



## VILLAGE/TOWN OF MOUNT KISCO

WESTCHESTER COUNTY, NEW YORK

Engineering Department

104 Main Street

Mount Kisco, New York 10549

Phone: (914)241-0500 ♦ Fax: (914)864-1085

On the Web: [www.mountkisco.org](http://www.mountkisco.org)

# TREE REMOVAL OR ALTERATION PERMIT APPLICATION

## REQUIREMENT CHECKLIST

- The Tree Preservation Board meets on the second Wednesday of each month. A **completed application** must be received at the Engineering Department no later than noon on the first Wednesday of the month to be placed on the agenda for that month.
- All trees to be removed or altered should be clearly marked with ribbon, taped, paint, etc. by the first Wednesday of the month. Markings on trees should differentiate to show if the tree(s) is going to be removed or altered. Any trees that are not marked will not be considered and the application will be returned to the applicant for resubmission.
- If the application is being made for a tree that is considered hazardous or endangering to public safety and can not wait for the Tree Preservation Boards next monthly meeting, then a letter from a Certified Arborist stating the condition of the tree(s) and reason for immediate removal must be submitted to:

Kyla N. Jobin  
Engineering & Water Administrator  
Village/Town of Mount Kisco  
104 Main Street  
Mount Kisco, New York 10549

Phone: (914) 864-0021

Fax: (914) 864-1085

**APPLICATION FOR TREE REMOVAL OR ALTERATION PERMIT**

Date: \_\_\_\_\_ Property Tax ID No. \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

Property Owner's Address: \_\_\_\_\_  
(WHERE TREES ARE LOCATED)

Property Owner's Phone: \_\_\_\_\_

Number and Species of Trees to be Removed: \_\_\_\_\_

Number and Species of Trees to be Altered: \_\_\_\_\_

Reason for Removal or Alteration of Trees: \_\_\_\_\_

\_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

PLEASE INDICATE LOCATION OF TREES WITH A ⊗ ON MAP BELOW

SIDE YARD

HOUSE  
# \_\_\_\_\_

FRONT OF PROPERTY

Name of Street or Road In Front of House: \_\_\_\_\_

ALL TREES TO BE REMOVED OR ALTERED SHOULD BE CLEARLY MARKED WITH RIBBON (NO YELLOW), TAPE OR PAINT. MARKINGS ON TREES SHOULD DIFFERENTIATE TO SHOW IF TREE(S) IS BEING REMOVED OR ALTERED.

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**FOR DEPARTMENTAL USE ONLY**

APPLICATION APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

Comments, terms and conditions of application approval or denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_