BOROUGH OF BERNARDSVILLE APPLICATION PURSUANT TO TREE REMOVAL AND PROTECTION CHAPTER XIII OF THE GENERAL ORDINANCE VOLUME I

| | Permit#: | DATE: | |
|--|---|---|---|
| Additiona | \$25.00 Fee (Ordinance al fees may apply (see below) paid C | 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | |
| For the development of vacant pro additional fee of one hundred (\$10 additional fee under this section is a | 00.00) dollars per acre or portion | n thereof shall be | paid. The maximum |
| 1) Applicant's Name: | | | *************************************** |
| Phone Number: | Email: | | |
| Address: | | -4- | |
| 2) Work site location, where th | ne trees are being removed: | | |
| Address: | Lot size | e:Block: | Lot: |
| 3) Contractor's Name: | Licen | se Number: | |
| Phone Number: | Email: | | |
| Address: | | | |
| Approx. start date of work co | ommencing: | | |
| to be removed must be clea | must be either marked or obvio arly marked with <u>TAPE</u> around ea g location of all tree(s) to be rem | ach tree. Homeov | wners must provide |

or more and showing their proximity to existing and/or proposed structures and property lines.

5) Provide a list of **ALL** trees to be removed with a DBH equal to or greater than four (4) inches, identified by SIZE and SPECIES, including TOTAL of each species to be removed.

Per Ordinance section 13-7.1, "no tree removal permit shall be issued unless the applicant has first obtained a zoning permit if one is required by § 12-3A of the Borough Land Use Ordinance. The Tree Conservation Officer shall have 10 business days to review applications submitted pursuant to this section."

| QUANTITY | SPECIES | DBH | CONDITION | REASON FOR REMOVAL |
|--|---|---------------------------------|--------------------|--------------------|
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| PLEASE SUBI BOROUGH O 1 ANDERSON | MIT APPLICATIONS TO: OF BERNARDSVILLE ZONI N HILL RD. SUITE 103, BE ons to: avaughn@berna | RNARDSVILLE, ardsvilleboro.o | NJ 07924 | |
| PERMIT: | Do not w | THE DEIOW LINS | inte. For official | use offity. |
| Approved / D | Denied | Comments: | | |
| Si | ignature of Official | 7 | | Date |
| NOTE: | | | | |
| Denied Reaso | on: | | | |
| Necessary Re | placement requirements | S: | | |