

TOWNSHIP OF SOUTH HACKENSACK
227 Phillips Avenue
South Hackensack, NJ 07606
201-440-1815 x998

TREE REMOVAL/PRUNING PROJECT - PERMIT APPLICATION

Check One: Requesting Permit for Tree Removal Requesting Permit for Tree Pruning (25% of tree Max.)

LAND OWNER: Please complete thoroughly.

PERMIT #: T _____

PLEASE ATTACH SITE PLAN/DRAWING OF TREES TO BE REMOVED.
TREES MUST BE TAGGED PRIOR TO INSPECTION DATE.

Application Date: _____

Site Address: _____ Block: _____ Lot: _____

Land Owner Name: _____

Land Owner Address: _____

Land Owner's Daytime Phone #: _____

Are you before the Planning Board/Zoning/Engineering for review of future construction? _____

If so, type of construction: _____

Purpose/Reason for Removal or Pruning: _____

Quantity: _____ Caliper Size: _____ Species: _____

Location of Tree(s) on Property: _____

Proposed Date for Commencement of Project: _____

Proposed Date for Completion of Project: _____

Person with express charge, supervision, and/or control of proposed tree(s) removal or pruning:

Name: _____

Address: _____

Daytime Phone: _____

Plans for the proposed replanting of Trees, if required (include quantity, caliper size and species of replanting):

I grant permission for Township of South Hackensack Officials or their employees to enter the premises and make surveys/inspections as the work progresses.

LAND OWNER SIGNATURE _____ DATE: _____

PRINTED NAME: _____

PERMIT FEE: \$5 Per Permit – Payable via Check or Money Order (Cash Not Accepted)

Tree Permit: \$ _____

Check #: _____

Receipt #: _____

Escrow: \$ _____

Check #: _____

Receipt #: _____

OFFICE:

Permit No: T-_____

Fee with Dead Trees	None	\$ _____ N/A _____
Tree Removal – Each Tree	\$ 50.00	\$ _____

Escrow: 2 x permit fee or application for site plan,
sub-division or variance approval \$100 per 1,000 sq. ft. \$ _____

ENGINEERING: Date Submitted to Engineering: _____
Date of Engineering Approval; _____

SHADE TREE:

INSPECTION DATE(s) _____

Of Tree Approved: _____ Details/Conditions: _____

Reason for Denial: _____

Shade Tree Commission Signature: _____ Date: _____

Printed Name/Title: _____