

Date: _____

Fee: \$350.00

Town of Clarkstown
Department of Engineering & Facilities Management

Application for Tree Removal, Land Filling or Excavation of Land (Individual Lot)

Owner/Applicant: _____

City Address: _____

Telephone: _____

PROJECT LOCATION

Street Location: _____

Tax Map _____ Lot _____ Block _____

PROJECT DESCRIPTION

1. Describe nature and purpose of proposed action:

2. Area to be disturbed in square feet:

3. Estimated quantity of material (soil or trees) to be excavated and/or removed, include diameter of tree(s) at 4 ½ feet from ground (DBH) and tree type. (Trees shall be marked with ribbon for identification):

4. Describe the type of material to be used for filling:

5. Estimated volume of material to be removed or filled, describe the source, method of disposal of wood material, including stumps and where equipment/material will exit/enter site:

6. Method of restoration for disturbed areas:

7. Estimate cost to complete all proposed work:

8. Name of Contractor(s):

Phone Number:

SITE PLAN

A SITE PLAN MUST BE SUBMITTED WITH THIS APPLICATION SHOWING THE FOLLOWING:

1. A recent survey (within the last three years) certified by a NYS licensed land surveyor showing the physical improvements on the site, including dwelling location, accessory buildings or structures.
2. Easements (sanitary, drainage, conservation, etc.).
3. Existing and proposed topography.
4. Total existing and proposed lot coverage calculations, broken down by each impervious feature.
5. Existing trees over 8" in diameter.
6. Entrance to site.
7. Locations of wells, septic systems, existing & proposed drainage system, walls or other features.
8. Design of proposed retaining walls. Retaining walls shall be designed, inspected and certified by a NYS Professional Engineer unless waived by the Department of Engineering & Facilities Management.

Affidavit
Town of Clarkstown
County of Rockland ss:
State of New York

_____ being duly sworn deposes and says:

(PRINT NAME) (Owner, lessee, engineer, architect, builder, contractor, corporate officer or agent of the owner)

That _____ is the owner in fee of the premises to which this application applies, that he (the applicant) is duly authorized to make this application, and that the statements contained here are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with the State Uniform Fire Prevention Building Code and all other applicable laws, ordinances and regulations of the Town of Clarkstown

Signature of Applicant

Sworn to me this

_____ day of _____

Notary Public, State of New York