

## **Township of Springfield**

## **Department of Public Works**

100 Mountain Avenue Springfield, New Jersey 07081 Telephone: (973) 912-8483

Robert Boettcher, Supervisor Department of Public Works

Dat	re Per	mit #	Exp. Date	
	TREE I	REMOVAL PE	RMIT APPLICATION	
atta To	ached detailed statements	and plans her wp. Official's	e removal permit according ewith submitted. All provinguidelines and recommend	sions of the
1.	Property Owner of Reco	ord:		
	Owner Address:			
	Block:	Lot:		
	Telephone Number:			
	Email Address:			
2.	Reason for tree removal	:		
	tree removal is necessary amber and/or Grading Per		on, please indicate Buildin	g Permit
Permit Number:		Dat	e Issued:	

**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 two(2) 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:
	Contractor's Name:
	Telephone:
	Tree removal scheduled from: to:
TH	IIS PERMIT SHALL BE EFFECTIVE FOR UP TO THREE (3) MONTHS
	(Initials) Removal Application must be returned with a map of drawing of operty, 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 borist makes the inspection.
pro	operty, 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 Town

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 Officials so requesting.

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.

Owner's Signature:		Date:			
Date received by office	:				
Permit fee (\$75.00) Pa	Permit fee (\$75.00) Paid: Online Cash Check				
Additional fees (if requ	ired) Amount	_Paid: Online Cash Check			
Simple Map of property:					
Town	nship Arborist Use Only	<u>y</u>			
Inspected by:	Date	o:			
☐ Approved Con	ditions (if any):				
☐ Denied Rea	sons:				
Date Permit Issued by	Supervisor:				