

TREE REMOVAL PERMIT APPLICATION - TREE BOND APPLICATION

BOROUGH OF FRANKLIN LAKES
480 DEKORTE DRIVE
FRANKLIN LAKES, NJ 07417
Tree Specialist – 201-891-0048, ext 1221

Tree Removal Permit # _____

Application Date: _____

1. HOMEOWNER/AGENT: Please complete entire section.

Site Address: _____ # of Trees to be Removed: _____

Site owner: _____ Reason for Activity: _____

Site owner's Daytime Phone #: _____ Agent's Address: _____

Agent's Name: _____

Agent's Daytime Phone: _____ Block _____ Lot _____

Any construction currently ongoing on 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: _____

HOMEOWNER/AGENT SIGNATURE _____ DATE: _____

PRINTED NAME: _____

2. PLEASE DRAW A SKETCH OR ATTACH A SITE PLAN OF TREES TO BE REMOVED TREES MUST BE TAGGED PRIOR TO INSPECTION DATE

In your sketch please include the road your house is on, your house, and driveway in relation to the tree(s).

HEALTH DEPARTMENT - TREE REMOVAL FOR SEPTIC

of Tree Approved: _____ Health Inspector Signature of approval: _____

Printed Name/Title: _____ Inspection Date: _____

3. Fee: \$35.00 7", dead or alive

Fee *without* Planning Board review: \$ 35.00 Fee *with* Planning Board Review: \$ 100.00

Bond Amount /min. \$5,000/Acre: \$ _____

of approved trees: _____ Alive _____ Dead _____ Storm Damaged _____ Total number of approved trees

Approval Signature Site Inspection: _____ 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