



TREE REMOVAL PERMIT

Owners Name _____ Phone # _____

Address _____

Address for permit to be issued _____
(if different from the applicant)

Block _____ Lot _____ Tract acreage _____

*Reason for removing trees:

Number of trees being removed: _____ Number of trees being replaced _____
(Provide calculations per 241-5)

Has the property received prior approval from the Land Use Board?
 No Yes Resolution # _____ Approval date _____

Name of contractor/ professional _____

Fees _____

Submitted with permit: **(survey, site plan, plot plan)** _____
Note: (A tree removal contractor must be registered as per N.J.S.A. 45:15c-11et. Seq.)

I hereby certify that the proposed work is authorized.

OWNER/AGENT SIGNATURE REQUIRED

PRINT NAME

Date

TOWNSHIP USE ONLY BELOW THIS LINE

Remarks/Conditions:

Township Engineer

DATE