



TOWN of CHEEKTOWAGA

Application for Tree Removal

Applications will not be processed unless all fees are paid at the time of filing the application

Residential Property.....\$2.00 per tree fee for all trees over three (3) trees. Total number of trees _____ \$20.00 minimum fee.

Commercial Property...\$500.00 flat fee. Compensatory Tree Money required Yes No Amount paid.: \$ _____.

Date of Application: ____/____/20____ Received By: _____ Application No.: _____ - _____

APPLICANT to COMPLETE the PINK PORTION ONLY!

Removal Site Location: _____, NY 14____

Residential Property

Commercial Property

Public Property

Applicant's Name: _____

(____) _____ (____) _____ @ _____.
Daytime Phone No: Cell Phone No.: email address

Property Owner's Name: _____

_____ City _____ State ____ Zip code _____
Owner's Legal Property Address

(____) _____ (____) _____ @ _____.
Daytime Phone No: Cell Phone No.: email address

Tree Removal /Site Contractor Name: _____

_____ City _____ State ____ Zip code _____
Contractor's Business Address

(____) _____ (____) _____ @ _____.
Daytime Phone No: Cell Phone No.: email address

Mail permit to: Applicant's Address Property Owner's Address Contractor's Address

INDICATE ALL SUPPLEMENTAL INFORMATION PROVIDED

- Property owners authorization affidavit (provided on reverse site).**
- Tree removal plan, indicating all trees four (4) or greater in caliper (measured six (6) inches above grade) to be removed. Also indicate common specie name fo each tree.**
- Tree protection plan, indicate all trees or forested areas which are required to be. Areas to be preserved need to be protected with construction fencing, placed at the tree drip line.**
- Copy of the approved NYSDEC SPDES General Construction Permit and Storm Water Pollution Prevention Plan (for sited where one (1) acre of land or more is to be disturbed.**
- Certificates of Insurances or waivers thereof.**



TOWN of CHEEKTOWAGA

OWNER AGENT AUTHORIZATION

A

PROJECT INFORMATION

_____ Cheektowaga, NY 142____
Property Owner: Project Address:

_____ : _____ : _____
Address City State Zip code

(____) _____ - _____ (____) _____ - _____ @ _____ . _____
Daytime Phone No. Cell Phone No. Email Address

B

PARTY TO BE AUTHORIZED

_____ : _____ : _____
Last Name First Name Middle Initial

Corporation / Partnership

_____ : _____ : _____
Address City State Zip code

(____) _____ - _____ (____) _____ - _____ @ _____ . _____
Daytime Phone No. Cell Phone No. Email Address

C

OWNERS DECLARATION

I, _____, being the registered owner of the above noted property hereby authorize the party stated in Section B of this document to make application for a permit for those projects indicated in Section A of this document on my behalf with the Building and Plumbing Department of the Town of Cheektowaga in accordance with rules and regulations of the Town of Cheektowaga and the State of New York.

Signature: _____ Date: ____/____/20____