



Borough of Kinnelon

130 Kinnelon Road
Kinnelon, New Jersey 07405

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Email:
treepermit@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: _____ DATE: _____

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

*****Permit fee to be paid by check or cash only (no change for more than \$20.00). Credit cards are not accepted*****
*****The tree removal permit is valid for 6 months from the date it is approved*****