



TOWN OF BEDFORD
425 Cherry Street, Bedford Hills NY 10507
914-666-8040, FAX: 914-666-2026
buildinginsp@bedfordny.gov
www.bedfordny.gov

CHRISTMAS TREE SALES

Applicant's Name: _____ Telephone # _____

Email: _____

Applicant's Address: _____ Telephone # _____

Email: _____

Property Owner: _____ Telephone #: _____

Location of Property _____

SBL: _____ Zoning District: _____
(Limited to CB and LI Zoning Districts)

Applicant may be required to submit a plan drawn to scale showing Tree Sale Area and Parking Area

Applicant's Signature

Owner's Signature

- Fee: \$150 _____ **paid.**
- Site Restoration Deposit: \$400 _____ **paid (Refundable upon restoration of site).**
- INSURANCE: Certificate of Liability with minimum coverage for personal injury of \$100,000.00 and \$300,000.00 _____ **received.**