



Township of Springfield

Department of Public Works

100 Mountain Avenue
Springfield, New Jersey 07081
Telephone: (973) 912-8483
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Robert Boettcher, Supervisor
Department of Public Works

Date _____ Permit # _____ Exp. Date _____

TREE REMOVAL PERMIT APPLICATION

I/We hereby make application for permit for tree removal according to the attached detailed statements and plans herewith submitted. All provisions of the Township Ordinance and Twp. Official's guidelines and recommendations will be complied with, if specified herein or not.

1. Property Owner of Record: _____

Owner Address: _____

Block: _____ Lot: _____

Telephone Number: _____

Email Address: _____

2. Reason for tree removal:

If tree removal is necessary for construction, please indicate Building Permit Number and/or Grading Permit Number.

Permit Number: _____ Date Issued: _____

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NOTE: For all construction related tree removals. **TREE PROTECTION FENCING** must be installed around trees designated for preservation prior to issuance of the Tree Removal Permit.

3. Number of trees to be removed: _____ If more than four (4) trees in 12 months are removed that will require an additional payment of \$100.00 per tree)
4. Are the services of a licensed and insured private contractor to be used for tree removal?

Yes: ___ LTE/LTCO # _____ No: ___

If Yes:

Contractor's Name: _____

Telephone: _____

Tree removal scheduled from: _____ to: _____

THIS PERMIT SHALL BE EFFECTIVE FOR UP TO THREE (3) MONTHS

_____ (Initials) Removal Application must be returned with a map of drawing of property, in relationship to the trees you wish to remove. (Space on page three)

_____ (Initials) The actual trees need to be marked at the time that the Township Arborist makes the inspection.

I/We understand that the penalty for violations of the Springfield Township Shade Tree Removal Ordinance, is a fine not to exceed one thousand (\$1,000.00) dollars and that each tree cut or removed in violation of this Ordinance shall be considered a separate violation.

I/We agree to post a copy of the approved tree permit on the site and to present it to Township Official so requesting.

Owner's Signature: _____ **Date:** _____

I/We will superintend the removal of trees, and having the proper authority from the owner to apply for this permit and make this application, say that the statements made in this application are true and the proposed work will be done in

accordance with the ordinances of the Township of Springfield governing tree removal.

Township Arborist Use Only

Date received by office: _____ Paid: Online Cash Check

Inspected by: _____ Date: _____

Approved Conditions (if any): _____

Denied Reasons: _____

Date Permit Issued by Supervisor: _____

Map of property: