

## Tree Removal & Trimming Permit General requirements

1. Application fee must be paid at the time application is filed.
2. All fees are non-refundable.
3. All blanks on the application are to be filled in. If an item is “not-applicable” note as N/A. Leave no blanks. Please PRINT\*\*\*
4. Trees must be marked with a red ribbon for inspection.
5. Building department will determine if Arborist is required.
6. The Permit must be prominently displayed and readily available for review by any Village designated employee.

### Tree Removal & Trimming Requirements

A Permit is required to remove any tree that is 6 inches diameter or more at 4 feet above grade. The alteration of habit by pruning of trees must be in accordance with customarily accepted ornamental procedures.

### Tree removal and trimming permit required documents

#### **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

1. Tree removal and trimming application (portal)
2. Contractors Insurance Certificates.
3. PLOT PLAN, showing trees to be removed or trimmed.
4. Arborist report, if required.
5. Owners Authorization.



INC. VILLAGE OF LAKE SUCCESS

318 Lakeville Road  
Great Neck, NY 11020  
(516) 482-4411

[isoffice@villageoflakesuccess.com](mailto:isoffice@villageoflakesuccess.com)

## TREE REMOVAL/ALTERATION PERMIT APPLICATION

### PROPERTY INFORMATION

SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, LAKE SUCCESS, NY \_\_\_\_\_

### OWNER INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF TREES TO BE REMOVED: \_\_\_\_\_

NUMBER OF TREES TO BE ALTERED: \_\_\_\_\_

PURPOSE OF PROPOSED REMOVAL/ALTERATION: \_\_\_\_\_

\*Please tie a ribbon (any color) around each tree being requested for removal\*

\*Fee: \$100 for every (3) three trees requested for inspection\*

-----  
---OFFICIAL USE ONLY---

Building Inspector \_\_\_\_\_ Date: \_\_\_\_\_

Plot plan showing trees to be removed/altered: \_\_\_\_\_

Arborist's report recommendation: \_\_\_\_\_

Number of trees approved: \_\_\_\_\_ Number of trees disapproved: \_\_\_\_\_



**INC. VILLAGE OF LAKE SUCCESS**  
**318 Lakeville Road**  
**Great Neck, NY 11020**  
**(516) 482-4411**  
[ISOoffice@villageoflakesuccess.com](mailto:ISOoffice@villageoflakesuccess.com)

**OWNER'S AUTHORIZATION**

I (we) hereby certify that:

1. The information provided on this permit application is true and correct. I understand that the Village of Lake Success will approve or deny a permit based on the information provided.
2. I agree to permit the Building Inspector and any officer or employee of the Village of Lake Success to enter upon the premises in the discharge of their duties with this application.
3. Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
4. Building Inspector will be given a minimum of 48-hour notice to make the required inspection and no work will continue until such inspection has been completed and approved.
5. Owner or his representative will be responsible to arrange for all required inspections.

State of New York  
 County of Nassau

Property Owner Name - Please Print

\_\_\_\_\_

Property Owner deposes and says that he/she resides at \_\_\_\_\_

in the State of \_\_\_\_\_, that he/she is the owner in fee of all certain lots, parcel of land shown on the attached survey Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ situated, lying and being within the Village of Lake Success; that I/we have read and understand the items 1 through 4 as here in stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby names the applicant listed on application as his or her representative to file this application.

Signature of Owner: \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Stamp/Seal:



INC. VILLAGE OF LAKE SUCCESS  
318 Lakeville Road  
Great Neck, NY 11020  
(516) 482-4411  
[soffice@villageoflakesuccess.com](mailto:soffice@villageoflakesuccess.com)

## **INSURANCE REQUIREMENTS FOR ALL APPLICATIONS**

1. If work is being performed by a contractor, the contractor must provide insurance indemnifying the Village and must provide the following: (See Insurance Requirements for Construction Operations for monetary requirements)
  - A. New York State Worker's Compensation Form C-105.2 (9/15), or U-26.3 If Exemption is applicable then utilize form CE-200 (12/08) and copy of home owner's insurance declaration page is required.
  - B. Certificate of Insurance Coverage under the NYS Disability and Paid Family Leave Benefits Law; form DB-120.1
  - C. Certificate of Liability Insurance (Accord). Please note the Accord form shall **ONLY** be accepted for Liability insurance. **NO** other type of insurance is acceptable on ACCORD form.
  
2. Under Certificate Holder for **ALL** insurances, it should state the following:

Village of Lake Success  
318 Lakeville Road  
Great Neck, NY 11020
  
3. Under additional insured, should state the following:

*"The Village of Lake Success is listed as additional insured"*
  
4. For demolition: NYS WORKERS' COMPENSATION FORM MUST BE "SITE SPECIFIC".