



TOWN OF HEMPSTEAD
DEPARTMENT OF HIGHWAYS
RIGHT OF WAY PERMIT
CURBSIDE TREES

350 FRONT STREET
HEMPSTEAD, NY 11550
(516) 489-5000 EXT. 3471

Highway Permit #: _____

Permit Date: _____

Expiration Date: _____

FOR OFFICE PERSONNEL USE ONLY

All applicants must complete this form

Part I - Type of Permit

New Tree

Number of Trees

Remove Tree

Number of Trees

Reason for Removal _____

Part II - Location of Proposed Work

Permit Location Street _____

Number Street

Town / Hamlet & Zip Code _____ Survey Submitted Yes _____ No _____

Cross Street _____

Part III - Applicant Information

Homeowner Information

Name _____

Address _____

Town & Zip _____

Phone _____

Email _____

Contractor Information

Name _____

Address _____

Town & Zip _____

Phone _____

Email _____

License # _____

Part IV - Permit Payment

Fees paid in relation to this application / permit are non-refundable.

Make Check / Money Orders payable to the **Town of Hempstead.**

Fee Paid \$ _____ Check Number _____ Date Received _____

Permit Information

All work must conform to the most current applicable laws and codes of the Town of Hempstead.
Copies of all specifications are available when applying for a right of way permit or on-line at www.hempsteadny.gov.

Is the above named applicant an employee of the Town of Hempstead
or an entity five percent or more of which is owned by such an employee?

YES

NO

I have read and understand the above statements.

I hereby agree to conform to all applicable laws and codes of the Town of Hempstead.

Signature _____

Date _____