City of Kingston Tree Commission
420 Broadway
Kingston, NY 12401

P: 845-334-3955
F: 845-334-3958
planning@kingston-ny.gov

TREE REMOVAL PERMIT

Location: _____
(street address/nearest intersection)

Property Owner: _____
(name, address, phone #)

Individual and/or company doing the work: _____

Contact Information: _____

_____

_____
(phone number, company mailing address, email, fax)

Description of work: _____

_____

_____

_____

_____

Date and Duration: _____

* Certificate of Insurance should be submitted and filed with the City of Kingston prior to commencement of work

_____	_____	_____
Signature of Property Owner	Print Name	Date
_____	_____	_____
Signature of Applicant	Print Name	Date

This Section for Office Use Only

Date received: _____

Approved: ☐ Date : _____

Denied: ☐ Reason for denial: _____

_____

Signature of reviewer: _____