

City of Syracuse - Tree Pruning/Removal Permit Application

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

1. Type of work: Tree Removal Tree Pruning Stump Grinding

2. Location of tree work if different from above address:

3. Are you the owner of this property? _____ or are you acting as the agent for the property owner?

_____ If so, we must have the property owner's signature _____

4. Describe the work requested, indicate the number and type of trees involved, and the purpose of this request. Illustrate on the back to clarify if necessary.

5. Indicate the tree service you intend to contract for the requested work.

Company: _____

Contact Name: _____ Phone: (_____) _____

Date when work is to begin? _____

NOTE: All tree work must be completed by qualified tree services. The tree service must supply their certificate of insurance prior to permit approval. The tree service will be responsible for any damages that occur as a result of tree work performed. Contractors may not place debris at the curb for pick up. The contractor must remove all debris. All tree pruning, removal and stump grinding will be done at the expense of the permit holder.

Applicant Signature: _____ Date: _____

RETURN TO: Syracuse Department of Parks, Recreation and Youth Programs – Forestry Department
412 Spencer Street - Syracuse, NY 13204
(315) 428-8513 - fax

Municipal Use:

No work may be done on City trees without a permit. Failure to comply will result in penalties and fines.

Date Received: _____

Date Inspected: _____

Application: Approved Not Approved Incomplete

Authorized Signature _____ Date: _____