

BOROUGH OF WEST CAPE MAY
APPLICATION FOR TREE REMOVAL PERMIT

OFFICE USE ONLY

Date Received: _____

Fee Paid (\$35/tree):

\$ _____

Cash/Check

Property Owner Name: _____
Phone #: _____
Email: _____
Street Address: _____

Contractor (If applicable) Name: _____
Address: _____
Phone #: _____
Email: _____

Tree type: _____ Height: _____ Diameter: _____

Reason for request to remove: _____

Is the tree being replaced? _____

If so, proposed replacement type and size: _____

Complete the back of this form if additional trees are being considered for removal.

Attach a sketch of where the tree(s) is/are located on the property. Include enough detail to allow the Shade Tree representative(s) to easily identify the tree(s) during a site visit.

Signature of Applicant: _____ Date: _____

The Shade Tree Commission meets once a month on the first Tuesday of the month.
Your application will be considered at the next available regularly scheduled meeting.

Completed Applications should be forwarded to:

Norm Roach, Zoning Official
Borough of West Cape May
732 Broadway

West Cape May, New Jersey 08204



DECISION

() Approved
(see below for conditions, if applicable)

() Denied
(see below for reasons for denial)

Date Issued: _____ by _____
Permit expires one year from date of issuance Shade Tree Commission Representative

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Please list additional trees below:

Tree type: _____ Height: _____ Diameter: _____

Reason for request to remove: _____

Is the tree being replaced? _____

If so, proposed replacement type and size: _____

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Reason for request to remove: _____

Is the tree being replaced? _____

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