

BUILDINGS & GROUNDS
ENGINEERING DEPARTMENT
One Municipal Plaza, RM 203

T: (973) 680-4009 F: (973) 748-3520
engineering@bloomfieldtwpnj.com
www.bloomfieldtwpnj.com



Date: _____	Received by: _____
Permit # _____	#of Trees: _____
Amount: _____	Check/Cash: _____
Address: _____	

TOWNSHIP OF BLOOMFIELD
Bloomfield, New Jersey 07003-3487

APPLICATION FOR A TREE REMOVAL PERMIT
Chapter 535 of the Township Code

An application for a tree removal permit shall be filed with the Township Engineering Department accompanied with the fee set forth herein:

Number of Trees Fee

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.	

Please 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.

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, Township Ordinance)

HARDSHIP APPEAL: If you are applying for a hardship appeal, please 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.

APPLICANT'S ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

ADDRESS OF PROPERTY WHERE THE TREE OR TREES ARE TO BE REMOVED,
IF DIFFERENT FROM THE APPLICANT'S ADDRESS (If different than above):

PROVIDE A DESCRIPTION OR SKETCH 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.)

SPECIFY THE CALIPER OF EACH TREE TO BE REMOVED AS MEASURED AT A HEIGHT OF **4 ½ FEET ABOVE THE GROUND** _____

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 _____

COMPANY'S ADDRESS _____

COMPANY'S PHONE # _____ **EMAIL** _____

NAME OF 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