Incorporated Village of Malverne

99 Church Street • Malverne, NY 11565-1726 • Phone: 516-599-1200 • Fax: 516-599-0613

TREE REMOVAL PERMIT APPLICATION

Private Property Fee: $25.00

Date: _____

Name of Owner: _____ Phone #_____

Email: _____

Address: _____

Name of Tree Removal Company: _____
(Company must be licensed by Village of Malverne)

Number and Type of Tree(s) to be Removed: _____

Reason for Removal: _____

Is removal related to construction? YES / NO

Location of Tree(s) (Attach **PHOTOS or Complete attached tree plan) _____

Are you Planning to Replace Removed Tree? YES (indicate type of tree) _____ / NO

I certify I am the property owner/representative authorized to make this application and that all statements contained are true and that all work shall conform to the current NYS Residential, Building, Fire, Existing Building, Property Maintenance and all Village Ordinances for which this permit is issued. No work is to be performed until a permit has been issued by the Incorporated Village of Malverne. I agree to hold harmless the Village of Malverne, its agents, officers, and employees for any damage or injury caused by reason of planting, placement, maintenance, or removal of trees.

Signature of Applicant: X _____
Sign in presence of a Notary Public

Notary Acknowledgement:
State of New York
County of Nassau

Sworn to before me this ____day of _____20____

*Notary Signature*_____

Seal:

Village Time/Date Stamp

(For Office Use Only) ***10/23***

DATE: _____ ☐ Granted ☐ Denied

Reason/Conditions:_____

_____ Reviewed By: _____

Incorporated Village of Malverne

99 Church Street • Malverne, NY 11565-1726 • Phone: 516-599-1200 • Fax: 516-599-0613

TREE PLAN

Draw your property in the box below or include a printed map of your property.
Please also submit a photograph of the tree to be removed.

Tree Plan should include the following

- Tree(s) proposed for removal (required)
- Exiting front and rear yard trees
- Existing curbside street trees
- Tree(s) proposed for replanting