



APPLICATION FOR REMOVAL OF TREES AND STUMPS AND THE TRIMMING OF TREES IN THE CITY OF PLATTSBURGH, NEW YORK

Date:

Name of Applicant/Company:

Address:

Telephone Number:

Type of work to be performed:

- Removal of Trees
- Removal of Stumps
- Trimming of Trees

Location of Work:

Certificate of Insurance

1. All certificates must be on the comprehensive accord form naming the "City of Plattsburgh" as additional insured. Must have 30 days written notice of cancellation.
2. GENERAL LIABILITY:
 - a. PREMISES-OPERATIONS BI/PD \$1,000,000. C.S.L. \$2,000,000 AGGREGATE.
3. WORKER'S COMPENSATION AND DISABILITY BENEFITS.

****License Fee: \$450.00/year** from January-December of Each year (not pro-rated)**

It is my understanding if I violate any of the provisions of the Ordinance, a copy of which I have received, that I shall be fined not less than \$25.00 nor more than \$250.00 for each offense and a separate offense shall be deemed committed on each day during or on which a violation occurs or continues.

Signature of Applicant

Insurance Certificate Reviewed and Accepted: _____

Permission to Issue License Granted By: _____

License Issue By: _____ Date: _____