



TOWN OF NEW PALTZ
ENVIRONMENTAL CONSERVATION BOARD

APPLICATION FOR TREE REMOVAL
Code of the Town of New Paltz Chapter 30- Tree Removal
(PLEASE PRINT OR TYPE ALL INFORMATION)

FOR
OFFICE
USE
ONLY

Inspection
by Building
Inspector
date: _____

Referred to
EnCB
date: _____

Approved /
Denied
Date: _____

Permit
No. _____

Issued Date: _____

Application Date: _____

Fee Paid: \$ _____

APPLICANT:

Name _____

Address _____

Phone(h) _____ (c) _____ Email _____

OWNER (IF DIFFERENT FROM APPLICANT)

Name _____

Address _____

Phone(h) _____ (c) _____ Email _____

PROPERTY LOCATION:

Physical Address: _____

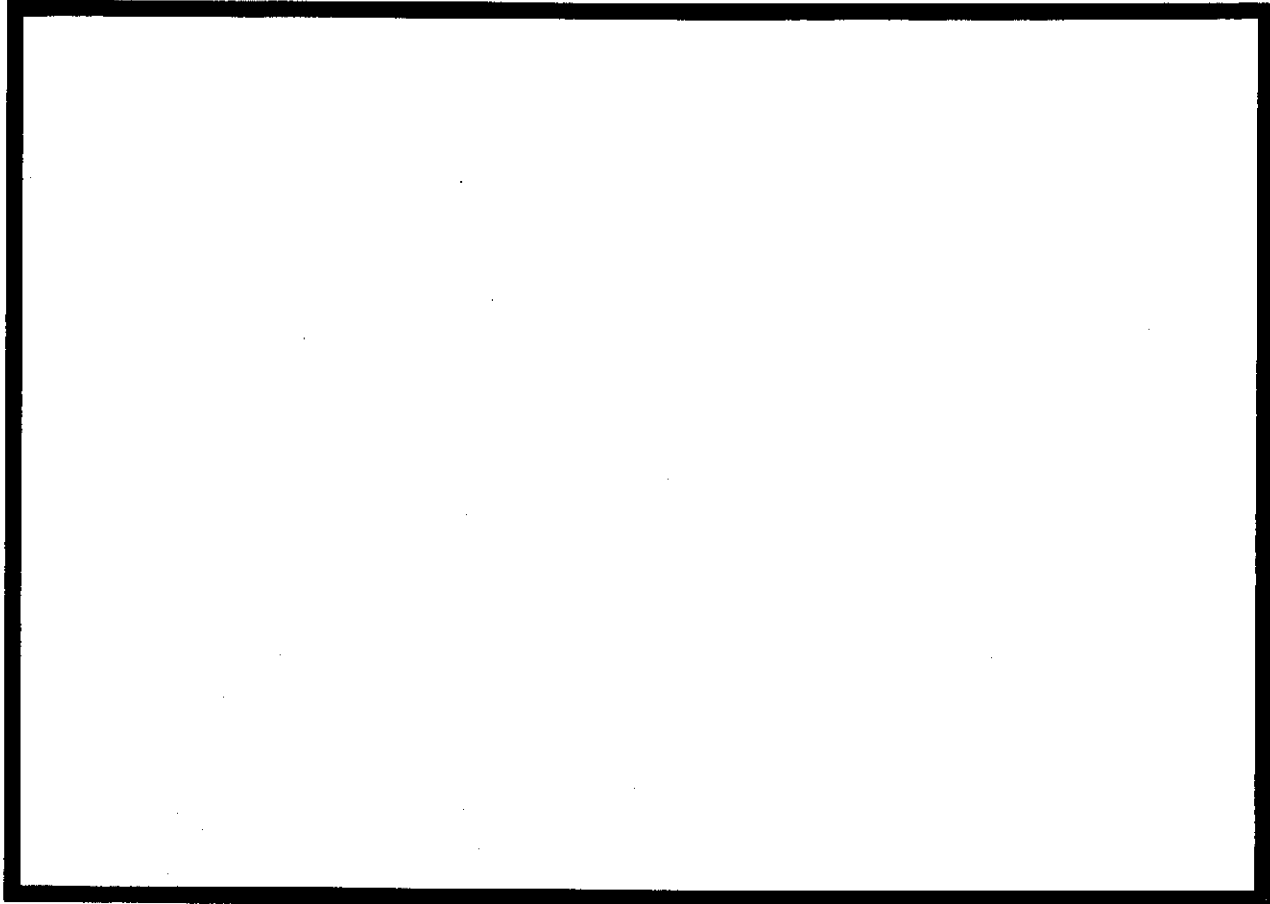
Tax Map No.: Section. _____ Block _____ Lot _____

FLAG EACH TREE WITH SURVEYOR'S TAPE AND LIST SPECIES AND NUMBER FOR
REMOVAL (EXAMPLE: 3 MAPLES, ONE SPRUCE, THREE ELMS):

REASONS FOR REMOVAL: _____

PROPOSED REPLANTING, IF ANY: _____

Sketch or Plot Plan showing adjoining highways, lot lines, location of buildings and structures or other improvements.



Signature: _____ Date: _____

Inspection Notes:

