Village of New Paltz
Tree Removal Application

Shade Tree Commission
25 Plattekill Avenue
New Paltz, NY 12561
(845) 255-3055

Project Number: STC_____ Date of Application:_____
Applicant(s):_____ E-mail:_____

Property Address:_____

Mailing Address (*if different from above*):_____

Telephone Number(s):_____

Number and type of tree(s) and action to be taken (*Removed* or *Pruned*): (Please wrap flagging tape around the trees for identification purposes.)
1. Number____ Type:_____ Action to be taken:_____

2. Number____ Type:_____ Action to be taken:_____

3. Number____ Type:_____ Action to be taken:_____

4. Number____ Type:_____ Action to be taken:_____

Reason(s) for removal (please be specific):_____

_____
Have you consulted with an arborist?____ If so, please name the Arborist:_____

By applying to the Shade Tree Commission, the Applicant agrees to be bound by the STC's decision:

Applicant Signature:_____

Supporting documents and photographs: Please forward to building@villageofnewpaltz.gov or deliver physical photographs to the Building Department Office.

Please *check here if this is an emergency removal (before 30 days)* ☐

----------for official use below this line----------
Date Received:_____ Received By:_____

Action Taken:_____

_____

_____ _____
Commission Member Date

_____ _____
Commission Member Date

_____ _____
Commission Member Date

- This form must be returned to the *Building Department* in order to be forwarded to the *Shade Tree Commission*
- This form must be reviewed and signed by at least three Shade Tree Commission Members.

The Shade Tree Commission strongly recommends that all applicants and their assignees familiarize themselves with Village Code Chapter 191 regarding the removal of trees before submitting the application.