in a non-harming fashion.
3. **All persons granted a Tree Removal Permit shall be required to replant a native noninvasive 2" to 2 ½" caliper tree on said property per code section 235-18. Species such as but not limited to Ash, Beech, Birch, Cedar, Cherry, Elm, Lilac, Maple, Oak, Poplar, White Oak, Zelkovas, etc. No Invasive trees such as Norway Maple and Black Locust. Ornamental trees may not be substituted.**
4. All stumps shall be removed as per code section 235-18. Location shall be top soiled and seeded with grass.
5. Allow for 10 business days for processing of application.
6. An appeal to a denial may be made in writing as per code section 235-14 within 30 days of decision.

PROPERTY OWNER INFORMATION

OWNER'S
NAME _____

ADDRESS _____

PHONE NUMBER _____

CELL PHONE
NUMBER _____

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

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 BREAST HEIGHT):

SPECIES: _____	HEIGHT: _____	DBH: _____	LOCATION: _____
SPECIES: _____	HEIGHT: _____	DBH: _____	LOCATION: _____
SPECIES: _____	HEIGHT: _____	DBH: _____	LOCATION: _____
SPECIES: _____	HEIGHT: _____	DBH: _____	LOCATION: _____
SPECIES: _____	HEIGHT: _____	DBH: _____	LOCATION: _____
SPECIES: _____	HEIGHT: _____	DBH: _____	LOCATION: _____

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 NO GROWTH	26–50% DIEBACK	51–75% DIEBACK
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 PERFORMED VISUALLY BY THE INSPECTOR.

