

BOROUGH OF NEW MILFORD
930 River Road, New Milford, NJ 07646
(201) 967-5044 ext. 7572 fax (201) 262 1904

TREE REMOVAL APPLICATION & MANAGEMENT PLAN

Heritage tree(s), specimen tree(s) or right of way tree shall NOT be removed without the prior and express written approval of the Commission or Code Enforcement Official. The property owner, or a person licensed by the Borough may only remove any tree subject to the provisions of Ordinance No. 2004-08.

Date: _____ Corner Property Yes[] No []

Owner _____

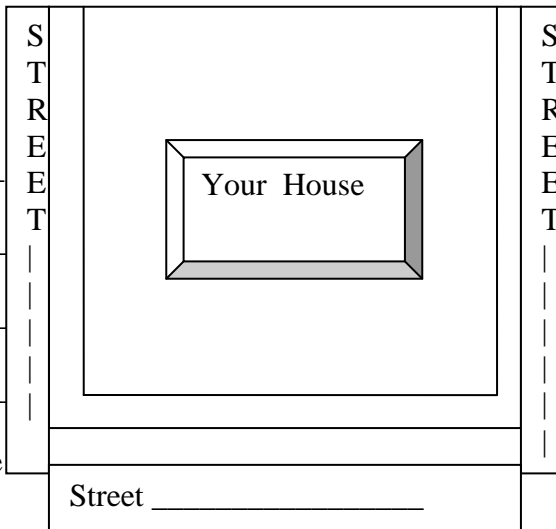
Address _____

City, State, Zip _____

Telephone No. _____

Property Owner (if different from applicant) _____

*Homeowner cutting down tree must provide homeowner insurance



Contractor Name _____

Address _____

City, State, Zip _____

Phone No. _____ Registration # New Milford _____ State _____

IF CRANE BEING USED (show location of crane on diagram) **Commissioner Approval** _____ **Date** _____

Crane Contractor _____

Crane Phone Number _____

Crane Insurance _____

Number of tree(s) to be removed _____ trimmed _____ Species of tree(s) _____

Approximate size of tree(s) _____

Diameter of the tree at its breast height of three (3) inches or more _____

Reason for removal _____

➤ Signature of Applicant(s)/
Homeowner _____

***** ONLY FILL OUT IF CUTTING TREES FOR BOARD APPLICATIONS*****

Applicant must submit a survey with the location of the tree(s)

Impact of removal such as screening & privacy _____

Is a crane being used for removal? () Yes () No - Comment _____

Description of project: () thinning () selective cutting () clear cutting () aesthetic improvement cut () other _____

Explain existing landscape conditions _____

Proposed new trees or landscaping or screening () Yes Amount _____ () No

Specific proposals for replanting or reforestation _____

Are there wetlands or streams in the immediate area () Yes Show location of streets () No Explain _____

Are there proposed roads, lots in the immediate area () Yes Show location(s) () No Explain _____

Show location of slopes greater than 10% where any tree removal is proposed Explain _____

Any other information _____

➤ Signature of Applicant(s)/ Homeowner _____

DATE APPROVED _____

DATE DENIED _____

PERMIT NO. _____

Block/Lot _____

Shade Tree Commission Remarks _____

Shade Tree Commission Signature/ Zoning Official Signature
