

BOROUGH OF WEST CAPE MAY

APPLICATION FOR TREE REMOVAL PERMIT

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

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

Contractor (If applicable) Name: _____
 NJ Licensed Tree Care Operator No. _____
 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: _____

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: _____

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