

**BOROUGH OF WEST CAPE MAY  
APPLICATION FOR TREE REMOVAL PERMIT**

*Please type or print clearly!*

<b>OFFICE USE ONLY</b>
Date Received: _____
Fee Paid (\$35/tree): \$ _____ Cash/Check # _____
Application No: _____

**Property Owner**      Name: \_\_\_\_\_  
                                 Phone #: \_\_\_\_\_  
                                 Email: \_\_\_\_\_  
Property Address: \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Contractor**      Name: \_\_\_\_\_  
                                 NJ Licensed Tree Care Operator No. **(Required\*)** \_\_\_\_\_  
                                 **\*Applications will not be processed without a Licensed Tree Care Operator Number\***  
                                 Address: \_\_\_\_\_  
                                 Phone #: \_\_\_\_\_  
                                 Email: \_\_\_\_\_

Tree type: \_\_\_\_\_ Height: \_\_\_\_\_ Diameter: \_\_\_\_\_

Reason for request to remove: \_\_\_\_\_

Is the tree being replaced? \_\_\_\_\_

If so, proposed replacement type and size \*: \_\_\_\_\_

**\* Replacement trees must be at least two inches (2") in diameter when measured four and one-half feet (4.5') above the ground and be selected from the [Approved Replacement Tree List](#) \***

*Complete the second page if more than one (1) tree is being considered for removal.  
Include a diagram of the tree's location and clearly mark with ribbons.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Complete Applications should be submitted to:  
Borough of West Cape May Zoning Office  
732 Broadway**

**West Cape May, New Jersey 08204**



**DECISION**

(      ) Approved

(      ) Denied

Decision Comments: \_\_\_\_\_

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

**BOROUGH OF WEST CAPE MAY**  
**APPLICATION FOR TREE REMOVAL PERMIT**

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: \_\_\_\_\_

Tree type: \_\_\_\_\_ Height: \_\_\_\_\_ Diameter: \_\_\_\_\_

Reason for request to remove: \_\_\_\_\_

Is the tree being replaced? \_\_\_\_\_

If so, proposed replacement type and size: \_\_\_\_\_

Tree type: \_\_\_\_\_ Height: \_\_\_\_\_ Diameter: \_\_\_\_\_

Reason for request to remove: \_\_\_\_\_

Is the tree being replaced? \_\_\_\_\_

If so, proposed replacement type and size: \_\_\_\_\_

Tree type: \_\_\_\_\_ Height: \_\_\_\_\_ Diameter: \_\_\_\_\_

Reason for request to remove: \_\_\_\_\_

Is the tree being replaced? \_\_\_\_\_

If so, proposed replacement type and size: \_\_\_\_\_