## **CITY OF KINGSTON**

## Tree Commission

planning@kingston-ny.gov

Suzanne Cahill, Planning Director

420 Broadway, Kingston, NY 12401



Steven T. Noble, Mayor

## **Street Tree Planting Request**

Property Owner Information (Please Print)			
Name			
Mailing Address			
City/State/Zip			
Phone			
Email			
Location of Property Requesting Tree(s):			
		**Tree Species will be determined by the Planning Off planting project is to plant shade trees that will provid reduction, shade, and beautified streetscape.	_
		Are there overhead wires?	Yes No
		Are there stumps to be removed? (*See note below)	Yes No
Is your home for sale?	Yes No		
**By granting the City of Kingston Tree Commission powner is accepting the responsibility to properly water the tree. Any request to remove a tree in the future volume Commission.  • This application does not guarantee a tree. Sit be planted in locations based on neighborhood.	er, prune, and generally maintain the health of will require approval from the City of Kingston te inspection will be done and tree locations will		
If my application is accepted, I hereby grant permission a recommended street tree within the public right-of-v	, -		
Name of Property Owner (Please Print)	Date		
Signature of Owner	 Date		
Please return to: <a href="mailto:Planning@kingston-ny.gov">Planning@kingston-ny.gov</a> or City of Kingston Tree Commission City Hall - Planning Office			