

TREE REMOVAL PERMIT APPLICATION - TREE BOND APPLICATION

**BOROUGH OF FRANKLIN LAKES
480 DEKORTE DRIVE
FRANKLIN LAKES, NJ 07417
Tree Specialist – 201-891-4000, ext. 1221**

Tree Removal Permit # _____

Application Date: _____

1. HOMEOWNER/AGENT: Please complete entire section.

of Trees proposed for Removal _____

Site Address: _____

Reason for Activity: _____

Site owner: _____

How are trees marked: _____

Site owner's Daytime Phone #: _____ Email: _____ Block _____ Lot _____

Tree Service: _____ Licensed Tree Expert # _____

Tree Service Address: _____

Tree Service Daytime Phone: _____ Email: _____

Is there any construction going on or planned for the site/Open permit(s)? _____

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

Previous Tree Permit # _____, Date: _____, and # of Trees Approved for Removal: _____

HOMEOWNER/AGENT SIGNATURE _____ DATE: _____

PRINTED NAME: _____ **Draw location sketch on the back.**

2. PLEASE DRAW A SKETCH OR ATTACH A SITE PLAN OF TREES PROPOSED TO BE REMOVED

In your sketch please include the road your house is on, your house, and driveway in relation to the tree(s).
TREES MUST BE TAGGED PRIOR TO INSPECTION DATE

3. Fee: \$35.00 7", dead or alive Desired Inspection Date: _____ / _____ Census _____
Tree Bond Amount /min. \$5,000/Acre: \$ _____ / _____ Date _____

4. Number of approved trees: _____ Alive _____ Dead _____ Dying _____ Damaged _____

PRB* _____ Septic _____ Total number of approved trees

Approval or Denial Signature _____ Date: _____

Printed Name/Title: _____ Tree Specialist _____ Construction Official _____ Tree Inspector _____

Reason for Denial: _____

Check #: _____ Tree Bond: _____ Check #: _____

Receipt #: _____ Receipt #: _____

PERMIT EXPIRES 90 DAYS FROM APPROVAL DATE

* PRB - Permissible Removal Boundaries