Borough of Netcong

23 Maple Avenue Netcong, New Jersey

**APPLICATION FOR A TREE REMOVAL**

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| TREE LOCATION | | | |
| Date | Block: | Lot: | Zone: |
| Premises Location (Street Address) | | | |
| Owner’s Name & Address: | | | |
| Owner’s Telephone/Email Address: | | | |

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| APPLICANT |
| Applicant’s Name: (contractor/tenant/etc.) |
| Applicant’s Address: |
| Applicant’s Telephone/Email Address: |

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| --- |
| Prior Approvals: Planning Board, Zoning Permit, etc. Provide Resolution #/date/descriitipn of action: |

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| CONTRACTOR INFORMATION |
| Contractor or Person Doing the Work: |
| Address: |
| Contractor’s Telephone/Email Address: |

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| --- | --- |
| GENERAL TREE REMOVAL INFORMATION | |
| List the number of trees to be removed from the property. | Is the tree dead or in poor condition? |
| In the past two (2) years how many trees have been removed from the property? | Is this a Street Tree? What is the Tree’s DBH |

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| What is/are the Tree Species? | Is this a Large-Scale Clearing Project (5,000 sq ft) |
| Are There Any Claimed Exemption as per Chapter 246-22 | |
| Please provide additional information. | |
| Please provide a Replacement Proposal. | |

Fee: $25

***I hereby give permission for the Netcong Borough Zoning Official to come upon and inspect these premises with respect to this application. Failure to provide all requested documents will halt the processing of this application and it will be deemed incomplete.***

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| **Name:** | **Signature:** | **Date:** |

APPROVAL

***Zoning Officer Date***

*\_\_\_\_\_\_\_\_\_\_\_\_\_See Special Conditions, if checked*

**FEES MUST ACCOMPANY APPLICATION\*** Paid Check No. Cash Received By