



# Borough of Kinnelon

130 Kinnelon Road  
Kinnelon, New Jersey 07405

973-838-5401  
Fax: 973-838-1862  
www.kinnelonboro.org  
Email: gbresett@kinnelonboro.org

## 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: \_\_\_\_\_