

VILLAGE OF UPPER NYACK
328 NORTH BROADWAY
UPPER NYACK, NY 10960
INCORPORATED 1872

Tel. 845-358-0084 FAX. 845-358-0741
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PERMIT APPLICATION FOR
TREE MAINTENANCE AND MANAGEMENT OPERATIONS

TO BE TYPED OR PRINTED IN INK

Submit this application. In addition, **tie the orange tape provided by the Village around each tree** for which the permit is being requested. The Village Forester will visit the property to make an inspection of the tree(s).

Further information may be required by the office of the Building Inspector, as provided by the Zoning Ordinance of the Village of Upper Nyack, if such is considered necessary for approval of this application.

Application is hereby made for a Tree Permit in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack.

Owner _____ Phone # _____

Address _____

Property Address to which this permit pertains: _____

Date _____ County Tax ID: _____

Tree Contractor _____ Phone # _____

Contractor's Rockland County License # _____

Number of Trees _____

Permit Number _____

OFFICE OF THE BUILDING INSPECTOR
INCORPORATED VILLAGE OF UPPER NYACK

Inc. Village of Upper Nyack
County of Rockland
State of New York

Date _____

Print or Type Name _____

Certifies that he/she resides at _____

And that he/she is the owner or agent of all that certain lot, piece or parcel of land located
at _____

And that this property is not currently under review by the Planning Board,
And that the tree management and maintenance being proposed will be performed in
accordance with the Zoning Ordinance of the Incorporated Village of Upper Nyack.

Number of trees to be removed from certain lot, parcel or piece of land: _____

Signed _____ Phone # _____

STATEMENT BELOW TO BE FILLED OUT ONLY IN THE EVENT THIS
APPLICATION IS MADE BY PERSON OTHER THAN OWNER OF PROPERTY

Inc. Village of Upper Nyack
County of Rockland
State of New York

Name _____ being duly sworn deposes and says:

1. That _____ is the owner of the land that is the subject
of this permit.
2. That the deponent is duly authorized to make this application by said owner.
3. That the proposed work is authorized by said owner.

Signed _____

Sworn before me this _____ day of _____ 20 _____

Notary Public

THIS PAGE FOR OFFICIAL USE

THE VILLAGE OF UPPER NYACK
OFFICE OF THE BUILDING INSPECTOR
TREE MANAGEMENT AND MAINTENANCE OPERATION PERMIT

Permit # _____ Date _____

Property Owner _____ Phone # _____

Address _____

Number of Trees: _____

Tree Contractor _____ Phone # _____

VILLAGE FORESTER:

I have thoroughly examined the proposed tree maintenance and management operation and find the same does _____ does not _____ conform to the Zoning Ordinance of the Village of Upper Nyack and do _____ do not _____ approve the same for issuance of a permit.

Signed _____ Date _____
Village Forester

Number of allowable 3 trees in 2 years: _____ DBH _____

Number Dead: _____ DBH _____

Number High or Extreme Risk: _____ DBH _____

BUILDING INSPECTOR:

I have thoroughly examined the proposed tree maintenance and management operation and find the same does _____ does not _____ conform to the Zoning Ordinance of the Village of Upper Nyack and do _____ do not _____ approve the same for issuance of a permit

Signed _____
Building Inspector

Issue Date _____