



# City of Niagara Falls, New York

PO Box 69, Niagara Falls, NY 14302-0069

## FORESTRY WORK PERMIT DEPARTMENT OF PUBLIC WORKS AND PARKS, NEIGHBORHOOD SERVICES

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_ Ward/Pro: \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

Owner: (If same, indicate) \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

Address (Specific Location) \_\_\_\_\_

Describe Work to be performed (include # of trees and specific task(s))

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

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

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

\*\*\*\*\*

I request permission to perform tree work "on the city margin" as described above.

Applicant's Signature: \_\_\_\_\_

\*\*\*\*\*

A permit is hereby granted to the above to proceed with the work as requested. The contractor shall abide by Chapters 901 (Amended 12/17/90), 903 (Amended 10/3/90), and 927 of the codified ordinances of the CITY OF NIAGARA FALLS.

**\*Valid 30 days from this date\***

Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Inspection: Date: / / By \_\_\_\_\_

Final Inspection: Date: / / By \_\_\_\_\_

This permit shall be kept on the work site at all times and in the possession of the person in charge of the work and shall be shown on demand to the Parks Neighborhood Services Manager or his/her designee.

You must notify the Neighborhood services office 24 hours in advance before starting this work. All work shall be completed in a manner approved by and under the direction of the Parks Neighborhood Services Manager or his/her designee and must comply with the City of Niagara Falls construction specifications and standards Dated January 1, 1991.

Copies: Neighborhood Services, Forester, Applicant