APPLICATION PERMIT FOR THE REMOVAL OF TREES IN THE BOROUGH OF CLAYTON, GLOUCESTER COUNTY, NEW JERSEY

DATE:_____ PERMIT NUMBER:_____

PER ORDINANCE CHAP 87

APPLICATION FOR A PERMIT TO REMOVE TREE(S) NOW GROWING IN CLAYTON BOROUGH.

NAME OF OWNER:_____

ADDRESS OF OWNER:_____

TELEPHONE NUMBER(S):_____ EMAIL OF OWNER:_____

NAME OF APPLICANT:_____

ADDRESS OF APPLICANT:_____

TELEPHONE NUMBER(S):_____ EMAIL OF APPLICANT:_____

LOCATION OF PROPERTY FROM WHICH TREE(S) ARE TO BE REMOVED:

STREET ADDRESS:_____

BLOCK:_____ LOT:_____ LOT SIZE S.F./ACREAGE:_____

NEW CONSTRUCTION MUST BE POSTED WITH BLOCK AND LOT MARKING:

ARE PORTIONS OF THIS PROPERTY LOCATED IN ANY EASEMENTS, WETLANDS OR FLOODPLAINS:
YES_____ NO_____

NUMBER OF TREES TO BE REMOVED:_____ SPECIES:_____

PURPOSE OF REMOVAL:_____

NUMBER OF TREES REMOVED IN PAST 5 YEARS:_____NUMBER OF REPLACEMENT TREES: _____

A COPY OF THE PLOT PLAN/SURVEY SHOWING THE LOCATION OF THE TREE(S) TO BE REMOVED MUST BE ATTACHED TO THIS APPLICATION. ALL TREES SHOULD BE MARKED IN THE FIELD AS WELL AS NOTED ON THE PLOT PLAN.

SIGNATURE OF OWNER:_____

(IF COMPANY OR CORPORATION, SIGNATURE AND TITLE OF RESPONSIBLE OFFICER) **XX DO NOT WRITE BELOW THIS XX**

APPLICATION FEE:_____ RECEIPT #_____ REC'VD BY_____ DATE_____

REVIEW FEE:_____ RECEIPT#_____REC'VD BY_____DATE_____

REVISED REVIEW FEE:_____ RECEIPT #_____ REC'VD BY_____ DATE_____

NUMBER OF TREE(S) TO BE REMOVED:_____ NUMBER OF REPLACEMENT TREE(S) REQUIRED_____

ALTERNATE PLANTING LOCATION:_____

FEE IN LIEU OF REPLACEMENT:_____

APPLICATION DENIED:_____ APPLICATION APPROVED:_____ DATE:_____

SIGNATURE OF CLAYTON BOROUGH:_____

CB-057 $35.00 APPLICATION FEE, $300.00 REVIEW FEE, $175.00 REVISEDPLAN REVIEW FEE