

**VILLAGE OF COLD SPRING**

85 Main St, Cold Spring, NY, 10516 tel (845)  
265-3611 fax (845) 2265-1002  
Website: coldspringny.gov

DATE RECEIVED: \_\_\_\_\_

**PUBLIC TREE CUTTING APPLICATION**

**TO BE COMPLETED BY APPLICANT**

PRINT or TYPE and SUBMIT TO: Village Clerk, 85 Main St, Cold Spring NY 10516 or [vcsclerk@coldspringny.gov](mailto:vcsclerk@coldspringny.gov)

SITE ADDRESS  
OR LOCATION \_\_\_\_\_  
DESCRIPTION \_\_\_\_\_

TREE LOCATION:  
 STREET  
 PARK  
 OTHER

NUMBER OF TREES TO BE CUT \_\_\_\_\_

	TREE TYPE	CIRCUMFERENCE AT 4 FT. ABOVE GRADE LEVEL	DISTANCE FROM TRUNK TO DWELLING STRUCTURE OR UTILITY
TREE A	_____	_____	_____
TREE B	_____	_____	_____
TREE C	_____	_____	_____

**ATTACH A SEPARATE SHEET OF PAPER TO DESCRIBE ADDITIONAL TREES.**

- Minimum Submittal Requirements:**
1. Explain the reasons why the tree(s) should be pruned or removed and the proposed method and extent of pruning work on Page 2.
  2. Attach **ONE (1)** copy of a legible PLOT PLAN of the area where the tree is located sufficient to determine the location of the tree(s) to be cut and its relationship to surrounding structures. The following should be labeled:
    - Location of directly adjacent dwelling and utility poles with distance indicated from the main trunk of tree(s) to be cut.
    - The species and size of tree(s) to be cut, with accurate dimensions showing the location of the tree. "Size" means the trunk circumference measured at four (4) feet above natural grade level.

PRINT NAME OF APPLICANT: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME TELEPHONE # ( ) \_\_\_\_\_ FAX # ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE (AND PRINT NAME) \_\_\_\_\_

\_\_\_\_\_

