



City of Summit - Department of Community Services (DCS) Tree Removal/Planting Application



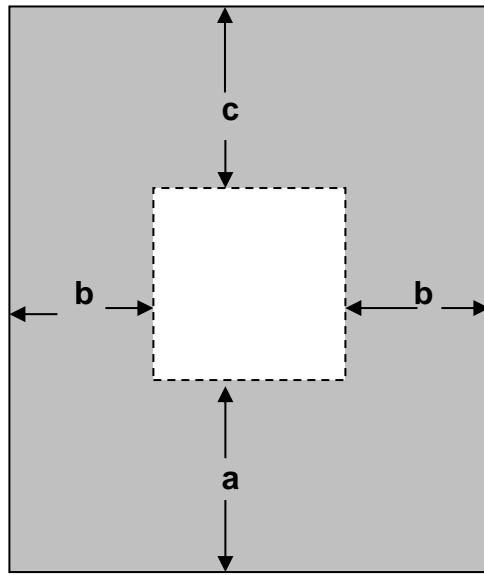
1. Address of Property: _____ Date: _____
Block _____ Lot _____ Zone _____
 2. Applicant: _____ Owner: _____
Address: _____
Email (*required*): _____ Phone: _____
 3. Has this property been the subject of an application and/or otherwise involved in a matter before the Summit Planning Board or Zoning Board of Adjustment? Yes No
 4. Has this property received a construction permit and/or is there a construction permit pending in conjunction with this tree removal proposed? Yes No
 5. Has this property received a grading permit or is there a grading permit pending? Yes No
 6. List species and diameter of tree(s) >16" diameter to be removed and all trees proposed to be planted.

 7. List location of each tree(s) to be removed within required front, side or rear yard and all trees proposed:

 8. Have trees proposed for removal been clearly marked with spray paint or flagging? _____
 9. State reason for removal of each tree listed above: _____

 10. The **Tree Expert and Tree Care Operators Licensing Act C.45:15 C-11** requires all NJ-based tree maintenance businesses, or those providing services within NJ, to be registered with the New Jersey Board of Tree Experts. Identify Licensed Tree Removal Expert or Licensed Tree Care Operator who will be providing tree removal services:

Licensed Tree Company: _____ Bus. Reg. # NJTC _____
Address: _____
Email: _____ Phone _____
 11. Proposed date to commence tree removal: _____ Completion date: _____
- Plan Attached Applicant's Signature _____



Shaded area represents portions of a lot where tree removal permit is required based upon the dimensions in the Table below.

Street

	R-43	R-25	R-15	R-10	R-6	R-5	RAH-SF
a) Front	50	35	35	30	25	25	15
b) Min. each side	25	17	15	12	8	7	7.5
c) Rear	50	45	45	40	30	30	30

Trees listed in the application need to be marked with ribbon, tape or string for accurate identification.

City Usage

Work Order # _____ issued Date _____

Approved Conditions: _____

Denied Reason(s) for denial: _____

Inspector's Signature

Date