



TOWN of NEW CASTLE
TREE REMOVAL PERMIT APPLICATION
 200 South Greeley Avenue, Chappaqua, NY 10514
 Office (914) 238-4723 Fax (914) 238-5177

Date Application Received _____
 Permit Number Assigned _____
 Public Notice Required ___ Yes ___ No
 Fee: Amount Paid: _____

- Please submit one (1) signed copy of Tree Permit Application Form to the Building & Engineering Department.
- Fees \$ 30.00 up to 3 trees, \$ 10.00 for each additional tree, payable to Town of New Castle.

1) Property Owner:

Name:

Address:

Phone: (Home) _____ (Cell) _____ E-mail: _____

2) Applicant: (if not homeowner, provide name of agent, tree company and/or arborist)

Agent/Tree Company: _____ Phone: (Work/Cell) _____ E-mail _____

Address _____

3) Property where work will be performed:

Address:

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning District: _____

4) Purpose of Tree Removal: (If additional space is needed, please attach a separate sheet)

- Clearing (10 or more trees to be removed)
- Removal of Tree(s) within Regulated Landscape Buffer Zone (applies to trees 4" dbh or greater)
(Buffer: R-1/4 acre = 5 feet; R-1/2 acre = 10 feet; R-1 acre = 15 feet; R-2 acre = 25 feet)
- Removal of Tree(s) Outside of Regulated Landscape Buffer Zone (applies to trees 8 " dbh or greater)
- Removal of a Specimen Tree(s) (all trees 24 " dbh or greater)
- Other, please explain: _____

5) List Trees to be Removed: (If additional space is needed, please attach a separate sheet)

Species	Size (dbh) @4.5 feet above ground	Location (Front, Side, or Rear Yard)	Condition	Reason for Removal (Hazardous Tree, Tree in Way of Planned Improvements, etc.)
1.				
2.				
3.				
4.				
5.				

Total Number of Trees to be Removed _____

6) Public Notice Requirements

If you are removing three (3) or more trees, written notification is required of all property owners within 100 feet of the boundary of the property. Please fill out Attachment A: Notice of Application and Mailing and mail this completed form to your neighbors.

7) Tree Replacement Requirements

Where healthy Trees or Trees considered to be in Fair or better Condition are being removed, you will be required to replace 50% of the total aggregate diameter (DBH) of trees removed with new trees. If Tree Replacement is required, the total required diameter will be included as a Condition of the Permit Approval.

Note: The Condition of each Tree to be removed will be determined by the Town’s Environmental Coordinator. You may use your own Arborist to evaluate a Tree’s condition and submit the Arborist’s findings with your application, however, the final determination will be made by the Town’s Environmental Coordinator.

8) Other Permits and Approvals

Please list any other Applications pending with the Town of New Castle that are associated with this permit or the property in question.

___ Building Permit, Permit # _____ ___ Zoning Board ___ Wetlands Permit ___ Planning Board

9) Please Locate Approximate Location of Tree(s) to be Removed. Indicate location of trees on the sketch below or attach a survey of property with location indicated. Attach Digital Photographs, and place a ribbon or tag on each tree to be removed.

Show location of trees:

House

10) Owner’s Authorization and Certification:

The Undersigned Applicant (owner) agrees to comply with the Town of New Castle Code, Chapter 121 Tree Preservation, regarding tree removal (the “Tree Ordinance”). The Applicant hereby grants permission to the Town of New Castle for Town employees and or designees to enter the above property to inspect the trees for which removal is being requested. By making this application the applicant agrees to indemnify and hold harmless the Town, its officers, employees and designees or agents against any damage or injury that may be caused by, or arise out of, any entry onto the subject property in connection with the processing of this application.

The Applicant hereby acknowledges that any false or misleading statements or information provided on this Tree Removal Permit Application or to the Approving Authority shall result in the invalidation of any previous authorization. In addition, the Applicant shall be subject to the penalties and sanctions set forth in the Tree Ordinance for any activities conducted without a required tree permit.

Signature of Owner

Print Owner’s Name

Date

Signature of Agent

Print Agent’s Name

Date

NOTE: The completion of this Tree Permit Application Form does not bestow any rights, privileges, licenses, permits or other entitlements upon the applicant and does not relieve the applicant from compliance with all applicable laws, rules and regulations of the Town of New Castle.

**Town of New Castle
Neighbor Notification Form
Notice of Intent to Remove Trees**

Name of Property Owner:	
Address of Subject Property:	
Phone No. of Property Owner	
Description of the proposed tree removal, including the types of trees to be removed and number of trees to be removed	
Location of proposed tree removal	
Purpose of the proposed tree removal	
Date of application submission	

PLEASE TAKE NOTICE that a Tree Removal Permit Application for the removal of three (3) or more trees has been submitted to the Environmental Coordinator pursuant to Section 121-5 of the Code of the Town of New Castle by the Property Owner listed above. Please note that the Tree Removal Permit Application is not subject to a public hearing, this notice is only a professional courtesy to inform you of the proposed tree removals. You are receiving this notice because your property is located within 100 feet of the boundaries of the property on which the proposed tree removal will be conducted. All information related to this tree removal permit application is maintained in file in the office of the Town Building and Engineering Department. All applications for tree removal permits, shall be approved, approved with conditions, denied or returned to the applicant within twenty-one (21) business days of the receipt of the application. Any party aggrieved or affected by the determination of the Town's Environmental Coordinator, with respect to a tree removal permit may, within 10 business days of such determination, appeal to the Environmental Review Board. The appeal application must set forth the reasons for such appeal.

Should you have any additional questions or concerns regarding the tree removal described herein or the status of the Tree Removal Permit, please contact the Environmental Coordinator at (914) 238-7278.

Date mailed: _____

This form shall be sent to each homeowner via certified mail, return receipt requested.
The Building Department will provide a list of homeowners within 100 feet upon request.
A copy of this notice will be filed with the Environmental Coordinator.

ATTACHMENT B

AFFIDAVIT OF MAILING

I certify that I have sent Attachment A, Notice of Intent to Remove Trees (the "Notice") to the homeowners listed below. Attached are return receipts from said mailing and a copy of each notice.

NAME	ADDRESS

(If more space is required, please attach a separate page)

Date: _____

Signed: _____

Phone #: _____