

# **TREE CLEARING CHECKLIST**

- Completed Application form
- Completed Short Environmental Assessment Form
- Survey of property with areas of proposed tree clearing with proposed clearing percentage
- Pictures of the property from the front, rear, and sides as well as rear yard & front yard
- Pictures of the areas where trees are to be removed
- Metes and Bounds of the property (Schedule “A”)
- Filing Fees (Two separate checks made to the Town of Brookhaven)
  - Tree Clearing Application Permit Fee \$332.27
  - Short Environmental Assessment Form Fee \$221.52



Division of Environmental Protection  
One Independence Hill  
Farmingville, NY 11738  
(631) 451-6455

## Tree Clearing Application

| APPLICANT INFORMATION:   |   |         |
|--|---|---------|
| 1. NAME OF PROPERTY OWNER(S), AS PER DEED:   | 2. PHONE                                      | E-mail: |
| 3. MAILING ADDRESS / PO BOX: HAMLET: STATE: ZIP CODE:  |   |         |
| 4. NAME OF APPLICANT (IF DIFFERENT FROM ABOVE):  | 5. PHONE:                                     | E-mail: |
| 6. MAILING ADDRESS / PO BOX: HAMLET: STATE: ZIP CODE:  |   |         |
| PROPERTY LOCATION:   |   |         |
| 7. ADDRESS OF PROPERTY (Street Address, Hamlet, Zip Code)  |   |         |
| 8. NEAREST CROSS STREET  |   |         |
| 9. S.C. TAX #: DISTRICT SECTION BLOCK LOT  |   |         |
| 10. PERCENTAGE OF OVERALL CLEARING   |   |         |
| 11. PLEASE NOTE THAT ANY AND ALL CLEARING WITHIN 150' OF WETLANDS AND/OR WITHIN THE NEW YORK STATE CENTRAL PINE BARRENS MAY REQUIRE THE APPLICANT TO FILE CLEARING RESTRICTION COVENANTS PRIOR TO THE ISSUANCE OF A TREE CLEARING PERMIT. CLEARING WHICH IS OVER AN ACRE MAY REQUIRE A STORMWATER POLLUTION PREVENTION PLAN. |   |         |
| 12. REASON FOR TREE CLEARING::   |   |         |
| 13. SIGNATURE OF OWNER(S):   | 14. SIGNATURE OF APPLICANT (IF NOT THE SAME): |         |
| DATE:  | DATE:   |         |

### For office use only:

|                    |                    |                                |                     |
|--------------------|--------------------|--------------------------------|---------------------|
| RCD FILING FEE \$: | LIST OF COVENANTS: | SURVEY:                        | PHOTOGRAPHS:        |
| CHECK NUMBER:      | OWNER'S CONSENT:   | TRANSACTIONAL DISCLOSURE FORM: | APPLICATION NUMBER: |

**Town of Brookhaven Board of Ethics  
Transactional Disclosure Form**

Applicant Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Applicants Address: \_\_\_\_\_  
(Street, Apartment#)

\_\_\_\_\_

(City) (State) (Zip Code)

Does any Officer of the State of New York, Officer or Employee of the Town of Brookhaven, Officer or Employee of Suffolk County, Officer of a Political party in Suffolk County or his or her spouse, brother, sister, parent, child, grandchild, or the spouse of any of them have an interest in this application by virtue of being the actual Applicant, or by virtue of having an interest in the Corporation, Partnership, or association making such application? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes", complete the rest of the form and date and sign where indicated.

If you answered "No", simply date and sign the form where indicated.

**INTERESTED PARTY AND NATURE OF INTEREST**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

Relationship to the Public Officer/Employee and his or her title if other than self:

\_\_\_\_\_

**INTERESTED PARTY:**

- A. Is the Owner of greater than five percent (5%) of the Corporate Stock of the Applicant when the Applicant is a corporation whose stock is listed on the New York or American Stock Exchange?
- B. The actual Applicant
- C. An Officer, Director, Partner or Employee of the Applicant
- D. Legally or beneficially owns or controls any stock of a non-Publicly traded corporate Applicant or is a member of a Partnership Or Association of the Applicant

**Yes**      **No**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Town of Brookhaven**  
**Owners Consent Form**

Date: \_\_\_\_\_

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Re: Application for a Relief of Covenant for \_\_\_\_\_  
Suffolk County Tax Map Number \_\_\_\_\_

Dear Sir or Madam:

Please be advised that I am the owner of the record of the above  
referenced property and hereby consent to \_\_\_\_\_  
(name of agent or contact vendee)  
making an application for Relief of Covenants to the Planning Board.

As owner of the property, I understand that I will receive copies of all correspondence  
unless noted below. I also acknowledge that as an owner, I am responsible for all activities  
that take place of the property identified above.

Sincerely,

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)