



Permit # \_\_\_\_\_

Date: \_\_\_\_\_ # of Trees: \_\_\_\_\_

Amount: \_\_\_\_\_ Mode: \_\_\_\_\_

Location: \_\_\_\_\_

## TOWNSHIP OF BLOOMFIELD

Bloomfield, New Jersey 07003-3487

### APPLICATION FOR A TREE REMOVAL PERMIT

Chapter 535 of the Township Code

An application for a tree removal permit shall be filed with the Township Engineering Department accompanied with the fee set forth herein:

**NUMBER OF TREES FEE - APPLICATION FEE IS NON-REFUNDABLE**

Township residents/property owners age 65 and over will only be charged a fee of \$5.00 for tree removal permits.

1 to 5.....	\$50.00	6 to 10 .....	\$100.00
11 to 20.....	\$200.00	21 to 50.....	\$300.00
51 and over .....	\$400.00 plus an additional \$100.00 for each additional 50 trees or part thereof.		

Please refer to Chapter 535, Article II, as amended up to September 8, 2015, for specific requirements related to tree removal prior to filing a tree removal permit.

**APPLICABILITY:** No person shall cut down or remove any tree of a caliper of 6 inches or greater measured at a height of 4 ½ feet above the ground or engage in any site clearing without a tree removal permit. (535-16, Township Ordinance)

**HARDSHIP APPEAL:** If applying for a hardship appeal, refer to Section 535-19C of the Township Code.

**APPLICANT'S NAME (Print)** \_\_\_\_\_

NOTE: Applicant must be the legal owner of the property where the tree is to be removed.

**ADDRESS OF TREE REMOVAL:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

PROPERTY OWNER'S ADDRESS \_\_\_\_\_  
(IF DIFFERENT FROM REMOVAL LOCATION)

SPECIFY THE DIAMETER (width) OF EACH TREE TO BE REMOVED AS MEASURED AT A HEIGHT OF 4 ½ FEET ABOVE THE GROUND \_\_\_\_\_

**REQUIRED:** PROVIDE A DESCRIPTION AS TO WHERE ON THE PROPERTY THE TREE, OR TREES, ARE TO BE REMOVED. INCLUDE THE PURPOSE FOR REMOVING THE TREE (e.g. the tree is in danger of falling; installation of pool or patio, etc.)

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**PROVIDE THE NAME AND ADDRESS OF THE TREE REMOVAL COMPANY WHO WILL BE PERFORMING THIS REMOVAL:** **\*\*NOTE** *It is important to make sure that the person is qualified to do tree work and fully insured in case an accident happens. Incorrect tree work can predispose your trees to many future problems, including tree failure. In addition, many homeowner policies will not cover injuries or damage done by an under-insured tree care contractor, which may leave the financial burden on the homeowner.*

**COMPANY'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**PHONE #** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**LICENSED TREE OPERATOR** \_\_\_\_\_ **LTCO LICENSE #** \_\_\_\_\_

**ATTACH A VALID INSURANCE CERTIFICATE FOR THE TREE REMOVAL CONTRACTOR IN ACCORDANCE TO SECTION 535-19E (2) OF THE TOWNSHIP CODE.** **\*\*NOTE:** All tree removal permit applications must include the above information in order to be accepted and processed. Failure to provide the information, including a valid insurance certificate will result in rejection of the application.

**IF REQUIRED UNDER SECTION 535-19D OF THE TOWNSHIP CODE PLEASE ATTACH A TREE MITIGATION PLAN**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

*By signing this application, I hereby certify as the owner of this property receipt of the Township Code, Chapter 535, which contains the responsibilities of the applicant for a tree removal permit.*

**FOR TOWNSHIP USE ONLY**

**APPROVED WITH NO CONDITIONS**

**APPROVED WITH THE FOLLOWING CONDITIONS**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED, STATE REASON** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Township Forester