



DEAD, DISEASED, DYING OR HAZARDOUS TREE ONLY TREE REMOVAL PERMIT APPLICATION

If "With Land Disturbance" please complete the **TREE REMOVAL APPLICATION "WITH LAND DISTURBANCE"** form.

NAME OF APPLICANT: _____

ADDRESS: _____ Block # _____ Lot # _____

EMAIL: _____ **PHONE:** _____

TREES TO BE REMOVED BY: (Select One)

Property Owner: _____ NJ Licensed Tree Service Co. _____

Business Address: _____

Business License (NJTC) Number: _____

(Required)

*LTE, LTCO or ISA Certified Arborist (CA) Number: _____

*Per NJ Law N.J.S.A. 45:15C-11 (2017), all tree companies in NJ must employ at least one licensed tree expert.

TREES TO BE REMOVED

Total number of trees requested to be removed: _____ Do you plan on replacing any trees? ☐ Yes ☐ No

Species (if known): _____

Trees to be removed **MUST BE MARKED** with colored ribbon or colored plastic tape. Spray painting or other permanent markings that damages or defaces trees is prohibited. If trees are unmarked when Borough Engineer arrives, the permit will be denied and a second inspection will be scheduled at Engineer's convenience after Applicant certifies that trees have been properly marked.

Must include a sketch/drawing of property or visible photo showing house, driveway, and other structures. Identify the location of all dead, diseased, dying, or hazardous trees to be removed with an X (with species if possible).

APPLICANT'S AGREEMENT AND SIGNATURE

I hereby certify that all information submitted on this application is true to the best of my knowledge.

Applicant's Signature

Date Submitted

FOR OFFICIAL USE ONLY

Permit No. _____ Date of Field Inspection: _____ Inspected by: _____

The application for _____ trees to be removed is: ☐ **Approved** ☐ **Denied**

Comments: _____
