



DATE RECEIVED: _____

NO. _____

APPLICATION FOR TREE REMOVAL PERMIT

Construction Department
182 Union Avenue
Bloomingtondale, NJ 07403
973-838-7995

-- PRINT OR TYPE --

Name of Applicant: _____

Address of Applicant: _____

Applicant Email: _____ Phone # () _____

Address where tree(s) to be removed: _____

BLOCK: _____ LOT: _____

Tree(s) to be removed by: New Jersey licensed tree service provider:
 Tree Service _____
 Property Owner; **OR** Business Registration Number (NJTC#) _____
 LTE, LTCO, or ISA Certified Arborist (CA) # _____

PERMIT APPLICATION MUST BE RECEIVED **AT LEAST TEN (10) BUSINESS DAYS** PRIOR TO PROPOSED REMOVAL DATE

Identify trees proposed for removal by tying string or tape around trunk; do not permanently mark trees

Proposed removal date: _____

Total number of trees proposed for removal: _____

- 1) Does this property have any pending Planning Board or Board of Health applications? _____
- 2) Are there area of wetlands on the property? _____
- 3) Is the property sloped where the trees are being removed? _____

Signature of Applicant: _____

- Permit application does not constitute approval; do not schedule tree removal until application has been approved
- The submission of a tree removal and planting replacement plan may be required
- Replacement alternatives may be permitted at Borough determination (*tree replacement in separate area approved by the municipality OR \$150.00 fee per tree removed*)
- Approved permits are valid for six (6) months from the authorization date written below

----- * * **DO NOT WRITE BELOW THIS LINE** * * -----

Permit Fee \$50.00 - Cash; Check # _____ Received; by staff member: _____

Tree Removal Permit: **APPROVED** **NOT APPROVED**

Reason for denial: _____

Plant replacement tree(s): **Not Required**; **Required**

Municipal Approval:

Date: