



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

Office use only:

Approved: Issue Date: ___/___/___ Employee: _____
 Applicant notified: ___/___/___ Employee: _____

Fee paid: ___/___/___ Amount: _____ Chk#: _____

Denied: Applicant notified: ___/___/___ Employee: _____

PROPERTY INFO:

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

APPLICANT INFO:

	Applicant	Owner (if different)
Name		
Address		
Email (required)		
Phone		

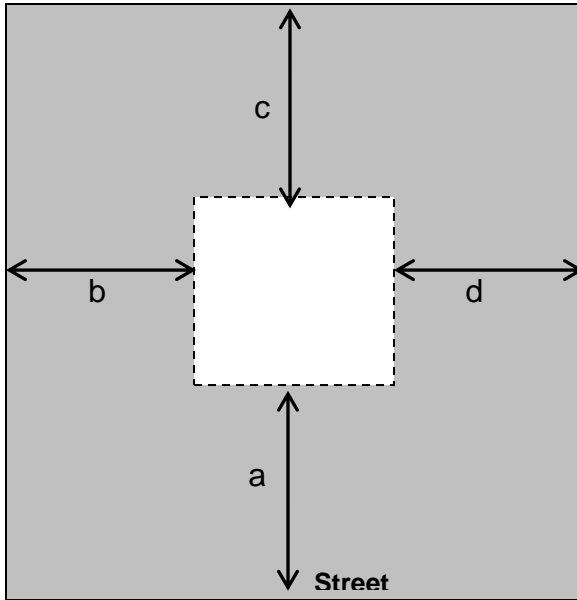
1. Has this property been, or will be, the subject of an application and/or otherwise involved in a matter before the Summit Planning Board or Zoning Board of Adjustment? Yes No
2. Has this property received a construction permit and/or is a construction permit pending in conjunction with this tree removal proposed? Yes No
3. Has this property received a grading permit or is there a grading permit pending? Yes No
4. Have trees proposed for removal been clearly marked with spray paint or flagging? Yes No
5. Proposed date to commence tree removal: _____ Completion date: _____
6. Have adjacent property owners been notified: Yes No

TREE INFO: Only trees with 16" or greater diameter require a tree permit (use additional sheets as necessary)

Diameter (16"+)	Species being removed	Yard Location	Removal Reason	Proposed planting species
		<input type="checkbox"/> Front <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Rear		
		<input type="checkbox"/> Front <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Rear		
		<input type="checkbox"/> Front <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Rear		
		<input type="checkbox"/> Front <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Rear		
		<input type="checkbox"/> Front <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Rear		

LICENSED TREE COMPANY INFO:

<i>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.</i>		
Business Name:	Registration # NJTC:	L.T.E./L.T.C.O.#:
Address:	City:	State, Zip Code:
Phone:	Email (required):	



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

This application is authorized by City of Summit Ordinance #06-2728. Violations of this application are pursued under Subsection 29-12 (a)(i-iii) as follows: Tree Replacement Cost as defined below, plus 10% of the Tree Replacement Cost, multiplied by the sum of the number of trees improperly removed. By signing this permit application, I agree to abide by Ordinance #06-2728 in its entirety and the below conditions or be subject to penalties. Trees are to be replaced at a one-to-one ratio within one year of removal. Improperly filed applications will be deemed incomplete.

Plan attached (other than the above "X" marked diagram) for the removals

Applicant Name

Applicant Signature

Date

For office use only:

Work Order #: _____ App. deemed complete: ___/___/___ Entered date: _____ Employee: _____

Approved: # of trees over 16" in diameter approved for removal _____ Comments: _____

of replacement trees required for planting by property owner within 1 year: _____ Plant by date: ___/___/___

In lieu of planting replacement trees, payment to the **Tree Fund** at \$384/tree: \$ _____ Pay by date: ___/___/___

Denied # of tree removals denied: _____ Reason(s) for denial: _____

Fee owed: Removal: \$ _____ Replace: \$ _____ Cash Check payable to **City of Summit**: Check # _____ Amount \$ _____ Date ___/___/___

Inspector's Signature

Date