INCORPORATED VILLAGE OF BELLE TERRE 1 CLIFF ROAD, BELLE TERRE, NEW YORK

TREE TRIMMING / REMOVAL PERMIT

BE ADVISED THAT TREES HAVE BEEN APPROVED FOR TRIMMING or REMOVAL AT THE FOLLOWING LOCATION:

	Application Date:		
Homeowner:	Phone:		
Address:		1 2011 12 1010 21 1010	
Location of Work:			
Reason for Request:			
Detailed description & exact nature of work to be do circles or X's for location of tree(s).	ne - include site plan or draw	ing of the house, with	
All Trees to be removed, must be tied with a ribbon	(so the inspector can identif	y the trees prior to	
	allow 2 weeks for a reply to		
Date of Work:			
Tree Company Name:	Inspector		
Address:			
Contact Name:			
Contact Phone:	Issue Date	*.	
I hereby give permission for the Tree Inspector to er			
Signature of Homeowner		·	
Expires sixty days from Issue Date			
Village use only:		***************************************	
Inspector's notes:			
Date Inspector examined completed work:	Inspectors	initials	
Date inspector examined completed work.	mapectors	mindais.	
cc: Contractor/Owner Inspector Constabulary	/ Village Files	Forms/Tree Permit	