BOROUGH OF HADDON HEIGHTS
Tree Removal Permit Application

Date: _____

Property Owner's Name: _____

Property Address: _____

Owners' Phone Number: _____

Owners' Email Address: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone Number: _____

Contractor's Email Address: _____

Number of Trees to be removed: _____

Reason for Removal: _____

_____

**** If removal is because the tree is alleged to be a hazard, evidence must be provided.**

Diameter at Breast Height of trees to be removed: _____
(Please provide for each tree being removed)

Note Ordinance 2025:1578 requires replacement of trees per the *Tree Replacement Requirement Table*

If approved, will you be replacing the trees on your property? YES ☐ NO ☐

If the tree(s) are **NOT** being replaced, the applicant will be required to pay $200 per tree to be placed in the Shade Tree Fund.

If applicable, amount to be deposited: $ _____

I hereby certify that this application, as well as any associated documents, is a true representation of all facts concerning the proposed tree removal activity. This application is made with my approval as Owner's or Authorized Agent for the Owner, as evidenced by my signature below. For the duration of the tree removal permit, if issued, I assume legal responsibility for any and all violations of Ordinance 2025:1578.

_____ _____

Signature of Owner or Authorized Agent Date

_____ _____

Borough Official Date