



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 KINNLEON 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 ADAJCENT 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: \_\_\_\_\_

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DATE OF ON SITE INSPECTION: \_\_\_\_\_

PERMIT RESTRICTIONS/CONDITIONS: \_\_\_\_\_

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REMARKS: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

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

REASONS FOR DENIAL:

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FORESTER: \_\_\_\_\_ DATE: \_\_\_\_\_