

TREE REMOVAL PERMIT APPLICATION
Application Fee \$ 25.00



Date _____
BLOCK _____
LOT(s) _____

RETURN TO:
OFFICE OF PLANNING
 One Municipal Plaza
 Monroe, NJ 08831
 732-521-4400 ext. 118
 www.monroetwp.com

APPLICANT: _____ PHONE NUMBER _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

OWNER OF PROPERTY _____ PHONE NUMBER _____
 (If different than applicant)

LOCATION OF PROPERTY FROM WHICH TREE(S) ARE TO BE REMOVED:

ADDRESS: _____

CITY: _____

NEAREST CROSS STREET: _____

ZONE: _____ LOT SIZE (S.F./ ACREAGE) _____ PRESENT USE OF PROPERTY _____

NUMBER OF TREES TO BE REMOVED: _____

ARE TREES BEING REMOVED FROM RESTRICTED AREAS? (I.E. WETLANDS, EASEMENTS, BUFFERS, ETC.) YES _____ NO _____

PURPOSE OF REMOVAL: _____

COMMERCIAL/INDUSTRIAL BUILDINGS/MULTI-FAMILY RESIDENTIAL BUILDINGS/ SUBDIVISIONS
 DO YOU HAVE Preliminary OR FINAL SITE PLAN APPROVAL? YES NO (Attach resolution, & other approvals)

OWNERS NAME _____ REFERENCE NUMBER _____

ADDRESS: _____ PHONE NUMBER _____
 (if different from above)

ATTACH A COPY OF YOUR SURVEY, PLOT PLAN OR SITE PLAN SHOWING: THE LOCATION OF THE TREE(S) TO BE REMOVED – TREES REMAINING- ALL STRUCTURES ON THE PROPERTY AND ANY EASEMENTS

TREES MUST BE MARKED PRIOR TO SUBMITTING APPLICATION

I/WE HEREBY MAKE AN APPLICATION FOR A PERMIT TO REMOVE OR DESTROY TREE(S) AND / OR SHRUB(S) NOW GROWING IN MONROE TOWNSHIP, AND GIVE CONSENT TO TOWNSHIP AGENTS (CONSERVATION OFFICER, CODE ENFORCMENT, ENGINEERING, FORESTER) TO ENTER MY PROPERTY TO MAKE ANY APPROPRIATE INSPECTIONS TO INSURE COMPLIANCE WITH THE TOWNSHIP CODE CHAPTERS 96, 97, & 108, AND WILL COMPLY WITH THE REVIEW REQUIREMENTS AS STIPULATED BY THE INSPECTOR.

SIGNATURE OF OWNER	TITLE	DATE
_____	_____	_____

FOR AGENCY USE ONLY – DO NOT WRITE BELOW THIS LINE

PERMIT NUMBER _____ APPROVED: _____ DENIED _____ EXEMPT _____

NUMBER OF TREE(S) TO BE REMOVED: _____ PERMIT FEE _____

CONDITIONS (REPLACEMENT TREES AND /OR REPLACEMENT FEE): _____

PERMIT FEES PAID: _____ CHECK# _____ DATE _____

Receipt# _____ RECEIVED BY: _____ DATE ISSUED: _____

NUMBER OF REPLACEMENT TREES _____ AND/ OR

TREE REMOVAL FEE PAID: _____ CHECK # _____ DATE _____

Receipt # _____ RECEIVED BY: _____ DATE ISSUED _____

Tree work is a potentially hazardous occupation not to be undertaken by an untrained individual. It is **strongly recommended** that you seek professional assistance when dealing with trees. If you need help with finding a qualified tree expert, who is insured and experienced, the Township refers to a list of contractors who are Certified/Licensed and you are advised to confirm credentials by going to: <http://www.state.nj.us/dep/parksandforests/forest/community/cte.html> to locate a NJ Certified Tree Expert.

APPLICANT MUST HAVE SIGNED MAPS BEFORE STARTING CLEARING!