

Borough of Haworth

Tree Removal Permit Application

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

Owner's Name:

Owner's Contact Number:

Required Email Address:

Address

Developer/Contractor Name:

Address Worksite Location, where trees are being removed:

Block:

Lot:

Tree Service Company Name:

Business Registration Number (NJTC#):

Tree Service Company Address:

Tree Service Company Telephone

Required Email:

Name of person in charge of tree removal/supervision

Contact Number:

*** If the stated reason for the removal is based on the tree being hazardous or dead/diseased, the applicant must provide a letter or report prepared by a certified arborist or licensed tree expert or DPW Superintendent/Foreman with said document attached.

LIST OF TREES TO BE REMOVED (include 24 months prior to date of application)

Size of Tree	Fee	Reason for Removal *Use key guide below	# of Trees to be Removed	Qualified Tree (Y/N)	Total Cost
Diameter of at least 6" up to 12"	\$50.00				
Diameter greater than 12" up to 24"	\$100.00				
Diameter greater than 24" up to 30"	\$200.00				
Diameter greater than 30"	\$500.00				

KEY GUIDE *Construction (C), Street/Roadway (S/R), Driveway (D) or *Hazardous, Dead or Diseased (H), Landscaping (L)

Actual property boundaries must be either marked or obvious. The site to be cleared and trees to be removed must be clearly marked with **TAPE** around each tree. Homeowners must provide a **DETAILED SKETCH** showing location of all tree(s) to be removed with a DBH of six (6) inches or more showing their proximity to existing and/or proposed structures and property lines.

I certify that the information contained in this application and in any documents submitted in support of this application, including but not limited to the above List of Covered Trees to be Removed, is accurate to the best of my knowledge.

In addition, by my signing below the Applicant authorizes permission to Borough Officials, employees, and consultants to enter upon property to inspect the tree removal and to inspect the tree removal project as the work in process.

Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

To Be Completed by the Shade Tree Commission and Building Department

- Yes No - Have the above premises been the subject of any current or prior application to the Zoning Board of Adjustment or Planning Board? If yes, please state the date: _____ Board Resolution # (if any): _____
- Yes No - Evaluation Letter from Certified Arborist or Licensed Tree Expert
- If no, explain why: _____
- Yes No - Plan showing location of all structures and improvements on the property.
- Yes No – Have the proposed trees to be removed been marked with tape and referenced on the submitted sketch or site plan.

Borough of Haworth Approval - Yes No

_____ Date: _____

Approved by:

Borough of Haworth Reason for Denial

Replacement:
Number of Trees:

Location:
