TOWNSHIP OF BLOOMFIELD
Engineering Department
One Municipal Plaza, Rm 203, Bloomfield, New Jersey 07003-3487
Paul D. Lasek, P.E., Township Engineer

TREE REMOVAL PERMITS

- Exact cash or check only. Fee is non-refundable.
- We will not process a payment without a completed form.
- You are required to submit all forms, documents and payments together. We will not accept an incomplete form missing: dates, signatures, information, etc.

REQUIRED DOCUMENTS:

- Completed form. Both pages.
- Tree company's certificate of insurance listing the Township of Bloomfield as holder.
- Payment. (Township residents age 65 and over will only be charged a fee of $5 for tree removal permits.) § 535-18

****NOTE****

The licensed operator should be the operator's full name and personal license number. This is separate from the business license number.

BUILDINGS & GROUNDS
ENGINEERING DEPARTMENT
One Municipal Plaza, RM 203

T: (973) 680-4009 F: (973) 860-5374
engineering@bloomfieldtwpnj.com
www.bloomfieldtwpnj.com

Permit # _____

Date:_____ # of Trees: _____

Amount: _____ Mode: _____

Location: _____

TOWNSHIP OF BLOOMFIELD
Bloomfield, New Jersey 07003-3487

APPLICATION FOR A TREE REMOVAL PERMIT

Refer to Chapter 535, Article II, as amended up to September 8, 2015, for specific requirements related to tree removal prior to filing a tree removal permit.

NUMBER OF TREES FEE - APPLICATION FEE IS NON-REFUNDABLE

Township residents/property owners age 65 and over will only be charged a fee of $5.00 for tree removal permits.

1 to 5……..….$50.00 — 6 to 10 ..... $100.00

11 to 20…….$200.00 — 21 to 50 ..... $300.00

51 and over .....$400.00 *plus an additional $100.00 for each additional 50 trees or part thereof.*

APPLICABILITY: No person shall cut down or remove any tree of a caliper of 6 inches or greater measured at a height of 4 ½ feet above the ground or engage in any site clearing without a tree removal permit. § 535-16.

HARDSHIP APPEAL: If applying for a hardship appeal, refer to Section 535-19C of the Township Code.

APPLICANT'S NAME (Print) _____
NOTE: Applicant must be the legal owner of the property where the tree is to be removed.

ADDRESS OF TREE REMOVAL: _____

PHONE NUMBER: _____ **EMAIL:** _____

PROPERTY OWNER'S ADDRESS _____
(IF DIFFERENT FROM REMOVAL LOCATION)

SPECIFIY THE DIAMETER (width) OF EACH TREE TO BE REMOVED AS MEASURED AT A HEIGHT OF **4 ½ FEET ABOVE THE GROUND** _____

REQUIRED: PROVIDE A DESCRIPTION AS TO WHERE ON THE PROPERTY THE TREE, OR TREES, ARE TO BE REMOVED. INCLUDE THE PURPOSE FOR REMOVING THE TREE *(e.g. the tree is in danger of falling; installation of pool or patio, etc.)*

_____

_____

_____

PROVIDE THE NAME AND ADDRESS OF THE TREE REMOVAL COMPANY WHO WILL BE PERFORMING THIS REMOVAL: **NOTE *It is important to make sure that the person is qualified to do tree work and fully insured in case an accident happens. Incorrect tree work can predispose your trees to many future problems, including tree failure. In addition, many homeowner policies will not cover injuries or damage done by an under-insured tree care contractor, which may leave the financial burden on the homeowner.*

COMPANY'S NAME _____

ADDRESS _____

_____

PHONE # _____ **EMAIL** _____

LICENSED TREE OPERATOR _____ **LICENSE #** _____

☐ **ATTACH A VALID INSURANCE CERTIFICATE FOR THE TREE REMOVAL CONTRACTOR IN ACCORDANCE TO SECTION 535-19E (2) OF THE TOWNSHIP CODE.** **NOTE: All tree removal permit applications must include the above information in order to be accepted and processed. Failure to provide the information, including a valid insurance certificate will result in rejection of the application.

☐ **IF REQUIRED UNDER SECTION 535-19D OF THE TOWNSHIP CODE PLEASE ATTACH A TREE MITIGATION PLAN.**

SIGNATURE OF APPLICANT _____ **DATE** _____

By signing this application, I hereby certify as the owner of this property receipt of the Township Code, Chapter 535, which contains the responsibilities of the applicant for a tree removal permit.

_____

FOR TOWNSHIP USE ONLY

☐ **APPROVED WITH NO CONDITIONS**

☐ **APPROVED WITH THE FOLLOWING CONDITIONS**

_____

_____

☐ **REJECTED, STATE REASON** _____

_____

_____

_____

APPROVED BY: _____ **DATE:** _____

Township Forester