



Village of Sleepy Hollow

Department of Architecture, Land Use Development,
Buildings and Building Compliance

28 Beekman Avenue

Sleepy Hollow, NY 10591

Telephone (914) 366-5101 • Fax (914) 631-0607 • www.sleepyhollow.gov

More than a Legend

APPLICATION FOR A TREE REMOVAL PERMIT

LOCATION	Section: Block: Lot:	OFFICE USE	Permit Number: Fee: \$50 per tree
	Address:		Date Received:
	Zoning District:		Date Issued:
OWNER	Name:	Phone Number:	
	Address:	Cellular Number:	
DESCRIPTION	Location of tree(s) on property: _____ * <i>Tree must be marked prior to review by the Tree Commission</i> *		
	Tree type: _____		
	Tree Height: _____		Tree diameter: _____
	Reason for removal: _____		
	_____ Signature of owner/agent		
CONTRACTOR IS RESPONSIBLE FOR THE REMOVAL OF TREE(S) AFTER THEY ARE TAKEN DOWN			
Approved: _____		Disapproved: _____	
Comments: _____ _____			
Tree Commission agent: _____			Date: _____
This is to certify that permission is hereby granted for the removal of the tree(s) with the understanding that this removal will conform to the provisions of the Village of Sleepy Hollow Tree Conservation Local law.			
Authorized agent: _____		Date: _____	