

COMPLIANT: ___/___/___

City of Summit – Department of Community Services (DCS)

Property Info:

Tree Removal Permit Application

Address:	Summit, NJ 07901		Date:
	Block:	Lot:	Zone:

***Office Use Only**

Approved: ___/___/___ By: _____

Denied: ___/___/___

Notified: ___/___/___ By: _____

Application Fee: \$50.00 ___/___/___ Ck: _____

Removal Fee: \$ _____ / _____ / _____ Ck: _____

Property Owner Information:		Applicant (If Different):	
Name:		Name:	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	

Required Permit Questions: (YES or NO)

1. Has this property been, or will be, the subject of an application and/or otherwise involved in a matter before the Summit Planning Board YES / NO or Zoning Board of Adjustment?
2. Has this property received a construction permit and/or is a construction permit pending in conjunction with this tree removal proposed? YES / NO
3. Has this property received a demolition permit and/or is a demolition permit pending in conjunction with this tree removal proposed? YES / NO
4. Has this property received a grading permit and/or is a grading permit pending in conjunction with this tree removal proposed? YES / NO
5. Do the trees proposed for removal present an immediate threat to life or hazard? YES / NO
6. Have the trees proposed for removal been clearly marked with spray paint or flagging? YES / NO

Tree Info: Any tree marked for removal with a DBH of 12" or greater must be listed on this removal permit.

DBH (12"+)	Species	Yard Location: (Front, Left Side, Right Side, Rear)	Removal Reason	Replacement Species

Total number of trees marked for removal: ()

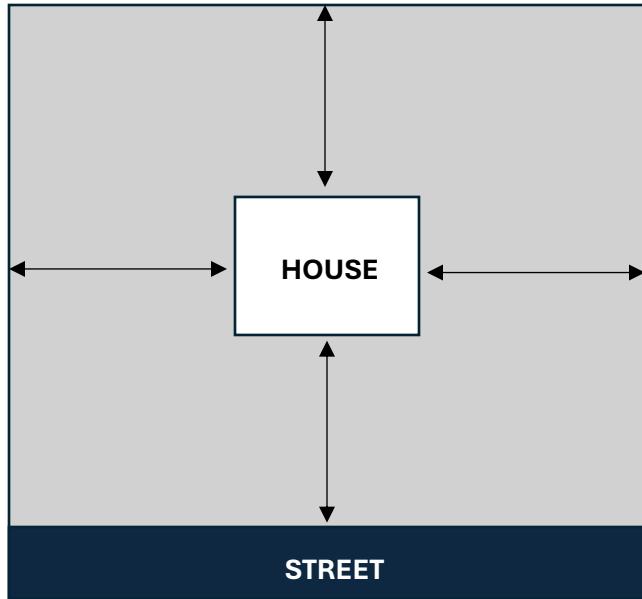
Total number of trees which pose an immediate threat to life or hazard: ()

Licensed Tree Company Info: The Tree Expert and Tree Care Operators Licensing Act C.45:15 C-11 requires tree maintenance businesses providing NJ services to be registered with the NJ Board of Tree Experts

Business Name:	NJTC Business Registration #:	L.T.E/L.T.C.O #:
Address:	City:	State / ZIP:
Phone:	Email:	

Inspections of all proposed tree removals will be completed within ten (10) business days of an application deemed complete.

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- The shaded area represents portions of a lot where a tree removal permit is required.
- Mark tree locations with an "X". The Streetside arrow on the diagram represents the front of the main structure / dwelling.
- Trees listed on application need to be marked with ribbon, tape, or rope for accurate identification.

This application is authorized by the City of Summit Protection of Trees Ordinance Chapter 29. Violations of this application are pursued under Chapter 29-11 as follows: Tree Replacement Cost as defined: A fee calculated based on the average bid cost per tree, for all types of trees purchased by the City of Summit, in its two most recent contracted planting projects. Trees are to be replaced in accordance with § 29-6 within one year of removal or by determination within the authorities of the Forester of the City of Summit or due Enforcement Officer. Improperly filed applications will be deemed incomplete. Tree removal shall commence only when a valid and duly authorized Tree Removal Permit has been issued by the City of Summit, Department of Community Services. I understand that this permit is valid for the removal of trees listed herein for a period of one (1) calendar year initiating on the day of notification and is void thereafter. By signing this permit application, I, the applicant, property owner, and/or hired persons, agree to abide by Chapter 29 in its entirety and the below conditions or be subject to penalties stated therein.

Applicant Name (Print): _____

Applicant Signature: _____

Date: ____ / ____ / ____

For Office Use Only:

Permit #: _____

Deemed Complete on: ____ / ____ / ____

Code Enforcement Officer: _____

Replacement Landscape Plan Required

Approved: # of trees over 12" DBH approved for removal _____ # of trees to be replaced: _____ Replacement deadline: ____ / ____ / ____

Denied: # of trees over 12" DBH denied for removal _____

Reason For Denial: _____

Tree Removal Fee Owed: \$ _____

Check # _____

Received date: ____ / ____ / ____

By: _____

Inspector's Signature: _____

Date: ____ / ____ / ____

Comment: _____

In lieu of planting a replacement tree on the property listed within this permit, the Tree Replacement Fee has or will be submitted in compliance with Chapter 29 Protection of Trees Ordinance.

Tree Replacement Fee Total: \$ _____ Check #: _____ Date: ____ / ____ / ____ Received By: _____