

City of Kingston Tree Commission
420 Broadway
Kingston, NY 12401



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

PUBLIC TREE REMOVAL / PRUNING 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: <input type="checkbox"/>	Date : _____
Denied: <input type="checkbox"/>	Reason for denial: _____

Signature of reviewer:	_____