

BOROUGH OF TOTOWA
APPLICATION FOR TREE REMOVAL PERMIT

PLEASE PRINT

Name of Applicant _____

Address of tree(s) to be removed: _____

Address of Applicant: _____

Name / Address of Tree Service Provider: _____

ALL DEBRIS TO BE CHIPPED AND TAKEN AWAY BY TREE SERVICE

Total number of trees for removal: _____

Reason for Removal: _____ Location _____

Reason for Removal _____ Location _____

Application file date: _____ Proposed date of tree removal: _____

Signature of Applicant: _____ Phone () _____

Permit application does not constitute approval: DO NOT schedule tree removal until permit has been approved and issued by township.

Trees proposed for removal shall be identified with string or tape around trunk, DO NOT paint tree.

Permit if approved will be valid for a 3 month period upon issue date below.

_____ **DO NOT WRITE BELOW THIS LINE** _____

The permit fee of \$35.00 _____ Cash, _____ Check # _____ was received by: _____

A landscape plan: _____ is not required, or _____ is required

The planting of a replacement tree(s) _____ is not required, _____ is required

Variety of tree _____, number required _____

Tree removal permit approval granted: _____ Yes, _____ No: if not approved, reasons for rejection

conditions, or inspector's comments _____

Authorization of Township Rep: _____