



Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

TOWN OF NORTH CASTLE TREE REMOVAL APPLICATION PERMIT

WHEN A PERMIT IS REQUIRED

The Town of North Castle finds and declares that the preservation of Trees is necessary to protect the health, safety and general welfare of the Town of North Castle because trees provide shade, impede soil erosion, aid water absorption and retention, inhibit excess runoff and flooding, enhance air quality, offer a natural barrier to noise, provide a natural habitat for wildlife, provide screening, enhance property values and add to the aesthetic quality of the community.

A tree removal permit is required under the following circumstances:

1. Removal of a tree within a property's regulated setback zone or landscape buffer zone (All trees 8" or greater DBH – Diameter at Breast Height).

The regulated setback zone refers to the area of vegetative screening or landscaping measured from each property line of a residentially zoned property toward the interior of such property.

R-4A One-Family Residence District: 25 feet.

R-2A One-Family Residence District: 15 feet.

R-1.5A One-Family Residence District: 12 feet.

R-1A One-Family Residence District: 10 feet.

All other residential districts: 5 feet

2. Removal of a Significant Tree that's 24 inches or greater DBH at 4 feet.
3. Removal of any tree in wetlands, within clearing lines, or Conservation Easements.
3. Any cutting of more than 5 trees of 8 inches in diameter or more in any one quarter-acre area, within a 12 month period with such area being measured as a square with each side measuring 104 feet.
4. Removal of any street tree within the Right of Way.
5. Removal in any calendar year of more than ten (10) trees on any lot.



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Tree Removal Application

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

Section I- PROJECT ADDRESS: _____ DATE: _____

Section II- CONTACT INFORMATION: (Please print clearly. All information must be current)

APPLICANT: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Tree Company: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Section III- REGULATED ACTIVITY: (Check all that apply)

____ Removal of a tree within a property's regulated setback zone or landscaped buffer zone.

____ Removal of a significant tree.

____ Removal of any tree in the wetlands, within clearing lines, or conservation easements.

____ Clearing/Thinning.

____ Removal of any tree within the right of way.

____ Removal in any calendar year of more than ten (10) trees on any lot.

Section IV- DESCRIPTION OF WORK: (Please include how many trees will be removed)

Section V- FUTURE PLANS:

Do you have any intention of tearing down the house to build a new house within the next six (6) months. [] Yes [] No

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Section V- FUTURE PLANS: (Continued)

Do you have any intention to expand the house over 1500 square feet within the next six (6) months? ☐ Yes ☐ No

Section VI- RESTRICTION:

Is there any conservation easements on your deed? ☐ Yes ☐ No

Section VII- PERMIT FEES: (\$50 application fee and a \$25 Certificate of Compliance fee)

Section VIII- APPLICANT CERTIFICATION

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature:_____ Date:_____

Section IX- AFFIDAVIT OF OWNER AUTHORIZATION: (To be notarized)

STATE OF NEW YORK }
COUNTY OF WESTCHESTER } SS:

The applicant _____ has proper consent from said owner to make this application as submitted and said owner agrees to all terms and conditions placed upon same.

Owner's Name (PRINT)_____ Owner's Signature_____

Sworn to before me this _____ day of _____, 20_____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Zone:_____ Section:_____ Block:_____ Lot:_____

Building Department Checklist:

Does this permit require RPRC approval? ☐ Yes ☐ No

Has a plan delineating all improvements, site grading and disturbance proposed on the subject property. ☐ Yes ☐ No

☐ GC License ☐ Work. Comp. ☐ Liability. Ins. ☐ Disability ☐ Two sets of documents

Permit Fee \$75.00 Payment type: ☐ Check #: _____ ☐ Cash

Name on check: _____ Received By: _____ Date: _____

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Conditions: _____