City of Kingston Tree Commission
420 Broadway
Kingston, NY 12401

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

TREE REMOVAL/PRUNING PERMIT

Location of Tree: _____
(street address, nearest intersection, SBL)

Property Owner Address: _____
_____
Phone Number: _____
Email Address: _____

Individual and/or company doing the work: _____
Contact Information: _____
_____
(Name, Phone Number, Company Mailing Address, Email)

Description & Reason for work:_____
_____
_____
_____

Tree type being removed/pruned: _____

Dates and Duration: _____

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

By signing this application you are acknowledging that the Tree Commission needs to review and approve your request prior to work being done. If there are any conditions attached to the approval, the owner is responsible to comply with those conditions within 1 year of the date of approval.

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

This Section for Office Use Only

Date received: _____

Approved: □ Date : _____
Conditions of Approval: _____
_____
Denied: □ Reason for denial: _____
_____

Signature of reviewer: _____