

Village of Head of the Harbor
500 North Country Rd.
St. James, NY 11780



HeadoftheHarborNY.gov
Phone (631) 584-5550
Fax (631) 862-1417

APPLICATION FOR TREE REMOVAL/ALTERATION (for removal of 1-11 trees)

All Actions Must Comply with Village Codes §149 (Trees) and §116 (Noise)

Removal of 12 or more trees, removal of a tree with a 36" diameter (measured at 4'6" above ground) or greater, or clearing of natural vegetation 2000 sq ft or greater requires completion of application for Planning Board

PROPERTY INFORMATION

Suffolk County Tax Map Parcel Numbers: Dist. 801 Section _____ Block _____ Lot(s) _____

Property/Site Address: _____

APPLICANT INFORMATION

Property Owner: _____ Daytime Phone#: () _____

Mailing Address: _____ Zip _____

Email: _____ Add'l Phone#: _____

Person/Company to perform/supervise the work proposed: _____

Business Phone#: _____ Email/Add'l Phone#: _____

PROPOSED WORK

Expedited Review: Check here if any trees pose danger to life/property and must be removed ASAP.

For all applicants please provide a brief description of Proposed Work for approval. Include the following:

List the Type, Size, Location, Status/Condition and Reason for removal of each tree.

Type – provide common or scientific name

Size – measure circumference at height of 4'6" above ground

Location – indicate distance from property line or home, provide location on sketch or site plan of property

Status/Condition – specify damaged, dead, diseased, or healthy

Check here if work will include Clearing of Wooded Areas and Natural Ground Cover

(attach separate sheet if more room is required)

AFFIDAVIT

I affirm this ___ day of ___, 2024, under the penalties of perjury under the laws of the State of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

_____ (print)

_____ (signature)

SUPPORTING DOCUMENTS

Please attach the following, if applicable:

- Insurance certificates.** [See Insurance requirements.](#)
- Survey** most recent or sketch of property indicating property lines, driveway(s), and all dwellings and structures, and showing the location of each tree listed, including location of replacement trees.
- Report from a certified arborist** (if available).
- Photograph(s)** of the trees to be removed and their surrounding area.
- Application Fee:** [Per schedule.](#) Checks made payable to Village of Head of the Harbor.
- Replacement/Replanting** If replanting, check the village website for the recommended plant list. Please indicate the type, size and location of new plantings.

FOR OFFICE USE ONLY

Site Inspection: Required
 Tree Board: Required
 Building Inspector: Required
Cert. Arborist Report: Required
 Photo(s): Required
 Final Inspection: Required

Inspection Notes/Comments: _____

Name & Signature of Inspecting Official: _____

Permit Approved

Fee \$ _____ Paid _____ 20__

Date: _____ Permit No. _____ Issued _____ 20__