



INCORPORATED VILLAGE OF SEA CLIFF

OFFICE OF THE VILLAGE OF SEA CLIFF BUILDING DEPARTMENT

300 SEA CLIFF AVE, P.O. BOX 340, SEA CLIFF, NY 11579 TEL 516-671-0080 FAX 516-671-6508

TREE PERMIT

APPLICATION ID # _____ APPLICATION DATE _____ PERMIT # _____

PROPERTY ADDRESS: _____ SECT: **21** BLOCK _____ LOT _____

Owner:			
Address:	City:	State:	Zip:
Phone:	Cell:	Email:	
Applicant: (If applicant is different from owner state relationship to owner)			
Address:	City:	State:	Zip:
Phone:	Cell:	Email:	

Tree Contractor/Arborist:			
Address:	City:	State:	Zip:
Phone:	Cell:	Email:	

Contractors must submit proof of current insurance (C-105.2 or U-26.3 for compensation and DB-120.1 for disability or DB-155 for disability) as required by NY State. Form CE-200 may be submitted if exempted. Nassau County requires licensing and liability insurance for residential work. Proof of these are also required of contractors prior to the issuance of the permit

PROPOSED WORK: Please be as specific as possible to depict the location of the tree(s) on your property using your home, cross street(s), driveways or other relevant landmarks to assist in indicating the location the tree(s) to be acted upon with this permit. Please mark the actual tree(s) on the property.

DESCRIPTION:	DIAGRAM:

Owner: *Deposes and says that and/ or she is the owner in fee of the Premises, that the work proposed to be done upon the said Premises shall be completed in accordance with the approved application and accompanying plans, and that all the statements herein are true to the deponents own knowledge. If permit is issued, the owner will pay \$500 per tree into the Re-leaf fund or re-plant according to Village Code.*

Owner Signature: _____ Check if OK for Tree Committee to enter the property

Date: _____ Notary: _____

Permit Fee Paid: _____ Rec'd By: _____ Date: _____



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TREE PERMIT

Tree Replanting Agreement

I, the undersigned, acknowledge that for each tree removed pursuant to a tree removal permit as provided in **Village Code §121-701**, the applicant shall either deposit in the **Village Tree Releaf Fund** a sum of \$500.00 per tree or shall replant a tree on the property from which the permitted tree is being removed.

CHECK ONE

I hereby agree to pay \$500 per tree removed into the Village Re-leaf Fund

Amount Paid \$ _____ **Rec'd By** _____ **Date:** _____

I hereby choose to replant rather than deposit the fee into the **Village Tree Releaf Fund** and I understand that any tree replanted is subject to the following requirements:

- **Be of a species as approved by the Commission;**
- **Be planted in a location approved by the Commission;**
- **Be balled and burlapped (or equivalent) and shall not be less than two inches in diameter nor less than eight feet high.**
- **Trees shall be nursery-grown, and a nursery inspection certificate shall be available covering all trees;**
- **Be planted using the best current, commercial practices for successful tree planting;**
- **Be consistent with the preferred species list; and**
- **Any other reasonable requirements of the Commission.**

*(Note: Screening trees such as Leland Cypress, Arborvitae, etc., are **not** acceptable for replanting purposes)*

The number of trees to be planted is: _____

The species of tree(s) agreed to be replanted is: _____

The location of the tree(s) is to be: _____

The tree(s) is to be planted no later than: * _____

Upon the planting of the tree or trees it is the responsibility of the applicant to notify the Building Department that the tree or trees have been planted and to arrange an inspection. Failure to obtain such certification within the time provided in the permit shall be deemed a violation of this Agreement. Failure to comply with this agreement by the date indicated above (*) shall be deemed a violation of the provisions of **Chapter 121** and will be summonsed accordingly. A conviction of this offense in Village Court carries a minimum fine of \$500 and a maximum fine of \$5,000 per tree.

Name: _____

Address: _____ Sea Cliff, NY 11579

Signature: _____ Date: _____