



**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): _____

E-mail: _____

Property Address: _____

Mailing Address (If different from above): _____

Telephone Number(s): _____

Number and type of tree(s) 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/pruning (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: _____

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

- Please forward this application, accompanying photographs, and any other supportive documentation to planningzoning@villageofnewpaltz.org or deliver to the Building Department.
- 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 191](#) regarding the removal of trees before submitting the application.

-----**FOR OFFICIAL USE BELOW THIS LINE**-----

Date Received: _____

Received By: _____

Action Taken by STC: _____

Commission Member

Date

Commission Member

Date

Commission Member

Date