



**Village of New Paltz
Tree Removal Application**

Shade Tree Commission
25 Plattekill Avenue
New Paltz, NY 12561
(845) 255-3055

Project Number: STC _____ Date of Application: _____
Applicant(s): _____ Email: _____

Property Address: _____

Mailing Address: (if different from above) _____

Telephone Number (day, evening, cell): _____

Number and type of trees and action to be taken: Removed or Pruned: *(Please wrap flagging tape around the trees for identification purposes)*

1. Number _____ Type: _____ Action to be taken: _____

2. Number _____ Type: _____ Action to be taken: _____

3. Number _____ Type: _____ Action to be taken: _____

4. Number _____ Type: _____ Action to be taken: _____

Reason(s) for removal (please be specific): _____

Have you consulted with an Arborist? _____ If so, please name the Arborist: _____

By applying to the Shade Tree Commission, the Applicant agrees to be bound by the STC's decision:

Applicant Signature: _____

Supporting documents and photographs: Please forward to planningzoning@villageofnewpaltz.org or deliver physical photographs to the Building Department Office.

Please check here if this is an emergency removal (before 30 days)

-----for official use below this line -----

Date Received: _____ Received By: _____

Action Taken: _____

Commission Member

Date

Commission Member

Date

Commission Member

Date

- This form must be returned to the *Building Department* in order to be forwarded to the *Shade Tree Commission*
- This form must be reviewed and signed by at least three Shade Tree Commission Members.

The Shade Tree Commission strongly recommends that all applicants and their assignees familiarize themselves with Village Code Chapter 1919 regarding the removal of trees before submitting this application