APPLICATION FOR TREE REMOVAL PERMIT

APPLICATION DATE: _____

NAME: _____

ADDRESS: _____

HOME/CELL PHONE #: _____

DO YOU LIVE IN SMOKE RISE: **YES:**_____ **NO:**_____

BLOCK: _____ **LOT:** _____

NUNMBER OF TREES TO BE REMOVED: _____

REASON FOR TREE REMOVAL: _____

_____

NAME OF CONTRACTOR: _____

PHONE NUMBER: _____

PROPOSED DATE OF TREE REMOVAL: _____

PROVIDE A PICTURE OF EACH TREE TO BE REMOVED. (email to kiuele@kinnelonboro.org)

IS THE PROPERTY OCCUPIED? **YES**_____ **NO**_____

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

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

YES:_____ **NO:**_____ **FOR HOW MANY TREES:**_____

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**_____

APPLICANT'S SIGNATURE: _____

Permit Fee: $_____ **Permit #:**_____ **Date:**_____

REV. 10/2019

FOR BOROUGH USE ONLY:

MAP, DRAWING, OR DIAGRAM of trees to be removed on property: Y N

FEES SUBMITTED: APPLICATION FEE: _____ PLACARD FEE: _____
CHECK: _____ CASH: _____

DATE OF ON SITE INSPECTION(S): _____

PERMIT RESTRICTIONS/CONDITIONS: _____

REMARKS: _____

RECOMMENDATIONS: _____

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

REASONS FOR DENIAL:

_____

FORESTER: _____ DATE: _____