



Borough of Kinnelon

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Kinnelon, New Jersey 07405

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APPLICATION FOR TREE REMOVAL PERMIT

Name of Applicant: _____

Name of Property Owner _____

Address of Applicant: _____

Applicant Email: _____ Phone# () _____

Address where tree(s) to be removed: _____ Block _____ Lot _____

Do you Live in Smoke Rise? _____ Has Smoke Rise Provided Approval _____

Tree (s) to be removed by: New Jersey Licensed Tree Care Operator:
Name of Tree Service _____
Business Registration Number (NJTC#) _____ Phone Number _____

*****INSPECTIONS TYPICALLY PERFORMED ON SATURDAYS*****

Identify tree(s) proposed for removal by marking with paint or ribbons around trunk
Provide a sketch or a survey showing where tree(s) are located to be removed

Proposed removal date: _____
Total number of trees proposed for removal _____

IS THE PROPERTY OCCUPIED? YES _____ NO _____

IF APPLICANT IS NOT THE HOME OWNER, ATTACH A SIGNED CONSENT OF THE PROPERTY OWNER

HAVE YOU APPLIED FOR A TREE REMOVAL PERMIT IN THE LAST 12 MONTHS?

YES: _____ NO: _____ FOR HOW MANY TREE(S): _____

IS THIS PROPERTY CURRENTLY BEFORE ANY KINNELON BOARD (planning, adjustment, construction or health): YES ___ NO ___

HAS THIS PROPERTY RECEIVED A CONSTRUCTION PERMIT OR HAVE ONE PENDING? Yes _____ NO _____

HAS A PERMIT FOR A NEW SEPTIC SYSTEM BEEN ISSUED? YES _____ NO _____

HAVE ADJACENT PROPERTY OWNERS BEEN NOTIFIED YES _____ NO _____

****Permit application does not constitute approval: Do not schedule tree removal until permit has been approved by Borough****

APPLICANT'S SIGNATURE: _____

Permit Fee: \$ _____ Permit #: _____ Date: _____

FOR BOROUGH USE ONLY:

MAP, DRAWING, OR DIAGRAM OF TREES TO BE REMOVED ON PROPERTY: Y N

FEES SUBMITTED: APPLICATION FEE: _____ PLACECARD FEE: _____

CHECK: _____ CASH: _____

DATE OF ON SITE INSPECTION: _____

PERMIT RESTRICTIONS/CONDITIONS: _____

REMARKS: _____

RECOMMENDATIONS: _____

TREE REMOVAL PERMIT IS GRANTED / DENIED AS OF THE DATE BELOW

REASONS FOR DENIAL:

FORESTER: _____ DATE: _____