## MILLSTONE TOWNSHIP TREE REMOVAL PERMIT APPLICATION

As per the Millstone Township Land Development Ordinance, Section §35-11-25 "Tree Removal":

Two (2) copies of the Tree Preservation and Removal Plan must be submitted or the application will be returned unprocessed.

1.	Location of property for which the tree removal permit is requested:					
	Street Address:					
	Block	Lot	Zone:	Acres:		
2.	Applicant:		Phone:_			
	Address:					
	City/State/Zip Cod	e:				
	Email:					
3.	Present Owner:		Phone:_			
	Address:					
	City/State/Zip Cod	e:				
	Email:					
4.	Individual or Contractor Responsible for Removing Tree(s):					
	Name/Contractor:		Ph	one:		
	NJDEP LTE or LT	CO#	Business License II	D:		
	All businesses engaging in tree pruning, removal and/or repair in the municipality shall be registered with the New Jersey State Board of Tree Experts to provide "Tree Care Services" in New Jersey and under the applicable regulations, N.J.A.C. 7:3A et seq.					
5.	Present use of pro	perty				
6.	Reason for propos	sed tree remova	ıl:			

7.	<ul> <li>Number of trees to be removed requiring replacement: (Diameter at breast height (DBH) and Replacement Trees proposed:</li> </ul>					
	6" up to 10"					
	> 10" up to 16"					
	> 16" up to 22"					
	> 22" up to 30"					
	> 30"					
8. Number and size of Replacement Trees proposed: (Caliper or Height (ft.) (Attach two (2) copies of the Tree Replacement Plan.)						
	2 - 2 ½" Deciduous Tree 5 - 6' Evergreen Tree					
	3 - 3 ½" Deciduous Tree 7 - 8' Evergreen Tree					
	3 ½ - 4" Deciduous Tree 8 - 10' Evergreen Tree					
9.	Are any Heritage or Historic Trees proposed for removal?					
	If so, attach a written report prepared by a NJ Licensed Tree Expert or Professional					
	Forester. Report attached?					
10.	Has the property been the subject of any prior application to the Planning Board or the Board of Adjustment? Yes: No:					
	If yes, state the date: Board:					
	Application # (if any)					
11	11. Does the owner/applicant have any of the following current documents for the property:					
	a. NJDEP Letter or Interpretation (LOI) b. Freehold Soil Conservation District Permit c. Deed of Easement on the Property					

Please attach a copy of any of the above items to this application including the corresponding plan.

	g Tree Preservation an	nd Removal Plan Phone:	
Profession		THORE.	
Company:		· · · · · · · · · · · · · · · · · · ·	
Address:			
Email:			
11. Person preparin	g Tree Replacement P	lan	
Name:		Phone:	
Profession: _			
Company:			
Address:			
Email:	· · · · · · · · · · · · · · · · · · ·		
application are true	to the best of his/her kr ownship Zoning Office	nformation made and provided as part of th nowledge. Owner/applicant authorizes r or designee to enter the property for	13
Signature of applica	nt	Date	
Print Applicant's na	ne		
Signature of owner		 Date	_
Print owner's name			
commercial or other	non-residential proper	for residential properties or \$150.00 for ties shall be made payable to the "Townshiided to the Land Use Department.	p
	FOR OFFICE	USE	
Application Fee:			
Date:	Check #:	Receipt #:	
Property Subject to	Board Review:		
Fasements:			

Steep Slopes (per Monmouth County GIS)							
Wetlands (per NJDEP Mapping)							
T/E Species (per NJDEP mapping)							
Freehold Soils Permit or Exemption Required							
If Heritage/Historic Tree – Shade Tree Commission Recommendation							
Approved/Denied/Conditional Approval	<del>-</del>						
By:Signature	Date:						
Final Inspection of Installed Replacement	: Trees:						
Have all replacement trees been planted in accordance with Planting Specifications/Details provided by the Township?							
Inspected By:	Date Inspected:						
Approved/Denied/Conditional Approval							
Ву:	Date:						
Permit Successfully Closed	Date:						