



*City of Beacon  
Building Department  
1 Municipal Plaza, Suite 4  
Beacon, NY 12508*

*Tel: 845-838-5020 Fax: 845-838-5026*

*[Building@beaconny.gov](mailto:Building@beaconny.gov)*

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Approved: \_\_\_\_\_ 20 \_\_\_\_\_

Building Inspector

## **APPLICATION FOR TREE REMOVAL PERMITS**

*Chapter 204 of the City Code of the City of Beacon Addresses Sand and Gravel Excavation and Tree Removal. Please review this chapter of the code before filling out this application form.*

1. This application must be completely filled in and submitted to the Building Inspector.
2. The work covered by this application may not commence before issuance of a permit.
3. Attach Plot Plan/Survey showing locations of trees to be removed.
4. Certificate of Insurance showing City of Beacon as holder. Workers Compensation (C-105) and Disability Benefits (DB-120) or provide a copy of CE-200 form from NYS.
5. Mark trees on property: All trees, proposed to be removed, are to be clearly marked with a ribbon, paint or sign to enable the Inspector to clearly see which trees are proposed to be removed.

### ***OWNER INFORMATION***

Property Address (location of work to be performed): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner Signature \_\_\_\_\_

Date: \_\_\_\_\_

*See reverse side*

## **CONTRACTOR/ARBORIST INFORMATION.**

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **TREE REMOVAL INFORMATION** (If additional space is needed please attach a sheet)

Method of Removal: \_\_\_\_\_

Tree Species	Size: (ht. & width)	Location:(front, side, rear yard)	Reason for Removal

**Permit fee:      \$100.00**

*In addition to the base fee, the Building Inspector, in the review of any application, may refer any tree removal permit application submitted to the Building Department to the City Engineer and/or City Arborist as necessary to assist with the review of such application. The applicant is responsible for reimbursing the City any costs incurred by the City's consultants where applicable. The applicant shall submit all requested payments to the Building Department prior to the issuance of any permit. The applicant shall be provided with copies of any City voucher for such consultant services as they are submitted to the City.*

**Please return all completed applications:**

Building Department, One Municipal Plaza, Beacon, NY 12590